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### BOOK CHAPTER

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# AGGRESSION

## From Fantasy to Action

Edited by  
*Paul Williams*



Psychoanalytic Ideas Series

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CHAPTER SIX

Aggression and violence in  
adolescence

*Marianne Parsons*

*Introduction*

**M**arie has given a very clear account of the normative development of aggression in childhood, with some vivid clinical material about a boy whose development went off track, leading him to enact in very aggressive ways until his anxieties could be worked through in psychotherapy. My task is to extend the theme into adolescence, and then I want to focus on a concept pertinent to untransformed aggression: the core complex. My interest in aggression was stimulated in the Portman Clinic Violence Research Group under the leadership of Mervin Glasser, and I will use material from one of my Portman Clinic patients, an adolescent boy, to illustrate how thinking about the core complex can help with understanding and working with a violent patient. I will begin with the impact of the adolescent process.

*The developmental process of adolescence*

Erikson (1956) defined adolescence as the years when the mind develops the capacity to integrate the profound physical changes

that start in puberty in relationship to the self and to others. It is a "normative crisis situation" (Tonnesmann, 1980) and a time of necessary "developmental disturbance" (A. Freud, 1958), when the typical "fluctuations between extreme opposites would be deemed highly abnormal at any other time of life" (A. Freud, 1958, p. 165). It is like an age-appropriate transient madness in which everything is in a state of bewildering and unpredictable tension and change, with rapid shifts between wild excitement and deep depression. Such upheavals show that necessary internal adjustments are in progress.

The ego is put under enormous strain due to the changes in the sexual and aggressive drives at puberty (both quantitative and qualitative) and the need to face the many developmental tasks of adolescence, chiefly taking ownership of a maturing body, loosening the tie to the parents, and forming a differentiated identity (Blos, 1967; Laufer, 1978). In a healthy adolescent, the development of the ego and superego will accommodate all this, but in some cases the heightened instinctual impulses "succeed in creating utter confusion and chaos in what has been an orderly, socially directed ego during the latency period" (A. Freud, 1958, p. 258) and the adolescent's defences may break down. As their bodies mature, adolescents face the excitement, responsibilities, fantasies, and fears that accompany the approach of adulthood, including the reality that they will soon be as big, powerful, and sexually active as the parents. Previously, they could rely on adults to intervene if their aggression got out of hand, but their increased physical strength means taking further responsibility for the damage their body could do.

The adolescent swings from needy dependence to rebellious independence and rejection of the parents, and both fears and longs for intimacy. Recently, a friend spoke wryly of "losing" her "lovely and loving child" and being faced now with an eleven-year-old who was sulky, moody, and resentful and wanted little to do with her, except at those times when the mum wanted a bit of peace! She understood this was the beginning of a healthy adolescent process and was able to take it in her stride. Nevertheless, she, like her child, was facing the painful experience of loss of the previous intimacy of the parent-child relationship as well as the typically increased ambivalence. A succinct quote about adolescence from Winnicott fits well here: "You sowed a baby and reaped a bomb!"

(Winnicott, 1971, p. 145). Hostility and aggressivity, which in a healthy adolescent is used to facilitate the necessary separation from parents (Winnicott, 1950), may instead be directed against the self, leading to depression, self-denigration, abuse of alcohol or drugs, promiscuity, anorexia and bulimia, self-harm, and even suicide (Friedman, Glasser, Laufer, Laufer & Wohl, 1972).

In adolescence, aggression is heightened and impulsivity increases because of the temporary weakening of inhibitory forces and the increase in regressive ones. There is a frantic turn to the outside world, to sensory stimulation and to action (Blos, 1966). Winnicott thought that the adolescent needs to "prod society repeatedly so that society's antagonism is made manifest and can be met with antagonism" (Winnicott, 1961, p. 85). Typical healthy passions concern matters of world importance (world peace, racism, animal rights), in their view treated complacently by adults. Such ideals provide a focus for transforming and directing aggression in adaptive and socially useful ways, while also allowing the adolescents to feel superior to the parents as they individuate from them. Referring particularly to the wild aggression that can arise in adolescent groups or gangs, Buxbaum wrote, "Just as the river, swollen with melting snow and torrential rains, breaks through its dams and floods the land, so the inordinately increased aggression floods the adolescent's whole system, explodes, and inundates society" (Buxbaum, 1970, p. 263). Delinquent and destructive enactments of aggression constitute the adolescent's rebellion not only against external authority, but also against a tyrannical superego, where guilt is ignored or unavailable as a signal and has to be defied and triumphed over.

Narcissistic balance is disturbed alarmingly, causing the youngster to be self-absorbed, preoccupied, and struggling to feel real (Winnicott, 1961). Adolescents typically experiment with different fantasy self-images until making the final adjustment to a more realistic view of their capabilities. Some risk-taking behaviour is expectable as the teenager tests his limits and tries to find his own identity and values as distinct from those of his parents. However, risk-taking may represent an unresolved sense of omnipotence, the avoidance of independent mastery and self-care, and a rebellion against parental and superego guidance. Some narcissistically vulnerable adolescents develop an omnipotent grandiose self-image,

such as the "tough guy" or the "dictator" to defend against feelings of inadequacy, helplessness, and humiliation. As well as providing an idealized self to live up to, this is also a tyrannical model of both internal and external control. To avoid fears of regression and dependence, they may engage in risky and dangerous behaviour, such as delinquency, substance abuse, and violence. Others may avoid all conflictual situations, especially competition, out of fear of their own or their parents' uncontrollable aggression. They gain self-esteem from living up to an ideal self-image as "good" and by perceiving others as aggressive, but when faced with an extreme situation, their defensive compliance may break down, causing a violent outburst.

If the adolescent's earlier development has been good enough, he will have established healthy modes of relating in which aggression is bound by loving feelings (A. Freud, 1949, 1972) and can be used for protection of self and others and for self-assertion. Aggression is sublimated through various hobbies, interests and skills, and channelled into activities (such as competitive sports and verbal debate). Language becomes the major medium for the expression of aggression. For those with weak spots in their development and without the internal resources to deal adequately with the developmental tasks of adolescence, puberty may precipitate the onset of significant problems with aggressivity.

I now want to look at the roots of violence, especially in relation to how core complex anxieties contribute to the release of untransformed aggression.

#### *The roots of violence*

The main difference between aggression and violence is that violence involves a *physical* attack on the body of another person when this is not developmentally age-appropriate (Parsons, 2006). The toddler who physically attacks someone is being aggressive, not violent, because it is expectable for toddlers to express their anger and frustration in bodily ways, and the teenager who attacks another with verbal abuse is also being aggressive, not violent, but if that adolescent were to resort to physical attack, that would then constitute an act of violence.

Marie described how the young child internalizes the mother's capacity to provide for his needs and protect him from both external and internal dangers, such as sensations, feelings, and fears that he cannot yet process himself. If the mother is able to act adequately as a protective shield (Freud, 1920g; Khan, 1963), keeping her baby safe until he gradually develops the resources to do this for himself, he will develop a sense of basic safety and trust, and will form a secure attachment to her. He will internalize her ways of looking after him and will gradually be able to tolerate small amounts of anxiety and frustration as he learns that she *will* do something to help. In time, vulnerability and helplessness can become linked to hope for something better, and the world feels a potentially safe and good place. Internalization of the mother's protective function involves the gradual development of a permeable psychological membrane, which allows for fluid movement of sensations, feelings, and experiences into and out of the psyche. Acting like a filter, it hinders the outward expression of raw unprocessed impulses and also protects the ego from being swamped by the incursion of overwhelming stimulation, thus allowing for some flexible give and take in relation to helplessness, frustration, and criticism, and for the appropriate use of aggressiveness for self-assertion and protection (Parsons, 2009).

Violence can be understood as an attempted solution to the overwhelming *unprocessed trauma of helplessness in the absence of a protective other*. Environmental failures that amount to cumulative trauma prevent the internalization of a protective function in the ego that would regulate fear and anxiety. Instead of being able to establish a flexible psychological membrane, the child erects a rigid protective internal barrier, like an impenetrable fortress. He may feel omnipotent and invincible, but is, in fact, extremely vulnerable. He cannot register anxiety as a danger signal to help him to make use of appropriate defences to deal with his helplessness, anger, and frustration, and any threat that penetrates his rigid barrier will feel traumatic and trigger the most primitive defences of flight or fight. With the accompanying development of an insecure or disorganized attachment, he will be narcissistically vulnerable with no reliable sense of feeling loveable. Even slight disappointments will feel like catastrophic attacks and threaten his self-esteem and psychic integrity, and may lead to violent outbursts of narcissistic

rage (Khan, 1963; Kohut, 1972). He may also develop a false or precocious independence, something often seen in violent individuals, who tend to act out their frustration and anxiety, unable to use their minds for self-reflection or containment of feelings.

Feeling completely helpless and without protection brings forth terror of annihilation, which is expressed through the unconscious anxieties that form the nucleus of the core complex (Glasser, 1979, 1998). These are of *engulfment* (that is, fear of annihilation because of feeling smothered or taken over by another and therefore losing one's self) and of *abandonment* (fears of annihilation through feeling deserted and left alone to starve and die). Although developmentally appropriate in toddlerhood, core complex anxieties become especially acute in adolescence, when thoughts of genital intimacy are stimulated by the physical and psychological effects of puberty, and when the adolescent is struggling to become independent of his parents, especially mother. If the adolescent has severe unresolved conflicts in relation to his parents, particularly with regard to aggression and separation, is confused about his sexual identity and feels a failure among peers, core complex anxieties become overwhelming and threaten him with fears of madness. When feeling abandoned and alone, he will have the regressive longing to merge with an idealized image of an omnipotent, all-satisfying mother and will try to seek closeness, but then faces anxiety about annihilation of his separate, differentiated self and so has to withdraw to protect himself. Swinging back and forth between these two extremes, he is caught in a vicious circle and desperately needs to find a position of safety. Sadomasochism is an effective, though crippling solution (Glasser, 1979, 1998). By actively engaging in a sadomasochistic style of relating, he keeps a grip on the other but at arm's length, within his control but at a safe distance. If this sadomasochistic defence fails to hold the core complex anxieties at bay, self-preservative violence will be "mobilised for psychic self-preservation, and may be aimed at his own body or another's" (Campbell & Hale, 1991).

A major factor in unresolved core complex problems is the extent of the mother's narcissism. By neglecting her child's needs and putting her own first, such a mother both abandons as well as engulfs her child, leaving him at the mercy of an ongoing threat of annihilation. This inconsistency leaves the child neither emotion-

ally close to the mother nor able to separate from her, and increases his anxiety and aggression. He may enact this for the rest of his life, always longing for intimacy but also fearing it. If, when faced with her child's angry demands, the mother always gives in to him or reacts aggressively by yelling at him or hitting him, she is unwittingly setting up a sadomasochistic pattern for his future relationships. For the child, getting what he wants is gratifying, but it is a hollow gift because he is being given something only to be kept quiet, instead of containment and help to manage his frustration. If the mother hits the child, he feels punished, but he also gets some contact with the mother, though of a negatively exciting kind. This sadomasochistic mode of relating, with its mixture of control, punishment, humiliation, and excited contact with the other, can become a fixed part of the child's personality. Instead of having a view of relating that is based on mutuality and give and take, the child learns that there are two opposing sides, the attacker and the attacked, the controller and the controlled, and his sense of identity will inevitably include both these opposing sides.

As violent-prone people are extremely sensitive to feeling engulfed, neglected, and shamed, extra care is needed in relating and communicating with them. Saying too much will be experienced as intrusive, being silent will feel dismissive and abandoning, and anything we say may be experienced as threatening, humiliating, or punitive. This was one of the technical problems I faced in working with my patient Tom.

#### Tom

Seventeen-year-old Tom had no compunctions about his violence; he gloried in it and his whole sense of identity was shaped by coldly calculated violence. He was referred to the Portman Clinic for once weekly psychotherapy after an attempted rape. A girl whom he had wanted to ask out had recently rejected him and chosen to date another boy instead, so he had planned to lie in wait for someone who looked like her and commit rape at knifepoint. He got as far as holding the knife to a young woman's throat, but was unable to carry out the rape and demanded money from her instead. Unsatisfied, he returned to the same place the next day

determined to carry out his plan fully this time, but the police had been alerted to the previous incident and laid in wait to arrest him.

Tom came from a very corrupt family: they were all involved with theft and violence and the use of force. As a child, Tom was treated both dismissively and violently by both parents and would run to his grandparents' house to escape being beaten. He was firmly set in action mode and could see no point in thinking about his past or his feelings in therapy, saying that such things were irrelevant and did not matter. He denied any hatred towards his parents, and shrugged his shoulders as if his history had had no effect on him. Later, it became clear that he nursed a strong sense of grievance that his younger brother had received the attention and care Tom had been denied. Tom was bullied at primary school, but now loved getting into fights. He planned to join the violent wing of the BNP and had fiercely racist opinions. He terrorized Asian boys, whom he described resentfully as "keeping themselves to themselves, taking our jobs, always getting their way, and having their own shops." He felt morally justified in attacking them because he thought they were looked after and given everything they wanted. It seemed clear that his early experiences of being treated violently, feeling unacknowledged and unprotected by his parents, especially mother, and his sense of abandonment that his brother got what he had missed, were carried as an unprocessed trauma that could only be enacted.

He had no wish to give up his violence towards boys, but hoped that therapy would somehow get rid of his fantasies of violently raping a woman, as he was worried that he might re-enact them. He was not concerned from a moral point of view, but was fearful only of getting punished. It gradually became clear that his sexual fantasies were linked to feelings of murderous rage towards his mother, whom he experienced as humiliating and utterly rejecting. The rape fantasies stopped when he had his first sexual relationship soon after therapy started. Significantly, in terms of transference acting out, this relationship was with an older woman who was in a position of authority over him—in fact, one of his schoolteachers.

The experience of being in the room with Tom was extremely difficult and I felt a constant, heavy emptiness that was very hard to bear. The sessions felt lifeless and as though they would never end, but something boiled dangerously underneath the surface. It was like being at the edge of a volcano, where the cold grey ash

might make one forget the raging power that could erupt at any moment. The wish to be number one and in control were his driving forces, and not winning aroused extreme vengeful rage. His excitement about the World Cup was in terms of the football hooligans, and he relished the thought of extreme violence arising from the Argentina *vs.* England match. He was contemptuously scathing about almost everyone: about all women (who should stay at home and not compete with men for outside work), about all authority figures (such as teachers or the government, who wanted to impose their rules on him), about anyone who might be in competition with him and with other white British men (such as Asians, the French, and the Irish), about weakness in any form. His ego ideal was that of a forceful dictator who squashes the weak underfoot. He seemed to have no notion whatsoever of care, tenderness, or empathy, and could not believe that anyone might really be interested in, or concerned about, him.

Tom was unable to retain anything from one session to the next, so each week it felt as if we were starting from scratch. Although I often felt lost and clumsy in my work with him and frequently felt like giving up, I tried to hold on to some hope of making a connection with him so as not to act on my countertransference wish to be rid of him.

Tom's fear of trusting me made it very hard for him to engage in the therapeutic process. He was polite, but mostly silent. Unlike most adolescents, who are silent in therapy and tend to avoid eye contact, Tom stared at me in a challenging and expectant way that was extremely uncomfortable. I felt held in a controlling vice-like grip, both shut out by him in the silence and also intruded on because of his penetrating gaze. One can see the link here with his fantasy of invading a woman forcefully by rape. Tom found the silences very awkward too, and wanted me to ask him questions, but when I did, he experienced me as forcefully intrusive. This was a very powerful dynamic. As I thought about it, I began to understand how he was trying to defend himself against terrifying core complex anxieties of abandonment and engulfment through a sadomasochistic engagement with me. And through identification with the aggressor (his violent father and his neglectful but also intrusive mother), he made me feel both engulfed and alone. Using these countertransference feelings as a guide and aware of the defensive sadomasochism, I told

Tom that I had a dilemma to think about with him: that my words as well as my silence made him feel awful, and he seemed to feel very uncomfortable and unsafe in the room with me.

I tried to explore his discomfort with me, checking if I was understanding correctly how it felt for him, and it gradually emerged that he found all verbal communication difficult. He felt he had nothing interesting to say and that nobody noticed him. I said that this could make him feel terribly lonely; it might be very hard for him to feel he was a "somebody" worthy of notice, and perhaps it was as if he felt invisible. He agreed, and said that the only thing that always made people pay attention to him was when he talked about his (racist) political opinions. It did not matter whether the person agreed or disagreed; all that mattered to him was to get an intense reaction. I linked this urgent need to get through to people with his helpless isolation of never having felt noticed in a good way by his parents, especially his mother. I wondered if the only way he felt he could have an impact on someone was by force—by his forceful political views or physical violence. This seemed to reach him, and he responded reluctantly but thoughtfully by saying for the first time that he felt helpless and vulnerable sometimes.

Some months later, he described women as grabbing like mum—men's ideas were the only things worth listening to. He agreed when I suggested that he probably felt contemptuous of anything I might say. A week later he brought a memory from when he was five, during a long period of time when his father was away at sea. Mum was very irritated by his little brother's crying, but she yelled at Tom and hit *him*, not his brother. He told me he hated his mum. This was the first time that he had been able to voice his anger about her. By now, it was more possible to think about feelings with him, and he was able to listen when I spoke about how confused, helpless, hurt, and frightened he had been when he was little. I said that he had felt attacked rather than protected by his mum, and had then found a way of protecting himself by building a picture of himself as powerful and strong and incapable of being affected by anything or anyone. Tom nodded, so I ventured to add that it might feel very risky to allow himself to get in touch with any feelings of hurt and helplessness and he needed not to let anything matter.

A few weeks later, when he was talking about going abroad to university, he suddenly fell silent. When I wondered why he had stopped, he mumbled, "It doesn't matter", then agreed that he felt I was not interested and said, "I don't think people *are* interested." I suggested that he felt I was only pretending to be interested and he said, "Well, you just do this for the money." I took up how lonely he might feel coming here each week, convinced that I am not interested and only seeing him for the money, and then he has to keep things hidden inside because he cannot trust my motives. I also said that it was very hard for him to believe I might *really* be interested in him. A few weeks later he was able to express his ambivalence. Although irritated with me because he thought I had been pompous and nagging in the previous session, he also said, "I don't know why I come here, but I do . . . I do think you have good intentions."

In her paper "Sadistic and violent acts in the young", Professor Sue Bailey links adolescent violence with deep-seated fears of failure and sexual inadequacy in a narcissistically vulnerable psyche, and stresses the importance of omnipotent grandiose fantasy and the first sexual experience (Bailey, 1997). This was the case for Tom. His story shows how an adolescent may end up acting violently. Due to his childhood experiences of traumatic helplessness, he was caught in the vicious circle of core complex anxieties. With violent and negating parents, Tom experienced the smallest slight as utterly traumatic. Defensively, he relied on sadomasochism and had built a pseudo-identity for himself as the "tough guy", which fortified his rigid internal barrier as a substitute for the missing protective function. Desperate to avoid feelings of shame and inadequacy, he resorted to fantasies of world domination through the BNP and of controlling and subjugating women sadistically with his rape fantasies. But underneath the posturing of the would-be dictator, there was a frightened and humiliated child whose only way of protecting himself from an overwhelming sensitivity to feeling a rejected nobody was to act violently. He turned the passive experience of being neglected, humiliated, and battered into an active experience of being dismissive and contemptuously violent towards others: through identification with the aggressor, Tom as victim turned into Tom the perpetrator.



He presented himself as an immaculately dressed adult in a smart suit, with none of the typically adolescent anxieties about growing up. The capacity to acknowledge regressive wishes implies healthy narcissism and an internalized image of a protective other who can be relied on. Without these, Tom could only deal with his sense of being rejected by his mother and give vent to his murderous rage towards her by sexually attacking other women. He also denied his regressive wishes and externalized them on to the ethnic minorities whom he then enviously attacked for being greedy children, like his brother, who got everything they wanted.

Psychotherapy lasted for eighteen months until Tom left for university. It was only possible to scratch the surface of his underlying difficulties in this short time, but he did make some progress. His rape fantasies stopped, as did his deliberate seeking out of fights with other boys, though if provoked he still enjoyed getting the upper hand forcefully. He had had his first sexual relationship, albeit with an inappropriate person, and this brought relief from his sense of inadequacy and gave him confidence for his future as a man. He began to recognize that he mattered and so did his feelings and past experiences, and sometimes he was able to reflect on them. Although he was still determined to become a member of the BNP, by the end of therapy he had decided not to join its violent wing but to become an MP, thinking it would be more efficacious to try to bring people round to his way of thinking by oratory. Not the most successful outcome of psychotherapy perhaps, but at least a step in the right direction of the transformation of his aggression—from action to words (Parsons, 2006).

#### *Post scriptum*

In the Portman Clinic Violence Research Project, we noticed that all the violent men in the research study attempted to protect themselves by habitual sadomasochistic modes of relating. When this defence broke down, their core complex anxieties surfaced and self-preserved violence then erupted to destroy the person who had become the source of the ultimate danger—annihilation of the psychic self. These violent men all had *extremely vulnerable*

*phallic-narcissism*, which was linked to their *experience of a narcissistic mother as well as to the lack of a reliable, strong father* who might offset the over-close mother-child tie and also provide a model for secure masculine identification. Anything that called into question the masculinity of these patients, for example, a jibe about being a mummy's boy, weak, small, homosexual, etc., was likely to trigger their violence. In therapy, they often recalled extremely humiliating slights on their masculinity from their mothers in childhood and adolescence. The *self-preserved violence* that erupted when their masculinity was called into question in the present, even if instigated by a man, seemed to be *aimed unconsciously at the castrating and annihilating mother*. Although both men and women can act violently towards others and towards themselves, Estella Welldon at the Portman Clinic found that men mostly tend to attack other people and women tend to attack their own bodies or the products of them, their babies and children (Welldon, 1988). There may be a biological factor here in terms of anatomical differences, but of major significance is the woman's identification of her body with that of her mother. Like the violent man, the woman's violence towards her own body or that of her child may unconsciously represent an attack on the annihilating mother.

#### *References*

- Bailey, S. (1997). Sadistic and violent acts in the young. *Child Psychology & Psychiatry Review*, 2(3): 92-102.
- Blos, P. (1966). The concept of acting out in relation to the adolescent process. In: *The Adolescent Passage: Developmental Issues* (pp. 254-277). New York: International Universities Press, 1979.
- Blos, P. (1967). The second individuation process of adolescence. *Psychoanalytic Study of the Child*, 22: 162-186.
- Buxbaum, E. (1970). *Troubled Children in a Troubled World*. New York: International Universities Press.
- Campbell, D., & Hale, R. (1991). Suicidal acts. In: J. Holmes (Ed.), *Textbook of Psychotherapy in Psychiatric Practice* (pp. 287-306). London: Churchill Livingstone.
- Erikson, E. (1956). The concept of ego identity. *Journal of the American Psychoanalytic Association*, 4: 56-121.

- Freud, A. (1949). Aggression in relation to emotional development: normal and pathological. *Psychoanalytic Study of the Child*, 3(4): 37-42.
- Freud, A. (1958). Adolescence. *Psychoanalytic Study of the Child*, 13: 255-278.
- Freud, A. (1972). Comments on aggression. In: *Psychoanalytic Psychology of Normal Development* (pp. 151-175). London: Hogarth, 1982.
- Freud, S. (1920g). Beyond the pleasure principle. *S.E.*, 18: 7-64. London: Hogarth.
- Friedman, M., Glasser, M., Laufer, E., Laufer, M., & Wohl, M. (1972). Attempted suicide and self-mutilation in adolescence: some observations from a psychoanalytic research project. *International Journal of Psychoanalysis*, 53: 179-183.
- Glasser, M. (1979). Some aspects of the role of aggression in the perversions. In: I. Rosen (Ed.), *Sexual Deviations* (2nd edn) (pp. 278-305). Oxford: Oxford University Press.
- Glasser, M. (1998). On violence: a preliminary communication. *International Journal of Psychoanalysis*, 79(5): 887-902.
- Khan, M. (1963). The concept of cumulative trauma. *Psychoanalytic Study of the Child*, 18: 286-306.
- Kohut, H. (1972). Thoughts on narcissism and narcissistic rage. *Psychoanalytic Study of the Child*, 27: 360-400.
- Laufer, M. (1978). The nature of adolescent pathology and the psychoanalytic process. *Psychoanalytic Study of the Child*, 33: 307-322.
- Parsons, M. (2006). From biting teeth to biting wit: the normative development of aggression. In: C. Harding (Ed.), *Aggression and Destructiveness* (pp. 41-58). London: Brunner-Routledge, 2006. Also in: D. Morgan and S. Ruszczynski (Eds.), *Lectures on Violence, Perversion and Delinquency: The Portman Papers* (pp. 117-136). London: Karnac, 2007.
- Parsons, M. (2009). The roots of violence: theory and implications for technique with children and adolescents. In: M. Lanyardo & A. Horne (Eds.), *The Handbook of Child and Adolescent Psychotherapy* (revised edn) (pp. 361-380). London: Routledge.
- Tonnesmann, M. (1980). Adolescent re-enactment, trauma and reconstruction. *Journal of Child Psychotherapy*, 6: 23-44.
- Weldon, E. (1988). *Mother, Madonna, Whore*. London: Free Association Books [reprinted London: Karnac, 1992].
- Winnicott, D. W. (1950). Aggression in relation to emotional development. In: *Collected Papers: Through Paediatrics to Psychoanalysis* (pp. 204-218). London: Hogarth, 1975.

- Winnicott, D. W. (1961). Adolescence: struggling through the doldrums. In: *The Family and Individual Development* (pp. 79-87). London: Tavistock, 1965.
- Winnicott, D. W. (1971). Contemporary concepts of adolescent development and their implications for higher education. In: *Playing and Reality* (pp. 138-150). London: Tavistock.