

## SPECIFIČNOSTI ADOLESCENTNE KRIZE U VREME PADEMIJE KOVID-19

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### SAŽETAK

**Uvod/Cilj:** Bez obzira u kojoj fazi adolescencije se nalaze, adolescenti kroz akcidentalnu krizu prolaze kroz tri faze: negaciju realne opasnosti; osećaj zbunjenosti i haosa sa početkom ispoljavanja prvih simptoma i potpuni depresivni slom sa različitim spektrom manifestovanja. Kovid-19 pandemija je postala realan izazov za ove pacijente. Cilj istraživanja je prikaz i analiza kliničkog psihoterapijskog materijala opisanih faza prolaska kroz akcidentalnu krizu, izazvanu pandemijom Kovid-19, kod adolescenata različitog uzrasta.

**Metode:** U radu su korišćeni materijali psihoterapijskih seansi adolescenata različith faza adolescentne krize. Za objašnjenje negacije realne opsnosti prikazani su adolescenti rane i središne faze adolescencije, a za osećaj zbunjenosti i haotičnosti, do potpunog depresivnog sloma, adolescenti kasne i postadolescentne faze.

**Prikaz pacijenata:** Kod adolescenata, koji nisu ispoljavali problematičan prolazak kroz razvojnu krizu, akcidentalna kriza pandemije dovodi do negiranja realne opasnosti. Kod mlađe, dvanaestogodišnje adolescentkinje, na konkretnom nivou funkcionisanja, dolazi do oslabljene koncentracije za učenje. Kod nešto starijeg, petnaestogodišnjeg adolescenta, negiranje realne opasnosti, kroz sublimaciju, prelazi u alturizam. Kod adolescenata sa već ispoljenim problematičnim prolaskom kroz razvojnu krizu, dolazi do pogoršanja simptoma usled dejstva superponirane akcidentalne krize izazvane pandemijom. Kod adolescentkinje središne faze adolescencije, dolazi do mešanja realnih somatskih problema sa somatizacijom. Kod starijeg adolescenta, postadolescentne faze, sa problemima bolesti zavisnosti, pandemija provocira iritabilnost i nisku frustrativnu toleranciju, dovodeći do potpunog depresivnog sloma.

**Zaključak:** Superponiranje akcidentnalnih kriza uvek komplikuje normativnu adolescentnu krizu, ali naglašavamo da ispoljena psihopatologija može biti prolaznog karaktera. Psihijatrijsko psihoterapijska intervencija određuje se u odnosu na stepen preteće ili kompletno ispoljene dekompenzacije i može se kretati od kraćih savetodavnih intervencija, do intenzivnih ozbiljnih psihoterapija, uz pomoć ili bez adekvatne medikamentozne terapije.

**Cljučne reči:** adolescentna kriza, pandemija, Kovid-19

### Uvod

Iako se adolescencija zapaža još u doba industrijske revolucije, u XIX veku, do njenog potpunog pravilnog pozicioniranja u psihijatrijsko psihološkom razumevanju dolazi tek pedesetih godina prošlog veka, kada dobija status razvojno normativne krize (1). To je najosetljiviji, ali i najvažniji period u životu kada se svi konflikti i sve nedorečenosti ponovo proživljavaju. Pojavom socijalne psihijatrije, definišu se pojmovi razvojne i akcidentalne krize (2). Kroz razvojne krize prolazimo svi, a kroz akcidentalne samo oni koje akcidenti u životu zadese. Mogućnost istovremnog proživljavanja

akcidentalne krize i razvojno normativne krize, uvek je potencijalna opasnost (3). Zvanična psihijatrija dugo je ostala zatvorena za razumevanje adolescencije, poznavajući prvo samo odrasle, zatim odrasle i decu (4). Celovito sagledavanje adolescencije traje i danas, sa perzistiranjem terminološke konfuzije pojmova omladina, pubertet i adolescencija. Omladinu proučavaju istoričari i sociolozi. Pubertetske promene se izučavaju od najstarijeg doba, ali u smislu biološko-fizioloških promena, najčešće od strane pedijatra. Adolescencija je period o kome govore kliničari psihoterapeuti: psihijatri i psiholozi (4,5). Frojdova psihoanalitička misao

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**CASE REPORT**

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**THE SPECIFICS OF ADOLESCENT CRISIS DURING THE COVID-19 PANDEMIC**

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**SUMMARY**

**Introduction/Aim:** Adolescents pass through three phases of an accidental crisis: the negation of real danger, feeling of confusion and chaos with the onset of the first symptoms, a complete depressive breakdown with a different range of manifestations. The Covid-19 pandemic has become a real challenge for these patients. The aim of this study is to review and analyze the clinical psychotherapeutic material of the described phases of the passage through the accidental crisis, caused by the Coronavirus pandemic.

**Methods:** Adolescents of different ages are involved. The materials of psychotherapeutic sessions of adolescents were used in the paper, from different phases of the adolescent crisis. To explain the phase of negation of real danger, adolescents of the early and central stages of a period of adolescence are presented. To explain the phase of feelings of confusion and chaos to complete depressive breakdown, adolescents of the late and post adolescent stages of a period of adolescence are presented.

**Patient presentation:** In adolescents, who did not show a problematic passage through the developmental crisis, the accidental crisis of the pandemic leads to the denial of the real danger. In a younger, twelve-year-old adolescent, at a specific level of functioning, there is a weakened concentration for learning. In a slightly older, fifteen-year-old adolescent, the denial of real danger, through sublimation, goes into altruism. In adolescents with already manifested problematic passage through the developmental crisis, the symptoms worsen due to the effect of the superimposed accidental crisis caused by the pandemic. In adolescents, the middle phase of adolescence, there is a mixture of real somatic problems with somatization. In the older adolescent, post adolescent phase, with addiction disease problems, the pandemic provokes irritability and low frustrating tolerance leading to complete depressive breakdown.

**Conclusion:** We can conclude that the superposition of accidental crises always complicates the normative adolescent crisis, but we emphasize that the manifested psychopathology can be of a transient character. Psychiatric psychotherapeutic interventions are determined in relation to the degree of threatening or completely manifested decompensation from shorter counseling interventions to the intensification of deep psychotherapy, with or without adequate drug therapy.

**Key words:** adolescent's crisis, pandemic, Covid-19

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**Introduction**

Although the notion of adolescence was noted in the times of industrial revolution in the 19<sup>th</sup> century, it was completely and correctly positioned in the psychiatric-psychological field in the 1950s, when it was given the status of developmental normative crisis (1). It is the most vulnerable, and also the most important period in life, when all conflicts and unsaid words are experienced once again. With the appearance of social psychiatry, the notions of the developmental and accidental crises were defined (2). All people pass through

developmental crises, while accidental crises are experienced only by those people who are involved in accidents. The possibility of undergoing the accidental crisis and developmental normative crisis at the same time is always a potential danger (3). Official psychiatry has been closed for understanding adolescence for a long time, knowing only about adults at first, and then adults and children (4). A comprehensive understanding of adolescence has persisted to these days, with the terminological confusion of terms such as youth, puberty, and adolescence. The notion

daje prva razumevanja adolescencije definišući je kao prelazni period između detinjstva i odraslog doba. Karakterišu je intenzivne emotivne bure, učestala i brza promena raspoloženja i suočavanje sa probuđenim edipalnim sukobima (5).

Adolescencija dobija veću pažnju u teoriji ličnosti psihijatra-psihoanalitičara E. Eriksona, po kojoj je ceo život podeljen na osam očekivanih razvojno normativnih kriza, gde adolescenciji pripada centralno mesto pete normativne krize (1). Ponovo je naglašeno da je adolescencija najburnija kriza u životu u kojoj se prelamaju svi problemi i sva, i dobra i loša, rešenja iz ranijih životnih faza, sa ciljem sintetizovanja dotadašnjih životnih iskustava i izgradnje pouzdanog i stabilnog identiteta. Oslanjajući se na ove teorije, savremeni autori su celovitijem sagledavanju adolescencije pridodali odrednice: četvrtog organizatora psiha (6), drugog individualnog procesa (7), turbulentnog perioda sukcesivnog smenjivanja pubertetskog haosa, centralne narcističke depresije i ponovnog otkrivanja objekta (8), kao i definiciju „velike separacije“ zbog čega dolazi do pojave anksioznosti različitog sadržaja i stepena izraženosti (9). Moglo bi se reći da je adolescencija prirodno data druga šansa da se sve nedorečenosti i sukobi dorade i reše. Ovako definisana prirodna mogućnost „dorade“ često je praćena izraženim psihopatološkim sadržajima (10). Uobičajena ispoljavanja anksioznih i depresivnih kliničkih slika kod odraslih razlikuju se od manifestacije istih takvih psihopatoloških entiteta kod adolescenata. Adolescenti često strah i neraspoloženje ispoljavaju kroz bunt, a u zadnje vreme kroz specifičnu vitruelnu komunikaciju.

Paralelno, ali nezavisno, od pravilnog pozicioniranja adolescencije u psihijatrijskoj/psihološkoj literaturi, dolazi do razvoja socijalne psihijatrije sa stavljanjem akcenta na spoljašnje, sociološke faktore u razvoju psihopatologije. Definišu se pojmovi akcidentalne krize, traume i stresa, i njihov uticaj na svakodnevni život i razvoj psihopatologije. Dakle, kroz razvojne krize prolazimo svi, kroz akcidentalne samo oni koje nesreće, katasrofe i akcidenti zadese. Istovremeni prolazak kroz razvojnu i akcidentalnu krizu, uvek predstavlja potencijalnu opasnost.

U psihoterapijskom radu sa adolescentima i sporadičnim razgovorima sa njihovim roditeljima, koji su se obratili za savet i pomoć u vreme vanrednog stanja u Srbiji, izazvanog pandemijom Kovid-19, definisane su tri faze: prva faza predstavlja negaciju realne opasnosti, ispoljenu kroz zadovoljstvo zbog neodlaska u školu ili na fakultet; druga faza ispunjena je osećajem zbunjenosti i haosa zbog trajanja situacije u kojoj počinju da se mešaju doživljaji odmora (raspusta), obaveza i neizvesnosti, sa ispoljavanjem prvih, blažih, simptoma; treća faza prebojena je slomom odbrambenih mehanizama sa preplavljenošću strahom i depresijom, specifičnog načina ispoljavanja.

Cilj istraživanja je prikaz i analiza kliničkog psihoterapijskog materijala opisanih faza prolaska kroz akcidentalnu krizu, izazvanu pandemijom Kovid-19, kod adolescenata različitog uzrasta.

### Metode

U radu su korišćeni materijali psihoterapijskih seansi adolescenata različitih faza adolescentne krize. Za objašnjenje negacije realne opasnosti prikazani su adolescenti rane i središnje faze adolescencije, a za osećaj zbunjenosti i haotičnosti do potpunog depresivnog sloma adolescenti kasne i postadolescentne faze.

### Prikaz pacijenata i diskusija

Prva faza: negacija realnosti ispoljena kroz osećaj zadovoljstva i sreće zbog nemogućnosti odlaska u školu i ideje produženog raspusta bila je prisutna u velikom broju slučajeva u početku bez obzira na uzrast.

*Tamara ima 12 godina, prvo je od dvoje dece četvoročlane porodice, koja živi u proširenoj porodici sa očevim roditeljima u velikoj porodičnoj kući. Uspešna je učenica VI razreda Osnovne škole i V razreda muzičke škole. Opisujući vanredno stanje kaže: „...meni kao da se ništa ne dešava, takav mi je osećaj, kao da sam na raspustu i da ove pandemije uopšte nema...“. Ne prati sa lakoćom nastavu preko TV-a, ne shvata poentu toga, „...kao da je raspust...u školi sve zapamtim na času i kod kuće samo obnovim, a sad moram sve da učim...“. Sa vršnjacima se ne čuje često, samo sa najboljom drugaricom. Za pomoć i savet obratili su se roditelji, jer je i za njihovu ćerku i za*

of youth has been studied by historians and sociologists. Puberty changes have been studied from early ages in the sense of biological-physiological changes, mostly by pediatricians. Adolescence is the period, which is described by clinical psychotherapists: psychiatrists and psychologists (4,5). Freud's psychoanalytical thought offers the first explanation of adolescence, defining it as a transition period between childhood and adulthood. It is characterized by intense emotional tempests, frequent and sudden changes of mood and facing the roused Oedipal conflicts (5).

A psychiatrist-psychoanalyst E. Erikson paid more attention to adolescence in his theory of personality, according to which the whole life was divided into eight developmental normative crises, while adolescence was given the central place of the fifth normative crisis (1). It was emphasized once again that adolescence was the most tempestuous crisis in life, when all problems and good and bad solutions from previous life phases were faced, in order to synthesize all previous life experiences and build up a reliable and stable identity. By relying on these theories, contemporary authors added the following characteristics to a more comprehensive understanding of adolescence: the fourth organizer of psyche (6), the second individual process (7), the turbulent period of successive interchange of puberty chaos, central narcissistic depression and the repeated discovery of object (8), as well as the definition of "great separation", due to which anxiety appears, the anxiety of different content and level of expression (9). It could be said that adolescence is the natural second chance to solve and add the finishing touches to all the unsaid things and conflicts. This natural possibility of "adding the finishing touches" is often followed by the pronounced psychopathological contents (10). Usual manifestations of anxiety and depression in clinical practice among adults are different from manifestations of the same psychopathological entities in adolescents. Adolescents express fear and bad mood through disobedience, and lately through specific virtual communication.

In parallel, but independently the correct positioning of adolescence in psychiatric-psychological literature induces

the development of social psychiatry with an emphasis on outer social factors in the development of psychopathology. The notions of accidental crisis, trauma and stress have been defined, as well as their influence on everyday life and the development of psychopathology. Therefore, all people undergo developmental crises, while accidental crises are experienced only by those people, who face misfortunes, catastrophes, accidents. The simultaneous experience of developmental and accidental crises always represents a potential danger.

Three phases have been defined during the psychotherapeutic work with adolescents and sporadic talks with their parents, who sought advice and help during the state of emergency in Serbia caused by the Covid-19 pandemic: the first phase represents the negation of real danger, which was expressed as satisfaction because they did not go to school or faculty; the second phase is filled with the feeling of confusion and chaos due to the duration of this situation, in which the sense of relaxation (holiday), obligations and uncertainty are mixed up when the first symptoms appear; the third phase is colored by the breakdown of defense mechanisms together with the overwhelming fear and depression, which are manifested in a specific way.

The aim of the research was to review and analyze the clinical psychotherapeutic material of the described phases through an accidental crisis, caused by the Covid-19 pandemic among adolescents belonging to different age groups.

## Methods

The materials from psychotherapeutic sessions including adolescents in different phases of the adolescent crisis were used for the study. The adolescents of the early or central stages of adolescence were presented in order to explain the negation of real danger, whereas the adolescents of the late and post-adolescent phase were presented in order to explain the feelings of confusion and chaos to complete depressive breakdown.

## Case reports and discussion

The first phase: the negation of danger expressed through the feeling of satisfaction and happiness because they could not go to

*njih ova situacija zbunjujuća. Ne znaju kako da joj objasne da na „raspustu”, mora da uči. Za sve obaveze u obe škole, koje je ranije sama obavljala, sada moraju da je opominju, organizuju i proveravaju...*

Na samom početku adolescencije (prva faza), još nije počelo da se strukturiše apstraktno mišljenje. Problemi se ispoljavaju, prevashodno, kroz negiranje, zbunjenosti i prve nagoveštaje depresivnosti u vidu oslabljene koncentracije i usporenog odrađivanja školskih obaveza. Celokupna problematika opisana na konkretnom primeru je karakteristična za početnu fazu adolescencije i funkcionisanja u okviru konkretnog mišljenja. Bez obzira na malu razliku u godinama, ispostavilo se, i sada i u ranijim istraživanjima (11), da čak i osobe prvog razreda srednje škole, u odnosu na osnovnu školu, imaju kvalitativno bolji i strukturisaniji način razmišljanja i funkcionisanja.

*Petar ima 15 godina, učenik je prvog razreda srednje stručne škole, prvo je od dvoje dece četvoročlane porodice. Porodica živi u stanu jedne centralne beogradske opštine. Oduševljenje zbog neodlaska u školu, vrlo brzo je zamenjeno osećajima „smorenosti”, strepnje i poremećaja sna. Rekao je: „većina dece, kao i ja, mrzi da ide u školu! Prvih dana je bilo super, ali već u trećoj nedelji neodlaska u školu, ma koliko je ona dosadna, počelo je da mi smeta... navikao sam se da imam svoj termin i svoju rutinu... i smeta mi kad je izgubim...”. Pomoć su potražili roditelji zbog dečakovu uznemirenosti, preteranog ispoljavanja brige i nesаницe. Petar je dve nedelje nakon početka vanrednog stanja počeo da verbalizuje intenzivnu brigu za mlađu sestru, roditelje, baku... Insistirao je na preciznom praktikovanju preporučenih higijenskih mera i na kraju je počeo da ispoljava probleme sa snom: dugo bi uveče ostajao budan, dok svi ne zaspu, ali se i tokom noći često budio i proveravao da li je sve u redu. Ujutru bi bio umoran i tokom dana rasejan i nervozan. Rekao je u razgovoru: „...vanredno stanje mi je pomoglo da shvatim koliko mi ljudi oko mene, u stvari, znače, koliko mi je tužno kad im se nešto desi... ova situacija jeste problematična, ali mi je pomogla da se zbližim sa onima koje volim...”*

Usled centralne pozicije narcističke depresije u adolescentnom uzrastu, depresija često dobija drugi vid ispoljavanja. U ovom slučaju manifestovala se kroz altruistički oblik brige

za druge. Dečaku je to dalo osećaj „zrelosti”, koji je „popravio osećaj nemoći” i maskirao klasično ispoljavanje straha i depresije. Čak i kada govori o tuzi, on kaže: „...tužno mi je kad im se nešto desi...”, bez korišćenja prvog lica jednine za osećaj tuge, koja se u njegovim godinama doživljava kao slabost. Ispoljiti strah i neraspoloženje na uobičajen način, neoprostiva je slabost za adolescente, zato je i prepoznamo kroz haotičnost u smislu: „...na raspustu sam/nisam na raspustu, učim/ne učim... ne znam šta sam i šta se dešava...”. U ovom trenutku mnogo je lakše reći „...nedostaje mi škola iako je dosadna...”, nego priznati i verbalizovati strah od gubitka svakodnevnih rituala, koji imaju organizujuću funkciju.

Adolescenti koji su i pre pandemije imali ispoljenu i ozbiljniju psihopatologiju, brže su dospevali do druge faze u kojoj su dominirali osećaj zbunjenosti, haosa i ispoljavanje prvih, simptoma psihološke dekompenzacije. Ova dekompenzacija imala je skriveni, tj. somatskim problemima prepokriven sadržaj.

*Hana je mlađe od dvoje dece četvoročlane porodice, visokog porodičnog materijalnog i socijalnog statusa. Ima 16 godina i pohađa I razred privatne škole. Dve godine unazad, jednom nedeljno, dolazila je na pedesetominutnu individualnu psihoterapiju zbog ozbiljnih simptoma iz oblasti opseivno-kompulzivnog poremećaja i sklonosti somatizaciji. Situacija je zakomplikovana i postojanjem realnih somatskih poremećaja endokrinološkog sadržaja. Napočetku pandemije, nastavila je da dolazi u ordinaciju žaleći se kako je taman smanjila broj pranja ruku, a sad je teraju da opet poveća učestalost tih rituala. Delovala je opuštено. Međutim, novi vid lečenja somatske problematike, zadesio se baš u vreme početka pandemije. Sam početak lečenja obeležen je ozbiljnim nuspojavama, za koje svetski priznati endokrinolozi nisu imali objašnjenje. Hana je skoro sasvim izgubila apetit i za kratko vreme smršala 5 kg. Taj gubitak je doveo do skoro anoreksičnog izgleda. Počela je da oseća vrtoglavice i nestabilnost pri hodu, te je skoro do krajnosti redukovala kretanje. Koncentracija za praćenje online nastave je drastično pala, a na kraju je i san postao problematičan. Nakon dvonedeljnog prekida, nastavila je psihoterapiju putem skajpa jednom nedeljno u trajanju od 50 minuta, kao do tada. Timksi je sagledana putem*

school and because of the idea of a prolonged holiday was present in a great number of cases, regardless of age.

*Tamara is twelve. She is the first of the two children in this family, which has four members. They live in a big family house together with her father's parents. She is a successful student in year six of Primary School and in year five of Music School. When describing the state of emergency, she says: "...it seems as nothing is going on, it's my feeling, as if I was on holiday, and as if there was no pandemic..." She does not watch classes on TV, she thinks it is meaningless, "... it's as if I was on holiday... when I go to school, I remember everything in class, and I just revise at home, and now I have to study everything..." She does not talk on the phone with her peers, only with her best friend. Her parents asked for advice and help because this situation has been confusing for them, and their daughter as well. They do not know how to explain to her that she must study "on holiday". She did everything on her own before, but now they have to remind her, organize and check...*

At the very beginning of adolescence (the first phase), abstract thinking has not been structured yet. Problems appear, first of all, through negation, confusion and first signs of depression in the form of weak concentration and school duties are done with reduced speed. The first described example is characteristic of the beginning phase of adolescence and functioning within the concrete thinking. Although the age difference is small, it has been proven, now and in previous research (11) that even people in the first year of high school, in comparison to primary school, have a better quality and better structured way of thinking and functioning.

*Petar is fifteen. He is in the first year of professional high school. He is the first of the two children, in the family that has four members. The family lives in a flat in a central Belgrade municipality. To his great delight he did not go to school, but soon this feeling was replaced by the feeling of boredom, apprehension, and sleep disorder. He said: "most of the kids hate going to school, and me too. At first it was great, but during the third week of not going to school, no matter how boring it is, it started to bother me... I got used to my routine, and it bothers me when I*

*lose it..." Parents sought help because the boy was anxious, he worried too much and did not sleep well. Two weeks after the state of emergency had been introduced, Peter started to verbalize intense worry for his younger sister, parents, grandmother... He insisted on firm practicing of all recommended protective measures and in the end, he started to have sleep problems: he would stay up late at night, until everybody went to sleep, but he would rouse from sleep often and check if everything was all right. In the morning, he would be tired, and during day absent-minded and nervous. He said once: "... the state of emergency has helped me to realize how much people around me mean to me, how sad it is when something happens to them... this situation is problematic, but it brought together people I love..."*

Due to the central position of narcissist depression in adolescence, depression often takes the other form of manifestation. In this case, it was manifested through the altruist form of worry for others. It gave this boy the feeling of "maturity", which fixed up the feeling of helplessness and masked the classical manifestation of fear and depression. Even when he speaks about sadness, he says: "*it's sad when something happens to them...*", without using the first person singular for the feeling of sadness, which is in his age seen as weakness. To show fear and bad mood in an unusual way is the unpardonable weakness for adolescents. Therefore, it is recognized as chaos: "*...I am on holiday/I am not on holiday, I study/I don't study... I don't know who I am and what is going on...*" At this moment, it is much easier to say: "*I miss school, although it is boring...*" than to admit and verbalize fear of losing everyday rituals, which have an organizing function.

Adolescents, who had had a more severely manifested psychopathology even before the pandemic, came more quickly to the second phase, in which the feelings of confusion, chaos and first symptoms of psychological decompensation were dominant. This decompensation had a hidden content that was overly covered with somatic problems.

*Hana is the younger child of the two kids in the family of four members. The family is of high material and social status. She is 16 and she is in the first year of one private high school. During*

*online komunikacije i njoj i njenim roditeljima predložene prekid medikamentozne terapije zbog somatske problematike. Hana je to odbila! Osim toga, nije bilo moguće ordinirati psihijatrijsku medikamentoznu terapiju, tako da je ostala samo mogućnost intenziviranja psihoterapije. Kroz tako intenziviran rad, uspjela je sebi da približi psihološku pozadinu neobjašnjivih nuspojava nove somatske terapije. Suočavanje se odvijalo kroz dramatičan plač i negodovanje. Nakon toga, pokušala je da prekine samovoljnu kompletnu izolaciju i bar malo da se vrati kretanju. U početku je taj pokušaj zahtevao pomoć roditelja, što je dodatno urušavalo samopouzdanje.*

Labilno i delimično uspostavljena ravnoteža normativne krize brzo se srušila, sa istovremenim proživljavanjem normativne i akcidentalne krize. Preplavljenost neprijatnim osećanjima dovela je do potpunog pogoršanja, ali i do čvrstog držanja za „uzročnika somatskih tegoba”, tj. nove terapije. Ukoliko bi se odrekla nje, izgubila bi „objektivno” opravdanje za svoje somatske tegobe i morala bi da prizna svoju slabost (strah), što je za nju bilo teže prihvatljivo.

Adolescenti skloni bolestima zavisnosti, bilo da se radi o hemijskim ili nehemijskim zavisnicima, procenjeni su u ranijim istraživanjima kao najvulnerabilniji i najnedefinisaniji od svih psihopatoloških entiteta koje srećemo (5). Očekivalo se da će kod nekih od njih doći do pogoršanja.

*Nikola ima 20 godina, student je prve godine fakulteta zdravstvene struke, živi sam, majka ga finansira. Imao je 10 godina kada su se roditelji razveli. Živeo je sa majkom, pa sa bakom (majčinom majkom), sa starijom sestrom i sada je sam. Već nekoliko godina unazad konzumira psihoaktivnu supstancu - kanabis, različite učestalosti konzumiranja, od svakodnevnog do jednom u deset dana, bez jasne pravilosti i razloga ove promenljive učestalosti konzumiranja. Imao je nekoliko ozbiljnih pokušaja lečenja. Jedan je od zagovornika postojanja lakih droga i zahteva legalizaciju istih. U periodu restrikcije kretanja, smanjena mu je mogućnost nabavke kanabisa, zbog čega je upotrebu istih morao da smanji. Njegova uznemirenost, bes i agresivnost, progresivno su se povećavali. Za razliku od prethodnih pacijenta, Nikola je verbalizovao povezanost svojih pogoršanja sa vanrednom situacijom, ali u smislu nemogućnosti nabavke*

*kanabisa. Pokušao je sebe da smiri racionalnim objašnjenjem, ali bez uspeha. Intenziviranje medikamentozne terapije i savetodavnog rada donekle je ublažilo hetero i autoagresivnost kod njega.*

Zavisnost od psihoaktivnih supstanci, uvek postaje poroblematična u kriznim situacijama, ali istovremeno pruža mogućnost „laganog” smanjivanja upotrebe istih, kod izvesnog broja adolescenata. Međutim, njihova neizdiferenciranost identiteta ostaje problem i psihoterapijski izazov i za adolescenta i za psihoterapeuta.

### **Zaključak**

Superponiranje akcidentalne krize na normativnu razvojnu krizu uvek je klinički potencijalno opasno, ali i teorijski izazov za sagledavanje i definisanje novih obrazaca ponašanja i ispoljavanja psihopatologije. Pandemija Kovid-19, omogućila nam je da lakše sagledamo i definišemo faze prolaska adolescenata, različitog uzrasta, kroz superponiranu akcidentalnu krizu. To su jasno ispoljene tri faze: negiranje realne opasnosti; osećaj zbunjenosti i haosa sa početkom ispoljavanja prvih simptoma, koji dovode do laganog kompromitovanja novouspostavljenih obrazaca funkcionisanja i završnica u obliku depresivnog sloma, koji se manifestuje specifičnim ispoljavanjima: od zrelijeg pokušaja odbrane u vidu altruizma, preko nezrelije somatizacije, do ispoljavanja auto i heteroagresivnosti usled apsitinencijalnog sindroma. Iako klinička manifestacija ispoljene patologije deluje aktuelno ozbiljno, do nivoa dramatičnosti, može biti prolaznog karaktera. Svaka kriza, bilo da je razvojna, u ovom slučaju adolescentna, ili akcidentalna, u ovom slučaju pandemija Kovid-19, nosi u sebi veliki potencijal rasta i razvoja. Zbog psihoterapijskih intervencija, potencijal psihološkog rasta i razvoja u razvojnoj adolescentnoj krizi, može biti intenziviran. U krajnjem ishodu, uspešan izlazak iz superponirane normativne i akcidentalne krize, ovim može dovesti do ubrzanja izgradnje zrelijeg identiteta.

*the last two years she used to come once in a week to individual psychotherapeutic sessions lasting fifty minutes due to severe symptoms connected with the obsessive-compulsive disorder and inclination to somatization. The situation was even more complicated due to the real somatic disorders of endocrine contents. At the beginning of the pandemic, she continued to come and she complained that just as she reduced washing hands, she was forced to increase the frequency of those rituals. She seemed relaxed. However, a new kind of treatment for somatic problems was introduced just at the beginning of pandemic. The very beginning of treatment was marked by serious side effects, which even the eminent endocrinologists could not explain. She lost appetite and lost almost 5 kg. This weight loss almost brought to an anorexic appearance. She started to feel dizziness and instability while walking and therefore she reduced movement to an extreme. She lacked concentration for online lectures, and in the end she had problems with sleep. After a two weeks interruption, she continued with psychotherapy via Skype once in a week and lasting 50 minutes, as before. The team examined her online and due to somatic problems the cessation of drug therapy was offered to her and her parents. Hana rejected it! Besides, it was not possible to practice the psychiatric drug therapy, and therefore, only the possibility of intensifying psychotherapy was left. The intensified work enabled her to understand better the psychological background of the inexplicable side effects of new somatic treatment. Confronting was going on with dramatic crying and protesting. Afterwards, she tried to stop the complete self-willed isolation and to move at least a little bit. At first, her parents had to help her, so it additionally ruined her self-confidence.*

Unstable and partially established balance of normative crisis was soon destroyed with the simultaneous experience of normative and accidental crisis. Overwhelming feelings of unpleasantness brought to complete worsening, and to firm conforming to “causes of somatic problems”, that is, the new treatment. If she denied it, she would lose “objective” justification for her somatic problems and she would have to admit her weakness (fear), which would be hard to accept.

Adolescents who are inclined to addictive disorders, no matter whether they abuse chemical or non-chemical substances, were assessed in the previous research as the most vulnerable and undefined among all psychopathological entities met in practice (5). Some of them were expected to have worsening of symptoms.

*Nikola is twenty. He is the first-year student at one medical faculty. He lives alone and he is financed by his mother. He was ten when his parents divorced. He lived with his mother, and then with his grandmother (his mother's mother), with his older sister and now he is alone. He has used a psychoactive substance – cannabis for a few years, with a different frequency of consumption, from every day to once in ten days, without clear regularity and reason for this changeable frequency of consumption. He has had a few serious attempts of curing. He is one of the advocates of light drugs and he demands their legalization. During movement restrictions, the possibility of finding cannabis was smaller, and therefore, he had to reduce its consumption. His anxiety, rage and aggressiveness increased progressively. In contrast to previous patients, Nikola verbalized the connection of worsening of his state with the state of emergency, due to the problems with cannabis supply. He tried to calm himself down with some rational explanation, but without success. The intensification of drug therapy and counseling work relieved to some extent his hetero and auto-aggressiveness.*

Dependence on psychoactive substances always becomes problematic in situations of crisis, but simultaneously it offers the possibility of a “slow” reduction of the consumption, among some adolescents. However, the undifferentiated identity has remained problematic and a psychotherapeutic challenge for an adolescent, and psychotherapist, as well.

## **Conclusion**

Superimposing of an accidental crisis on the normative developmental crisis is always clinically potentially dangerous, but also a theoretical challenge for realizing and defining new patterns of behavior and manifestations of psychopathology. The Covid-19 pandemic made it possible for us to realize more easily and define



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the phases of going through superimposed accidental crisis in adolescents of different age. Three phases are clearly manifested: the negation of real danger; the feeling of confusion and chaos with the onset of first symptoms, which lead to slow compromising of newly established patterns of functioning and endings in the form of depressive breakdown, which has specific manifestations: from a more mature attempt of defense in the form of altruism to less mature somatization, and to auto and hetero-aggressiveness due to the abstinence syndrome. Although the clinical manifestation of the expressed pathology seems actual and serious to the extent of dramatics, it can be of transient character. Each crisis, whether developmental, in this case adolescent, or accidental, in this case caused by the Covid-19 virus, bears a big potential of development and growth. Due to psychotherapeutic interventions, the potential of psychological growth and development in the developmental adolescent crisis can be intensified. In the final outcome, a successful exit from the superposed normative and accidental crisis can thus lead to the quicker development of a more mature identity.

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