

## Adolescence, Quality of Life and Boredom

Christianopoulos Cr

Pediatric Psychiatric Department, Hippokratio Hospital, Thessaloniki Greece

Boredom is a familiar, silent, inner, mental state of suffering which we often refuse to acknowledge until we are able to put it into words. This is where its principal ambiguity lies. The understanding of the affect that leads to recognition is subject to a variety of factors that, as far as we can say, are external, not easily discernible and foreign to clinical psychopathology. At first, boredom appears to be peripheral, unsubstantial, a simple accompaniment to a clinical picture. It is of little importance to the clinician whether someone feels alive or, in contrast, overtaken by death, which is represented by a withdrawal into oneself, distancing oneself from people or objects, emotional emptiness and indifference to anything new, unless he labels it melancholia or depression. And as is the case in medicine, this suffering that accompanies the symptom is not perceived unless it is part of a specific diagnosis; the same applies for the pain of sorrow - when it resembles a simple echo of everyday life it is brushed aside as insignificant.

In this way, clinical analysis goes hand in hand with social analysis.

The interest expressed in boredom has always been influenced by the trends of the time. At the end of the 19<sup>th</sup> century, boredom, labelled an evil of the century or neurasthenia, was recognised in literary as well as clinical and psychopathological spheres.

Boredom is underscored by a polymorphism that does not encourage a scientific approach - and this is where its individuality lies: it appears to be a function of the affect, which makes no sense unless seen in conjunction with all the conditions that contribute to its emergence. We cannot relegate it to a single situation, nor refer to it as a symptom of hysteria or a compulsive ritual in a particular mental function. Its diversity of expression, which is perceived at a somatic and mental level, in the diverse narrations, in the portrayals that the subject creates in his effort to describe it, as well as in the different realisations that range from a lack of expression and recognition

to a maximization of the affect, constitutes the first manifestation of this disorientating polymorphism that prevents the immediate recognition of boredom.

Searching for the 'causes' of boredom, the effort to make sense of the ordeal of a mental void, does not simply involve the system of rationalizations that the subject develops in order to understand, to describe and justify the affect, but rather the overall social status of boredom through moral, philosophical and scientific references. This is where the paradox lies. Although boredom leads to the immediate search for a cause, depending on the spirit of the times it is either reduced to a constitutional weakness, a part of one's character, or the result of the social discontent of an era.

A clinical analysis of boredom cannot turn its back on the social aspect. The problem lies in how to make use of this aspect.

In contrast with the clinical approach, which simply remains descriptive, bare, schematic when faced with a complexity largely beyond its comprehension, the intimation provided by literary narration, aims to demonstrate that this very gravity of time, which is the gravity of the self, stems from an existentially-oriented poor frame of mind which emerges when the subject comes into contact with a society. Literary narration succeeds in proving this because it grasps this contact from the inside, from the selfsame mental resources of a lifetime, and at the same time reveals the significant need for a clinical analysis of boredom that must also be a clinical analysis of psychology and society.

The complexity of boredom requires one to make a fresh start, to set aside the traditional distinctions between physiology and pathology, the exogenous and the endogenous, heredity and the environment, and also between the manner in which we live, our convictions and our visions concerning the world.

The enigma surrounding boredom is an appeal for an answer to such questions. The historical approach has taught clinical research two things. By

including boredom in the cultural tradition from which it stems, it allowed its particular individuality to be proven, and at the same time guided clinical research towards its probable locus. Having defined the genealogy of the socio-cultural, the mental permeability of boredom, a permeability proven by the variations brought about with its emergence and its means of expression according to the social outline, the historical period and culture, there is evidence provided of the dual character of boredom, defined by immobility and change.

As a representation of mental void, boredom is dictated by an immobile process that stems from a discontented disposition equally present by the challenge to express oneself, that is at the same time an attempt to bridge the void.

However, the changes that occur as this disposition begins to take shape, allow boredom to emerge from a state of being to form of mental structure, since in order to respond to the 'nothingness', that supports its 'immobile character', it requires elements which a given period or society defines and codifies into forms from which the relationship between the self and objects is drawn. Thus, in its daily manifestation, boredom is defined by such diversity.

Given that boredom is successively a disposition, a specific experience and the assertion of an ideological narration, it provides the particular outline to the mental structure that supports it.

In order to find the means of dealing with such complexity clinically, there must be a dialogue between its tangible reality and the individual stands taken in relation to it. Progress is achieved thanks to the obstacles one encounters or overcomes.

When dealt with in this manner, boredom is perceived as a process that stems from the conflict arising from a personal event, between an intrapsychic structure and a social environment. Its definition, what it represents, the process required for it to emerge, to be maintained and to dissolve (to be deconstructed) become confused when the network that links this boredom with the elements that give it life is established. Clinical research must therefore decipher this system of relationships, which requires it to open itself to social evolution.

In adolescence, boredom can take on a number of forms.

It can appear in a period of life that pre-exists in what we refer to as the 'entry into life'. Socio-economic dependence is experienced as an absence of

social status and as marginalization. Given that activity of life contain an element of waiting and expectation (success in examinations, profession, financial independence), they may be experienced as a form of coercion; particularly now, when the uncertainty the economic conjunctures foster make the future seem uncertain, the adolescent may dispute or deny his entry into adult life.

Hence, situations that allow substantial freedom of movement lead to an internal battle that is expressed through boredom in an effort to overcome this transition: in this case, boredom can be viewed as a defence against the dominant emotion.

Loneliness, an ambivalence towards parental models, aggressiveness and idealization, the absolute adherence to negation as an ideal, frustration experienced in a monotonous life, in which case readjustment is often not feasible and, finally, environmental deprivation are situations in which boredom is often present.

We can therefore see that the marginalized role we have assigned to boredom enables it in reality to exert an influence on mental life.

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*Corresponding author:*

Christianopoulos Cr  
Pediatric Psychiatric Dept,  
Hippokraton Hospital  
49, Konstantinoupoleos str  
546 42 Thessaloniki  
Greece

*Αλληλογραφία:*

Χρ. Χριστιανόπουλος  
Παιδιατρικό Ψυχιατρικό Τμήμα  
Ιπποκράτειο Γ.Ν.  
Κωνσταντινουπόλεως 49  
546 42 Θεσσαλονίκη