

Theme **History Taking**
Topic **THE 'ANGRY' ADOLESCENT**

Difficult and apparently angry adolescents often challenge busy clinicians. Most of us find it easier to work with patients' sadness and fear. These are engaging feelings whilst anger distances, puts us on guard, and can make us bristly. Unfortunately, if we get angry ourselves we are unlikely to be helpful.

We tend to assume that when someone is acting angry, then they are feeling angry. But that is not always the case. **Teenagers who feel miserable and/or frightened will often behave in an angry way**, presumably to try to protect themselves. Therefore it is always worth speculating as to **what else an apparently angry teenager might be feeling**. If the young person is in fact frightened as well as angry, then identifying the source of fear will not only help deepen rapport, but is also likely to provide information useful for assessment and/or management.

Example: A 14 year-old boy coming to his GP with an asthma attack was stubbornly unresponsive to questions. He seemed angry, his father was angry at him, and the GP felt frustrated. The genogram showed that his mother had died from breast cancer in hospital the year before. When the GP speculated to the boy and his father that the boy might be miserable and frightened about being in hospital himself, the boy became overtly more miserable and less angry. He was subsequently more cooperative.