

## Estimating the anxiety of the female delinquent adolescent using Hamilton scale (case study)

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### Abstract:

This study aims at knowing the degree of anxiety of the female delinquent adolescent and how its effect manifests in her life. In so doing, we relied on the clinical method because it is the most suitable for our study. Moreover, we used the case study through the application of Hamilton scale on a sample chosen on purpose. Findings show that:

- The female delinquent adolescent generally suffers anxiety.
- The psychological anxiety is the most dominating on the female delinquent adolescent.
- The psychosomatic anxiety is high for the female delinquent adolescent..

**Keywords:** anxiety, adolescence, delinquency, Hamilton ladder.

### Introduction-problematic:

The juveniles are an important social category because they represent the future image of the society. In this context, we shall have an ethical society that is secured and balanced if they are well and correctly educated based on solid ethical bases, their character is mentally and psychologically well-shaped, they receive care, and are protected from the factors that lead to delinquency and aggression towards the society. Consequently, each state must pay more attention to this category and devote a special protection through a set of legislations that regulate and govern their lives mainly that the juvenile crimes increased with the development of the social life and decrease of the role of the family and school in shaping the character of the child. Moreover, what added fuel to fire is the internet and modern communication systems which, despite their advantages, represent a real danger on the behavior of the juveniles, create delinquent inclinations, and make them refuse the traditions and norms of the society that contradict with their illegal wills and desires (Ben Chikh, 2017, p. 641).

Adolescence is among the most sensitive phases of life because it is critical and the hardest phase the individual and his surroundings face. Its concept is linked to the continuous stress and anxiety because of the physiological, psychological, and social changes that change the individual from a biological being into a social being fully included in the society who interacts with its individuals. In this line, the adolescent either contributes to building the society or makes the opposite through a delinquent behavior that makes him a destructive factor and a source of social scourges (Zaarour, 2017, p. 220).

If the adolescence touches the entire entity of the adolescent in his relation with his environment, there will, undoubtedly, be various disorders that touch his character and relation with himself and the environment in which he lives. This gives us a good interpretation to the phenomenon of crimes because the adolescent seeks achieving his ideal world, hopes, ambitions, and identity regardless the price. If these wills are confronted with a social and psychological imbalance, he deviates from the social laws, ethics, norms, and values and, thus, gets into the world of crime.

Because the delinquent is an adolescent before all, many psychologists linked the phenomena of juvenile delinquency to adolescence because it is a period that is full of struggles and troubles in

different sides. In this vein, the issue of the female delinquent adolescent is in the top of the social and psychological problems facing societies because it has dangers on many related sides. In addition, the delinquent behaviors are various and have effects on the social, economic, and psychological situations because the adolescent reaches the peak of struggle in life which becomes full of chances to try new experiences and discover the human relations that affect her character development. Moreover, it is a period that is full of prerequisites and deep powers within her. Thus, the adolescence hides a huge revolution of problems and struggles because this phase is neither stable nor safe as it lacks the defense mechanism that may maintain her psychological, social, and emotional health.

The environmental, familial, and life conditions, in addition to the stressing life impose on the female adolescent the feeling of internal or external threat to her status and goals. In this critical phase, the female adolescent looks for stability and independence through proving herself, identity, and personality. In this line, if she does not find what she looks for, is confronted with the reality, and the future becomes vague for her, she gets into a struggle with herself and the others due to psychological factors that affect her daily life. In this case, the female delinquent adolescent starts suffering psychological epidemics that affect her, including anxiety. The main engine of this problem is the psychological and social struggles that turned into established truths in our era. Horny defines anxiety as threatening experiences because the individual is the outcome of painful events and situations since the 1st phases of his life including the contradiction of the parents' feelings (al Khaldi, 2002, p. 116).

The study of Khadija Moqaddam (2005) that aimed at knowing the psychological and social dimensions of the character of the delinquent adolescent found personal, educational, familial, social, economic, and cultural factors that push the adolescent towards delinquency. Moreover, the delinquent adolescent cannot face the life situations, build the self, and afford the feelings of fear and anxiety because he has mechanisms to get rid of the difficulties and conditions of life. In addition, the study of Ammari Kaouther (2013) that aimed at knowing the psychological care and its effect on the type of the character of the delinquent adolescent found that the program of the psychological care used in the reeducation centers is effective regarding the behaviors of the delinquent. Besides, it helps change his personality and vision to the future. Furthermore, the study of Ouali Ouadoud (2014) that aimed at knowing the strategies of facing the stress of the delinquent adolescents (males and females) found that the most used strategies to face the stress by the delinquent adolescents is the emotionality.

Based on what has been said, our study aims at knowing the extent of anxiety sufferance of the female delinquent adolescent through answering the following two main questions:

- Does the female delinquent adolescent suffer anxiety?
- Can the female delinquent adolescent manage the anxiety if found? What is the mechanism for that?

### **Hypotheses of the study:**

**General hypothesis:** The adolescent suffers anxiety and fails to manage it leading to the emergence of many types of it.

Sub-hypotheses:

1. The female delinquent adolescent suffers psychological anxiety.
2. The female delinquent adolescent suffers somatic anxiety.
3. The female delinquent adolescent fails to manage the anxiety.

**Determining the terms:****Definition of anxiety:**

Sigmund Freud defines it as a type of painful emotionality acquired by the individual during the situations he faces. It differs from the rest unhappy emotions such as the feeling of depression, anger, and jealousy due to the internal physical changes the individual feels and other external ones that manifest in his appearance clearly (Al Khaldi, 2002, p. 116). Moreover, Horny defines it as an emotional response to a danger that is directed to the fundamental components of the personality including what is common between people such as freedom, love of life, and giving birth to children, and what is specific whose value differs from one person to another according to culture, environment, phase of growth, and gender such as the reputation and the socioeconomic position. In this line, anxiety takes behavioral manifestations such as the carefulness and fear. This anxiety gradually robs off the original features of the individual and throws them far from the real self (Zahran, 1992, p. 379).

We notice from the above definitions that anxiety is a painful emotional state whose severity changes from one person to another. It causes internal changes and external ones that manifest on the look of the individual and the response to the anxiety. There are things in common between people such as giving birth to children, and there are specific things according to the culture, gender, and environment. Moreover, anxiety takes behavioral aspects such as fear and carefulness. This affects the self and dominates the character.

**The concept of delinquency:**

Mazet. Ph & Houzel. D define it as a relative concept that has legal, social, and ethical characteristics that change with time and place. According to the law, it is committing crimes that need legal punishment that changes from one state to another. Sociologically speaking, it is a deviation from the social norms that differ according to place, time, and the social established norms and systems. Thus, the relative concept of the delinquency is determined. It is somehow a social misadjustment that expresses sometimes, not always, psychological difficulties and pathological psychological troubles (Mazet. Ph & Houzel. D, 1979, p23).

**The concept of adolescence:**

It is a sensitive phase that is marked with physical growth that leaves psychological, emotional, mental, and social effects on the personality. It has such many definitions by adolescence scientists that it is difficult to give a comprehensive definition. In this line, Lafon. R focused on the physiological and psychological aspects. He writes in his psychological lexicon that the adolescence is derived from “adolescere” that means “to grow”. It extends from the age of 12-13 to the age of 18-20 and is marked with individual changes where the biological development of the puberty happens (the organic growth and the sexual harmonic maturity). The biological motive moves the development crisis that is registered in the thought and behavior to the point of moving the sexual lusts that reactivate some previous models of the personality forming an internal defense and a jeopardy that leads to new orientations. The pre-adolescence and adolescence are called the crisis period (L. Pepin, 1973, pp. 15-16).

**2- Symptoms of anxiety:**

Anxiety has many symptoms. Some of them appear on the physical side while some appear on the psychological. We shall show some of them in each side:

**The physical symptom:**

This includes the general weakness and lack of energy, activity, and perseverance. Moreover, we notice the excessive motor activity, the motor nervous crises, fatigue, continuous headache that does not stop with aspirin, perspiration, the hands sweating, fingers trembling, coldness of the limbs, paleness of the face, fast heart beats, chest pains, high blood pressure, breathing troubles, sighs,

restlessness, nausea, vomiting, diarrhea, repetitive burping, bloating, difficult digestion, dryness of the mouth and throat, lack of appetite, loss of weight, troubles in the sexual functions, fast ejaculation for the man, sexual coldness, and troubles in the period of the woman (Zahran, 2001, p. 486).

Moreover, all the systems of the body get troubled such as the nervous, respiratory, digestive, urinary, and cardio-vascular systems. The following are some changes that happen on the body systems:

#### **The cardiovascular system:**

The patient feels many diseases related to the cardiovascular system including muscular pains above the heart with fast heart beats, feeling of palpitations everywhere, and high blood pressure. This is due to the apparent or subdued emotion.

#### **The digestive system:**

It is among the most important systems that are affected with the psychological anxiety. It shows difficulty to swallow and feeling of sore throat or indigestion. Sometimes, the man feels nausea, vomiting, diarrhea, constipation, and burping whenever the individual gets certain emotions. This phenomenon is noticed in the women mainly the married whose characters differ than the husbands in the manners of expression of emotions. Most of the time, this has a symbolic relation to object a certain stance, or feeling of repel, or disgust against someone. Among the symptoms, we find the loss of appetite and loss of weight (Ibid, p. 400)

#### **Respiratory system:**

The patient suffers fast breathing and cold sweating even in winter. Moreover, he has recurrent sighs with a feeling of restlessness and the inability to swallow water. The fast breathing releases the dioxide, the degree of the blood acidity changes, and the calcium decreases. This makes the individual subject to the feeling of numbness in the limbs, shrinking in the muscles, nausea, nervous spasms, and sometimes passes out. This is due to the fact that the anxiety leads to the fast breathing without knowing about this because we do not feel breathing only when it gets faster (Al Kaabi, 1995, p. 45).

#### **The nervous system:**

The anxiety here appears in the severity of the deep reflections when checking the nervous system of the patient. Moreover, we see a widening in the eye pupil and a trembling in the limbs mainly the hands. Moreover, there is a feeling of nausea, headache, and a general stress due to the disorder in the functions of this system. In addition, there is insomnia in the first hours of the sleep, a difficulty in attention, and oblivion.

#### **The urinary sexual system:**

Most of the individuals feel recurrent need to urinate when there is a severe emotionality. The opposite may happen, i.e. urinary retention despite the excessive need to urinate. The main cause is the simulation of the sympathetic or parasympathetic system due to anxiety (Akkacha, 1998, p. 47). Among the most important symptoms of this system is the disorder of the sexual function which is among the symptoms that cause a severe pain. Most of the time man gets sexual inability when feeling remorse. As for the woman, she gets sexlessness and sometimes a disorder in the period, or it may stop completely.

#### **Muscular system:**

Most of the patients visit doctors to complain about various pains in the body including the shrinking in the muscles and pains in the arms, legs, and above the chest. Most of the diagnoses of these pains end with discovering rheumatism. Hence, the patient starts taking the medicines, but to no avail.

#### **The motor system:**

The main symptoms of the psychological anxiety patient are continuous absence of movement, a tremor, and an excessive cold sweat. Moreover, man cannot give enough information about his case

and does not even know the time and place. Most of the time, he feels a sudden emotion within him without any goal (Al Kaabi, 1997, p. 46).

### **The skin:**

The psychological anxiety is a main factor of the appearance of many diseases such as acne, eczema, psoriasis, vitiligo, and hair fall.

### **Endocrine glands:**

Anxiety causes many diseases of the endocrine glands including the parathyroid, the diabetes, and the increase of the adrenaline from the gland above the kidney (Ibid, p. 47).

### **The respiratory symptoms:**

We can determine some respiratory symptoms of the psychological anxiety as follows:

#### **Fear:**

The patient fears things that did not use to cause any pathological response. For instance, he fears the closed places, the wide spaces, and the diseases. Fear of the diseases is the most common including the fear of cardio diseases, cancer, and syphilis. Moreover, the fear of death gets strange forms such as the fear of swallowing the tongue, stuck food in the throat, or the explosion of the veins (Al Kaabi, 1997, 48).

### **Stress and nervous irritation:**

This manifests in the severe sensitivity to any noise. Thus, the patient jumps when he hears the phone ringing or the bell and gets nervous easily and for simple causes.

### **Loss of appetite:**

Anxiety is accompanied with the loss of appetite, loss of weight, and insomnia that is characterized with sleeping difficulties and nightmares (Akkacha, 1998, p. 48).

### **Psychosomatic symptoms:**

This refers to the organic diseases caused by the psychological anxiety, or in which it plays a vital role, and the organic diseases whose symptoms exceed getting the reactions of the psychological anxiety. These diseases include the high blood pressure, the angina, arterial clot, asthma, diabetes, increase in the secretions of the parathyroid, IBS, and the psychological headache. If the struggle lasts a long time and the anxiety turns unsupportable, the symptoms of the psychological anxiety change into:

- Fears.
- Hysteria anxiety.

### **The character of the delinquents:**

Adolescence is a phase of struggle and anxiety that leads to delinquent behaviors. The character of the delinquent looks ordinary with no struggles despite their existence. The delinquent behaviors all along the 30 last years represented the most common troubles for the minors. Petitclerc insists on the important changes that appeared in the last 10 years in the form of juvenile delinquency by those whose ages are 6-11 years old. In this context, 11% of the crimes are theft but without violence against the others (Fontaine, 2003, pp. 186-187).

Thus, the researches in the field of juvenile delinquency increased in order to know the causes and the variables that have a relation with this phenomenon. Thus, we can find the characteristics of the delinquent people that manifest in being against all the society. In this line, the delinquent for instance does not show loyalty to the other and does not fulfill the social duties. Among the anti-social characteristics that characterize them we find:

- \* An average or high intelligence with an artificial attraction.
- \* Inability to make relations and a failure in setting plans for life.
- \* Imitating the group of the delinquents he belongs to in the outfits and way of speech.
- \* Making his crimes and delinquent behaviors with the group he belongs to.

- \* Playing an active positive role in the group he belongs to.
- \* Leaning to blaming the others and looking for justifications for his behaviors.
- \* Being so bold that he tells lies and does not care if this hurts the society or no (Ghani, 2018, pp. 35-36).

### **Methodology of the study:**

We relied in this study on the clinical method that is among the fundamental methods in the psychological studies. It is the best to understand and interpret the character.

### **Tools of the study:**

#### **\* Observation:**

It is an important tool for data collection used by the researcher in order to get important information for the study. It is the 1<sup>st</sup> step in the scientific research because it drives the researcher to truths. Moreover, it is an activity that the researcher makes throughout his research (Fakhir Aqel, 1980, p. 84). We used the simple observation which means observing the phenomena as they automatically happen in their natural circumstances without scientific monitoring nor the use of exact tools for measurement to make sure of the exactitude and topic of the observation. In this vein, we relied on the observation either during the interviews with the case or during the application of the test.

#### **\* Semi-structured interview:**

It is a dynamic relation and a discussion between two people or more in order to get the history of the case and form a coherent image of the person. In the semi structured interview, the interviewer understands that he wants to give information because he directs direct questions to cover the studied topic (Louis Kamel, 1977, p. 67).

#### **\* Hamilton scale:**

This scale had been set by the psychologist Max Hamilton (1959) to be used with the patients who have been diagnosed with anxiety. It gives a quantitative degree relying on the existence of some physical and psychological symptoms. If the scale is correctly used, the degrees may be a good reliable indicator to record the improvement of the patient.

Orders: the estimation period is one week including the day of the interview.

The expert must choose the point that suits each statement based on his experience in the field.

The concepts that correspond to each of the statements are examples that clarify the statement itself.

This scale is made up of 14 statements. The severity of each is estimated from 01 to 04 (Boucenna, 2012, p. 34)

-0= absence

-1= mild severity

-2= moderate severity

-3= severe

-4= very severe

“04” represents a casual pathological sign. This scale is directed to the neurotic people.

### **Presentation of the case:**

Name: M- N

Gender: Female

Age: 16 years old

Educational level: 2<sup>nd</sup> year secondary education

Economic level: average

Personal antecedents:

- She was a victim of sexual harassment at the age of 07
- She tried to leave the house twice
- She tried suicide twice
- Wounded her hands and pulled the hair



Pathological antecedents of the family:

- The mother suffers an acute depression

### Summary of the interviews:

We made many interviews with the case. We sum up the interviews saying:

“M” is an adolescent girl of 16 years old studying 2<sup>nd</sup> year at the secondary school. She is the unique girl of her family with 03 brothers. She is the eldest. She was victim of sexual harassment many times by her uncle. In addition, in her childhood, she suffered the cruelty of her mother who was so dominating and feeling an acute depression. Besides, the role of the father was absent because he was submissive to the wife. “M” used to get hit cruelly by her mother for simple reasons. She does not have many friends because she avoids the others due to her changing mood. She feels angry rapidly and revolts for the simple reason. Consequently, she expresses this through pulling the hair and wounding her hands. Hence, she suffers violent behaviors against herself what increased her anxiety and the undesired behaviors. The case tried suicide twice but failed. Besides, she attempted leaving the house due to the pressures exercised by her family, but to no avail.

“M” is characterized with laziness and fatigue most of the time and prefers to stay alone in her room. She does not leave her room only when going to school. However, she is very intelligent what explains her high academic performance. As for her behaviors during the interviews, she was not comfortable in the beginning and was moving her hands and feet. This shows that she was troubled somehow. In addition, her face was pale and the heart beats were fast. Nevertheless, she responded to us though she used some impolite words sometimes.

**Table 1 : Application of Hamilton scale on the case:**

Axes	Statements	Does not exist	Mild severity	Moderate severity	Severe	Very severe
1-anxious mood	Anxiety and concern, waiting for the bad, fear (expecting something with a feeling of fear), and ability to get angry				+	
2- stress	Feeling of stress, ability of fatigue, inability to relax, revolutionist reactions, easily weeping, trembling, feeling of inability to stay in one place.			+		
3- weeping	From the black, from unknown people, those who left you alone, from the big animals, from waiting or moving, from the crowds.	+				
4- insomnia	Sleeping difficulties, discontinuous sleep, non-relaxing sleep accompanied with fatigue when getting				+	

	up, nightmares.					
5- cognitive functions	Attention difficulties, low memory			+		
6- depressive mood	Loss of interest, absence of pleasure in the time, depression, change of the mood during the day, insomnia in the morning					+
7- general somatic symptoms	Pains and muscular spasms, muscular rigidity, muscular tremors, shivering, teeth gnashing.		+			
8- sensual symptoms	Tinnitus, unclear vision, a wave of coldness and heat, feeling of weakness, tingling.		+			
9- cardiovascular symptoms	Fast heart beats, pains in the chest, vibrations in the blood veins, feeling faint.			+		
10- respiratory symptoms	Feeling of heaviness on the chest or severe stress, feeling of suffocation, difficulty of breathing					+
11- Gastrointestinal symptoms	Swallowing difficulties, pains after or before food, feeling of burn, flatulence, burning mouth, nausea, vomiting, void in the stomach, stomach pains, gurgling, the sound of the movement of the gases and the liquids in the intestines, diarrhea, and loss of weight.				+	
12- Genitourinary symptoms	Menopause, over menstruation, appearance of sexlessness, recurrent urination,	+				



	urgent urination, PE, lack of erection, sexual weakness					
13- symptoms of the self nervous system	Dry mouth, excessive reddening, inclination to sweating, nausea, headache, chill.				+	
14- behaviours during the interview	<b>General:</b> comfortlessness, nervous irritation: manifests in the hands and in moving the fingers, use of the handkerchiefs, unsteadiness: moving back and forward, trembling hands, increase of the strains, wavy front, fast breathing, yellow face. <b>Physiological:</b> swallowing the saliva, increase of the heart beats during rest, trembling, twisted eyelids, trembling eyelids, sweating					+

Source : l'Auteur, (2022).

#### The table of the axes of Hamilton scale:

Axes	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Responses	3	2	0	3	2	4	1	1	2	4	3	0	3	4

The degree of the psychological anxiety = the total of the statements degrees 01, 02, 03, 04, 05, 06, 14.

The point of the somatic anxiety= the total of the statements degrees 07, 08, 09, 12, 11, 10, 13.

The total= the total of the points of all the statements.

Thus:

The psychological anxiety= 3+2+0+3+2+4+4

=18 points

The somatic anxiety= 1+1+2+4+3+0+3

= 14 points

The total= 18+14

= 32 degrees

### **Commenting:**

Upon understanding the scale of Hamilton, we found that the case suffers many disorders due to the circumstances she lives. She has an anxious mood that manifests in her anxiety, absorption in thought, waiting for the harm, expecting the bad, and ability to get angry. These feelings make “M” feel continuous anxiety whose degree is 3 which is severe according to Hamilton scale. Moreover, the feeling of fatigue, inability to relax, and easy weeping made her live a state of stress that she expresses with revolutionist reactions. It has a degree of 2 on the scale of Hamilton and is considered of moderate severity.

Besides, she suffers sleeping difficulties most of the time as she does not sleep and if she does, her sleep is discontinuous and not comfortable. Moreover, she sees nightmares and experiences night terror. This has degree 3 in the axis of insomnia which is somehow big according to the scale of Hamilton. The case is characterized with attention deficits and low memory. This has degree 2 in the axis of the cognitive functions and is of an moderate severity. Besides, she has a depressive mood that manifests in the loss of attention and pleasure in leisure time, or the changing mood during the day. This has degree 4 which is very severe and pathological according to the scale of Hamilton.

As for the axis of the somatic symptoms, its degree is 1 which is of low severity according to the scale. As for the axis of the sensitive somatic symptoms, the degree is 1. As for the degree of the cardio symptoms axis, it is 2 which is of an average degree according to the scale. In this context, “M” suffers fast heart beats and chest pains. Concerning the degree of the respiratory symptoms axis, it is 4 which is the highest degree in the scale. As for the degree of the axis of the gastrointestinal symptoms, it is 3 which is very severe according to the scale of Hamilton. However, the case does not feel any sexual urinary troubles because the degree of this axis is 0.

As for the axis of the symptoms of the nervous system, it reached 3 which is severe according to the scale. Regarding the axis of the behaviors, the degree was 4 during the interview and is a very severe degree. The scale helped us know the main troubles and problems the case suffers including the depression and anxiety, in addition to other symptoms that have different degrees and are generally average according to the scale.

### **Analysis:**

“M” lived a violent shock due to a sexual harassment by her uncle and the responsibility thrown upon her by the mother. These events created a psychological shock that disordered her psychological system because the shock is a vivid incident that leads in a short period to excessive effects that cannot be digested with the normal ways. This shows steady troubles in the use of the energy (La Blanche, 1987, p. 301). Indeed, this is what we conclude from the interviews because “M” was accused of being the responsible for being sexually harassed by her uncle and, thus, got anxiety feelings resulting from the feeling of fear. This led to losing confidence in her surroundings. This anxiety translates the level of the ego. In this line, Henri Ey sees that the anxiety is a set of psychological troubles that give the individual a feeling of suffocation (Henri, 1963, p.14).

Therefore, the case expresses her feelings after the shock with weeping sometimes and denying some other times. She lives a state of psychological loss and even the repel behaviors and avoidance emerged after she had lost trust in her surroundings. The case fears the painful memories that remind her of the rage of her mother and her accusation of being the cause of the sexual harassment by the uncle. Pierron says that the fear cannot be justified from one stance and that it leads

to a severe anxiety in the avoidance behaviors (Pierron, 1979, p. 120). This made “M” avoid the others and lose confidence in them; and even think about suicide and leaving the home.

We must note that the reaction of the mother was the factor that exploded the emotional and relational sufferance the case lived before the sexual harassment by her uncle due to the mother’s domination and absence of the role of the father who was submissive the wife. This event exploded the accumulating shocks because the psychological system of “M” became ready after the emotional and relational sufferance. It generated a feeling of anxiety and depression. This is what Pierron insists on saying that the shock is a violent emotion that changes in a continuous manner, and that the character of the shocked individual becomes sensitive to emotions similar to the first shock (Ibid, p. 320)

Consequently, we find that the rejection generated physical and psychological troubles for “M” that manifested in insomnia, breathing difficulties, fatigue, chest pains, and loneliness. These are clinical indicators of the anxiety that manifest in the victims and differ from one to another according to the incident and the degree of its effects (Roland. C, 2000, pp. 106-107). As for the psychological troubles, they manifest in the psychological fragility, easy weeping, sexlessness, inability to relax, changing mood, loneliness, and loss of trust in the others. This created the avoidance in “M” and refusal to speak about her shock. In addition, she lives a state of spiritual contradiction because she is concerned about her vague future and how it shall be from one side, and from another side, she wants to drop out school though she is excellent. This creates a state of unexplained anxiety. According to Freud, anxiety is a state of severe vague fear that gets the man and causes much disgust, restlessness, and stress. In addition, it means getting disturbed. The anxious person expects the evil and looks pessimistic, nervous, and troubled (Farouq Assayad, 2001, p. 18).

This is really what “M” suffered as she lived fear and stress; fear of the society’s vision and the vague future. “M” employed the mechanism of isolation that is being lonely and getting far from the others. This indicates that she lives a depression that prohibits her from getting out to the reality and facing it. However, we find that she overcame the shock somehow through the mechanism of sublimation which is a defense mechanism that alleviates the severity of the struggles and internal stress through turning the ideas and struggles into safe and beneficial fields that are accepted socially. This mechanism manifested in “M” in her academic excellence and writing stories to alleviate the internal struggles and the negative feelings. Her occupation and focus on the study help her forget what happens, alleviates the incident and the stress, and gets her out of the struggles cycle.

### **Discussion of the results based on the hypotheses:**

From the obtained results in the test and based on the hypotheses set, we conclude that:

#### **1<sup>st</sup> hypothesis:**

We see that it is confirmed, i.e. the female delinquent adolescent suffers psychological anxiety as appears in the interviews and during the application of the scale of Hamilton.

#### **2<sup>nd</sup> hypothesis:**

We see that it is confirmed, i.e. the female delinquent adolescent suffers somatic anxiety as appears in the interviews and the results of the scale of Hamilton.

#### **3<sup>rd</sup> hypothesis:**

We see that it is confirmed, i.e. the female delinquent adolescent fails in managing anxiety as appears in the interviews and the results of the scale of Hamilton.

This shows that the general hypothesis is confirmed, i.e., the female delinquent adolescent suffers the anxiety and fails in its management what leads to the appearance of many types of it.

**General deduction:**

Upon the study we made, the results obtained thanks to the interviews with the case, and the application of Hamilton scale, we find that the female delinquent adolescent suffers the anxiety that generates psychological and physical troubles and problems that appear on the case. They manifest in the fear, waiting for the bad, inability to relax (psychological symptoms), and physical symptoms that are the loss of weight, feeling of suffocation, tremor...etc.

**Conclusion:**

From the study we made on the case, we found that the female delinquent adolescent is the victim of the social and psychological circumstances and the status-quo of the family life. This creates psychological troubles that lead to a set of symptoms on the psychological, relational (behavioral), and physical sides. Moreover, we deduce that the anxiety she suffers is an exploding factor for other shocks that interpret a readiness such as the relational problems that manifest in the rejection or abandoning, in addition to the position of the case in the family that caused troubles and psychological instability. These factors created a readiness and the potential for psychological, relational, and behavioral troubles that led to a set of symptoms that we observe in the case. Consequently, we would like to recommend:

- Allowing the female adolescent to express her personal thoughts.
- Working to share the female adolescent's activities and works she likes and encouraging her in order to reduce the struggle surface and widen the compatibility and understanding.
- The parents should avoid using negative terms and expressions such as: you are a failed person, stubborn, hesitant, you do not understand...etc because they provoke the adolescent, bring about more problems and troubles, and lead to the appearance of anxiety of the adolescents.
- The adolescent must be told:

She is moving from one phase into another because she is leaving childhood into a new phase where she becomes old and responsible for her behaviors.

There are physical, emotional, mental, and social changes that occur on her psyche as she has got a role in life, no more playing.

- Spread dialogue and communication inside the family because this allows the female adolescent to know that there is an opinion and another considerable one.
- Teaching the female adolescent how to give her opinion rationally and logically and making her know that there are points that cannot be touched such as religion, ethics, and values.

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