

# Journal of Adolescent Health & Welfare

VOLUME 2 NO 1 SPRING 1989

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**THE BRITISH "JOURNAL OF ADOLESCENT HEALTH AND WELFARE" is the journal  
of the Youth Support "Forum on Adolescent Health and Welfare".**

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30 CRYSTAL PALACE PARK ROAD; LONDON SE26 6UG

CHARITY NO 296080

Dear Colleague,

With this edition, our journal enters it's second year. This should be an important and interesting year for Youth Support and the forum. We are planning changes to meeting arrangements in order to better meet members needs and are launching a major appeal to raise money for teenage services.

The most exciting piece of news is that at the last IAAH (International Association for Adolescent Health) meeting in San Francisco your editor was chosen as the next president of IAAH. So British Adolescent care is finally 'on the map'!

In January 1989 we made important contacts with youth and professionals in the Soviet Union which should lead to a long term relationship. On page 4 we have printed some contributions from Moscow teenagers as the first part of a series 'The Voice of Youth' and we intend to persue a theme of involving young people in our discussions. It is only in this way that our services will remain relevant to adolescent's needs.

We have designed a new Youth Support logo, printed at the foot of this page and intend to use it on promotional material for our fund raising. The main impetus of the campaign will be centred around the week 14-21st october with our RSM meeting on 19th, a sponsored greyhound race meeting on wednesday 18th and other activities. If members wish to organise local fund raising at any time please contact us for teashirts etc.

Our membership status with the IAAH has changed slightly this year. We paid a lump sum to cover associate membership for all our members and the intention is that all British membership of IAAH will now be chanelled through the Youth Support Forum. We hope that eventually we may be able to do clever things like receiving the international newsletter by modem and redistributing it - funds permitting!

A new leaflet has been produced to encourage recruitment and are very grateful to the BAAF and Daphne Batty for circulating leaflets to all their members. The fee for new members has gone up to £20 to cover inflation and the IAAH costs but please note that existing members may renew for a further year at the old price of £15. Thank you very much to those who paid their subscriptions recently, there are still a number outstanding payments which obviously influence the need to raise the rate - however rest assured that this will be the last rise for some time.

Wishing you all a bright future throughout 1989,

Dr Diana Birch MBBS DCH MRCP MD  
Director "YOUTH SUPPORT"

Patrons: Dame Josephine Barnes; Sir Frank Mills.  
Registered address: 15 Cavendish Place W1M 0DD

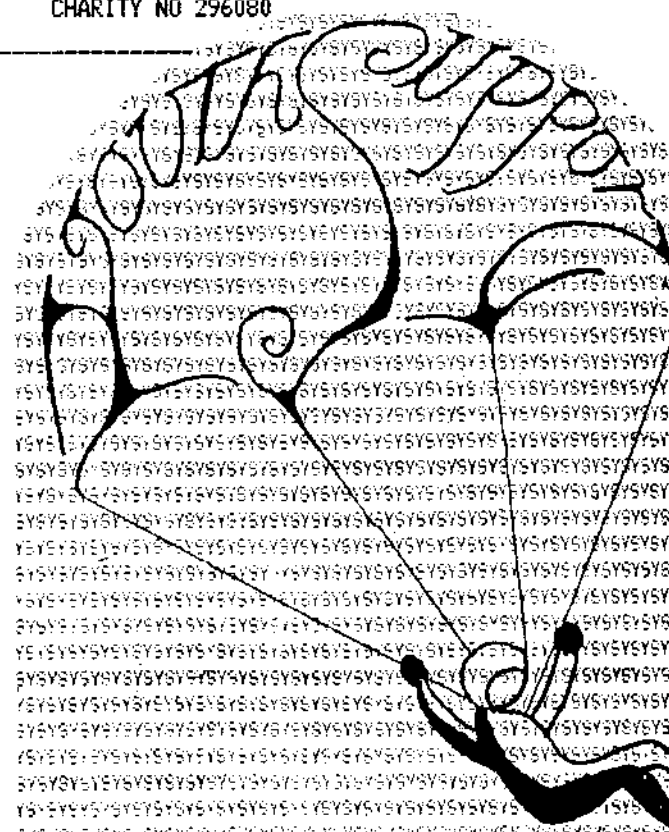
CHARITY NO 296080

APPLICATION FOR MEMBERSHIP OF THE "YOUTH SUPPORT"  
"FORUM ON ADOLESCENT HEALTH AND WELFARE"

PLEASE COMPLETE IN BLOCK CAPITALS AND SEND to:-  
YOUTH SUPPORT 30 Crystal Palace Park Road SE26 6UG

Cheques payable to YOUTH SUPPORT  
would like to join the "FORUM ON ADOLESCENT  
HEALTH AND WELFARE" I enclose £20 registration  
which covers my first years membership  
(journal included in cost).

NAME ..... POSITION.....  
ADDRESS.....  
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MEETINGS

MEETINGS

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Our main meeting in LONDON this year will be at the ROYAL SOCIETY OF MEDICINE on thursday 19th october. The meeting has been changed back to a thursday from the suggested friday timing because it has been pointed out that the cost of travel to London on a friday is higher than on a weekday.

As usual we will be having an evening meeting with invited speakers beginning with coffee and registration at 6pm. The programme is yet to be finalised but should include adoption of teenagers, 'Young people's worries in a nuclear age' and possibly sexual abuse issues in adolescence.

The last meeting was poorly attended despite the very high quality of speakers. We have been concerned that some people may find it difficult to travel to London for just one evening meeting. We have therefore decided that this year we will provide a fuller programme. A workshop will be held from 2pm - 4pm in a committee room at the RSM on the afternoon of 19th October. The theme will be RISK TAKING IN ADOLESCENCE. Numbers are limited so please apply early.

The shops in oxford street (immediately adjacent to the RSM) are open late on a thursday night so members will have time to browse around the stores between 4 and 6pm if they wish or to relax in the lounge area. Please note that fully paid up members may attend the evening meeting free and may bring guests free of charge. They may also attend the workshop and bring guests at the reduced fee of £5 each.

Non members pay £5 for the evening meeting and £10 for the workshop or may join the forum for £20 and incur no further charge for attendance.

Members coming from far afield who would like help with overnight accomodation should write in as soon as possible. We are considering making available beds in London members' houses in exchange for a small donation to Youth Support (about £10).

\* \* \* \* \*

MEETING IN SCOTLAND - GLASGOW Due to unforeseen circumstances this will be held later than usual on SATURDAY 28th OCTOBER 10am - 1pm. The meeting will also have a workshop format. The theme will be "Obstacles to providing effective services for youth" and should cover assessing needs, problems with statistics, communication difficulties (interprofessional and service/client), psychological issues. Venue Royal Hospital for sick children - YORK HILL GLASGOW.

Once again, if anyone is interested in becoming a Youth Support regional representative to encourage recruitment and meetings locally, we would be delighted to hear from you. If you think that there would be sufficient interest for a meeting in your area please write enclosing details of suitable venue, list of interested people and suggestions for speakers.

"FORUM ON ADOLESCENT HEALTH AND WELFARE"

THURSDAY OCTOBER 19th at the ROYAL SOCIETY OF MEDICINE, 1 Wimpole Street, London W1

PLEASE COMPLETE IN BLOCK CAPITALS AND SEND to:- YOUTH SUPPORT, 30 Crystal Palace Park Road SE26 6UG. (Cheques payable to YOUTH SUPPORT)

MEMBERS ONLY:-I will attend the afternoon workshop 2-4pm with ..... guests and enclose £5 registration fee per person (total.....)

I will attend the evening meeting 6-9pm and I will bring ..... guests.

NON MEMBERS:-I wish to attend the afternoon workshop 2-4pm with ..... colleagues and enclose £10 per person (total.....)

I wish to attend the evening meeting with ..... colleagues and enclose £5 per person (total.....)

OR I wish to join the forum and enclose £20 membership fee including attendance at the workshop and evening meeting.

NAME ..... POSITION.....  
ADDRESS.....  
.....  
..... PHONE.....

"FORUM ON ADOLESCENT HEALTH AND WELFARE"

GLASGOW MEETING SATURDAY 28TH OCTOBER 1989

PLEASE COMPLETE IN BLOCK CAPITALS AND SEND to:- YOUTH SUPPORT, 30 Crystal Palace Park Road SE26 6UG. (Cheques payable to YOUTH SUPPORT)

I am a forum member and wish to attend the GLASGOW workshop meeting and will bring ..... guests (free of charge).

I am not yet a forum member, I wish to attend the GLASGOW workshop meeting with ..... colleagues and enclose £5 fee per person (total.....)

NAME ..... POSITION.....  
ADDRESS.....  
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..... PHONE.....



churches and palaces but now a lot of money is being put into reconstruction programmes for old memorials and building new ones such as the memorial for the sacrifice of Stalin's repressions. I think that it is very important for youth to grow up with these reminders.

Finally I believe that Soviet Youth, like that in other countries, is an active fighter for peace. We take part in meetings, marches for peace. To my mind we must be united and we shall destroy imperialism and build a new world without wars and killings, let us be PEOPLE! Let's help each other." Zhanna Snehznitskaya aged 14.

\* \* \* \* \*

"I want to speak about some of the problems of Soviet Youth. Of course we have big and small problems in our life; most young people like to work and want to work but there are groups of young people aimlessly wandering the streets, young men and women, school leavers. The young men will enter the army - what do they know about it? - they know nothing!.. they are totally unprepared and walk into a lot of difficulties. The problem is then not only a problem of youth but of the country as a whole - the problem of young soldiers returning from Afghanistan. In this far away land they fought with bandits, helped common people in their everyday lives, rebuilt destroyed houses and towns. They made friends with each other and with the Afghans. But when they came back to the Soviet Union they collided with strange situations and strange attitudes, they saw our view of life, they saw a lot of bureaucrats who are interested only in papers - many soldiers are disabled and need help and our country who sent these people to Afghanistan can't help them! I cannot understand it! Of course we must help mothers of dead soldiers But it is very hard because money cannot substitute a mother for her son. We have one or two memorials for dead soldiers in Afghanistan; we need more; Our people must see who gave their lives for freedom ...." Oleg Ponomarev aged 15

\* \* \* \* \*

"I see the problem as one of trusting and communication between different ages. Before the revolution many people were trusting in God; then it was said that 'Religion is the opium of the people' and that there was no God. But nobody can live without trusting so Stalin made himself into a God, then Krushchev was a new God with a bright new future .... I think it was a great mistake to remove God; In the Bible there are wise words "Do not make an idol of yourself" because if you make an idol of a concrete man, there will always be a time when your idol in whom you trusted will be

-page 5-

proved wrong and it will be a great tragedy. Nobody can prove whether God exists or does not; it is a personal thing, you can have faith or trust with or without God. But now is a time when nobody knows what to do, what to trust, I am like that too. This is a problem for the world and for the Soviet Union because old ideals are changing ....." Vladimir Ruzim aged 15 years.

\* \* \* \* \*

I think that we have lost our respect for one another. Now we can speak about these things but people must understand that they must live in peace and friendship. This leads to a new problem, the problem of friendship. Friendship is a great power but cruel people cannot be friends. I think that I have few friends. I have a lot of comrades, but they are not friends who can help you in a hard time and with whom you can speak heart to heart.

I had a friend for six years but as we became older, we found different interests and we grew apart from each other. We can go for a walk, go to the cinema, but we are not true friends. However, this year I met a very nice girl; clever, kind and a good friend. When I was ill, she telephoned me every day, she understands my wish to become a young communist, which my school friends do not. In the short time that we have been friends, we have come to know each other very well and I think that if everyone could have such a faithful friend, our lives would be enriched! Julia Gershanova aged 14

\* \* \* \* \*

There is a lot in our papers and magazines about the problems of youth. Many unofficial groups exist in Moscow and other cities, Rockers, Punks, Lubers. They cause a lot of disturbance, they catch you and demand money and if you have none, they beat you up.

A group of young men and women gather near my house. They come on their motorcycles in the evening. The roar of their engines and shouting continues until midnight when they go on a tour of the city and the State auto inspection can do nothing about them.

To some extent I understand them, they have time on their hands and nothing to do, there are not many clubs where they can go. I think our yard organisations must create special clubs where young people can meet and do their own thing, listen to music or repair their motorcycles". Misha Shalabin aged 14

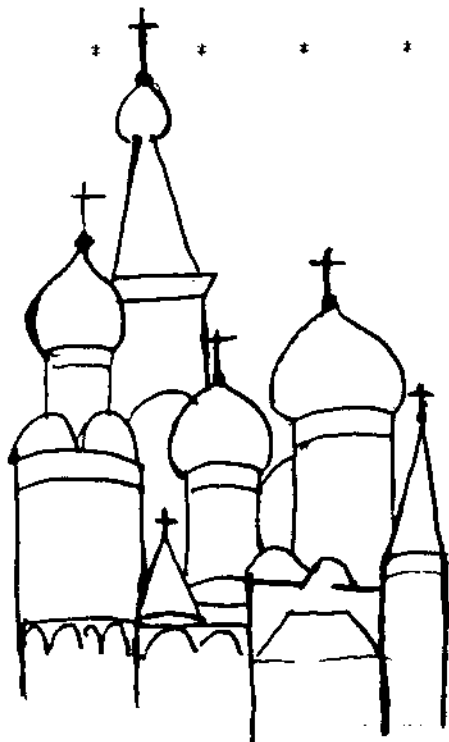
\* \* \* \* \*

"Tatiana stood before the conflict commission. Polite and kind, well disposed people two or three years older than her were talking with her. She knew that she could tell them everything about her problem and that the conflict commission would help her. Conflict commission, problem commission ... Does Soviet Society need such things? Of course not in every case, but the need is there.

Five or ten years ago the attitude was "You have problems? - then solve them yourself!" Some problems can be solved with money, some cooperative may help you to change your flat. Money can pay for some material deficiencies but how do we deal with emotional deficits?

When I asked my many friends about the relationship between themselves and their parents, they answered that their parents did not understand them. "They have a different outlook on life", "They think I am a child and cannot solve my own problems", "They interfere in my personal life".

What advice could I give parents of girls and boys of 14 and 15? I advise them to give their children the chance to show how adult they are, to treat them as grown ups, to believe them but not to forget that they are not grown up at all, that they can do wise or stupid things; to guide them in the beginning of life but carefully and imperceptibly. To my mind being a parent is a great art". Alexander Myzgina 14 years.



#### Letter to the Editor:-

Dear sir, The report entitled 'Youthscan - a survey of British Youth' on pages 3 and 4 of the winter edition of the Journal of Adolescent Health and Welfare unfortunately contains a number of inaccuracies, doubtless the result of a misunderstanding about the provision of a script or referral of a draft to the author for correction. Whilst the gist of the remarks is portrayed admirably, some of the details are palpably wrong. I am inviting the Editor to make available a corrected version with the next edition of the journal. In the meantime, anyone who wishes to quote or use material from this report should contact the author on 0272 429961. Yours sincerely, Neville Butler.

#### Editor's comment:-

I have apologised to Professor Butler for any inaccuracies and have printed here revised figures and corrections. I have explained that the reports of meetings are direct transcripts from the audiotape of the meeting which is recorded at the time. This is typed out, checked, and in some instances slightly shortened but not altered in any way, there will inevitably be the odd 'slip of the tongue' and 'slip of the pen' we are all human - I hope! I have subsequently listened to the recording again and note that the figures printed in the Journal were indeed those mentioned on the night, these differ only slightly from the corrections and differences may be accounted for by updating figures?, nevertheless these differences may prove confusing to members who were present at the meeting and made their own notes. I would suggest that members take up Professor Butler's kind offer to contact him direct and discuss this if any point is not clear. We are all of course very grateful to Professor Butler for an excellent presentation and for updating us in this way, thank you.

Correction Vol 1 No4 p3 "... carbohydrates taken in the diet goes up and the protein is in inverse ratio" should read "carbohydrates taken in the diet goes up and for the protein there is an inverse ratio"; p4 Professor Butler has given us revised figures as follows:- column one - "Children not living with both parents number 8% at birth, by the age of five it has risen to 10%, 15% at ten ..." column two - "7% had sex regularly ... 30% thought they would do it soon; 31% said their parents would be horrified at the idea - one wonders about the 79% of parents who would not have been horrified if their daughters had sex at or before 16 years of age!"

We are looking for pen friends for Russian teenagers and schools who would be interested in an exchange. Please write in to Youth Support.

**REPORT ON THE 1987 SURVEY OF EDUCATIONAL PROVISION FOR PREGNANT SCHOOLGIRLS AND SCHOOLGIRL MOTHERS IN THE L.E.A.'S OF ENGLAND AND WALES**

**Background**

When a girl under school-leaving age becomes pregnant and intends to continue with her pregnancy, her local authority is still obliged to provide her with education. The type and quantity of educational provision varies between local authorities. Some provide home tuition alone, either only at the ante-natal stage, or during both the ante-natal and post-natal periods. Other authorities provide a mixture of home tuition, and education at a specially designated centre for pregnant schoolgirls and schoolgirl mothers, some of which have nursery or crèche facilities. A few provide only special centres. In most authorities a girl is able, if not encouraged, to return to school after having had her baby, though, in practice, this rarely happens.

The first major survey into schoolgirl pregnancy, conducted in the mid-seventies by the Joint Working Party on pregnant schoolgirls and schoolgirl mothers, was particularly concerned that these young women lost a substantial amount of schooling (Miles 1979). They were supported in having this concern by a small survey of Oxfordshire schools done shortly after the raising of the school-leaving age (Oxfordshire C.C. undated). This led the Joint Working Party to strongly recommend that a schoolgirl be encouraged to remain at school for as long as possible during her pregnancy, and to have the opportunity to return to her own school after the birth of her baby. Home tuition should also be available without delay, and have as its aim the re-integration of the girl into school. The Joint Working Party felt that the advantages of special units were outweighed by a number of disadvantages, particularly in terms of being an expensive resource if they were to provide adequate teaching facilities and child-care.

Since the publication of the Joint Working Party's report in 1979, and against the background of its findings and recommendations, Nottinghamshire County Council established a working party in 1981 to investigate the current provision in that county. As part of this, all other English and Welsh L.E.A.s were contacted in order that the provision in Nottinghamshire could be put into context. They found that there appeared to be signs of a growing interest and concern from L.E.A.s about educational provision for this type of pupil. However, in the majority of cases, this took the form of individual home tuition only.

In the light of the surveys above, and of personal experience of working with pregnant schoolgirls and schoolgirl mothers, both as a teacher and researcher, a similar survey of educational provision in England and Wales was conducted in 1987.

**The 1987 Survey**

This survey aimed to discover the 'educational position' of the pregnant schoolgirl and schoolgirl mother, to compare the situation with the findings of earlier surveys and to make recommendations for future practice.

To this end a letter was written in May 1987 to the Chief Education Officer of each of the 105 local authorities of England and Wales. It requested information in the following four areas -

- (i) Who (an individual or group) within the Authority has special responsibility for overseeing the provision for schoolgirl mothers
- (ii) What, if any, provision or policy has the Authority regarding the counselling of a pregnant schoolgirl as to her choices i.e. abortion, adoption, or keeping the baby
- (iii) Is home tuition available to pregnant schoolgirls. If so -
  - (a) for how long (e.g. 5 hours)
  - (b) h/teaching during the ante-natal period alone
  - (c) h/teaching during both the ante-natal and post-natal period
- (iv) What provision, if any, is there for group teaching and/or do special centres or units exist. If group provision does exist
  - (a) as well as academic provision is there any 'formal' health input e.g. ante-natal relaxation classes
  - (b) is there any nursery provision for babies?

From the 105 L.E.A.s, the 1987 Survey received 63 replies (60%) with varied amounts of detailed information. These replies showed an increased awareness of the educational needs of pregnant schoolgirls and schoolgirl mothers, when compared to the findings of the two earlier surveys. Putting this awareness into practice seems to depend on factors such as the geographical nature of the authority and numbers, and concentration of these numbers. For example, one authority wrote,

"Fortunately, and perhaps contrary to what one might expect in this area of rural beauty and rustic manners, schoolgirl pregnancies are relatively infrequent."

Schoolgirl pregnancies may be infrequent in this particular local authority however, the rate of pregnancy in the under 16 years age-group generally is not going down. Many local authorities, particularly those with large urban centres, are finding that it is such more desirable, in educational, health and social terms, to provide group tuition (with nursery or crèche facilities when possible). A summary of the 1987 Survey findings into what type of education is provided is tabulated below.

**Home Tuition:**

(i) no provision	3	5%
(ii) provision of home tuition	60	95%
TOTAL	63	100%
(iii) during ante-natal period alone	15	24%
(iv) during both ante-natal and post-natal periods	43	68%
(v) period not specified/on an ad hoc basis	2	3%
TOTAL	60	95%

**Group Tuition:**

(i) no provision	29	46%
(ii) provision of special centre or established group provision	18	29%
with nursery/crèche	9	14%
without nursery/crèche	7	11%
(iii) ad hoc group provision (without nursery/crèche)	7	11%
TOTAL	63	100%

It can be seen from the tables above that home tuition is the main type of provision from L.E.A.s, the type and length of which can vary greatly between authorities. The 1987 Survey found that the amount of home tuition provided, in terms of hours available per week, ranged from 2 hours per week in 3 L.E.A.s to 15 hours per week in another 2 L.E.A.s. Many of the L.E.A.s in the 1987 Survey indicated that the hours they stated as maximum provision may vary according to individual circumstances. The amount of home tuition time provided for an individual girl can depend on her stage of education, and on whether she is going to sit public exams. Thus an Easter-leaver, not intending to sit any exams, may receive fewer hours of home tuition than, for example, a 4th. year pupil who is working through various courses leading to examination in her 5th. year.

Though not overtly stated in most replies, it is may be the case that the non-academic pregnant schoolgirl and schoolgirl mother receive less attention from home tuition services than their more academic peers.

As can be seen from the tables above, 54% of the L.E.A.s in the Survey provide varying types of group tuition. Established centres exist in 27 authorities, with some of these providing more than one centre. For example, in one metropolitan authority in the Midlands, there are five established teaching centres for pregnant schoolgirls and schoolgirl mothers. Another 7 of the Survey's L.E.A.s provide ad hoc group provision (without child-care) when the need or numbers warrant it. A number of the authorities without group provision in 1987 stated that they were reviewing their provision in this area. Certainly, when compared to the findings of Notts County's 1981 survey, there seems to have been expansion of this type of provision.

This increased awareness of the educational needs of pregnant schoolgirls and schoolgirl mothers is markedly apparent when the position of the person or group with overall responsibility for overseeing educational provision for these young people is considered. For example, the largest percentage of central responsibility holders in the 1987 Survey (27%) lie within the category that provide hospital and home tuition (included in this generalised category are a co-ordinator for pregnant schoolgirls, a tutor in charge of adolescent girls and a co-ordinator for special tuition services). Whereas in Notts's 1981 survey only 7% central responsibility holders were home tutor organisers, and there was no mention of a co-ordinator for pregnant schoolgirls, assistant directors of special education (25%) and education (23%) being mainly responsible.

It would seem that since 1981, local education authorities are becoming more aware of a need to provide for pregnant schoolgirls and schoolgirl mothers, and as such have either created new posts to deal with this area, or specified that existing post-holders should add this to their area of responsibility.

Counselling a pregnant schoolgirl as to the choices that may be available to her (abortion, adoption or keeping the baby), is seen by many as an important service for these young women. In the 1987 Survey, most authorities stated that they do not have an official policy on pregnancy counselling, but made the point that information and counselling concerning a girl's choices depend largely on who confirms the pregnancy, and who is first officially told by the girl. These people may be any one of a group of people including G.P., Educational welfare Officer, year tutor, school counsellor, school nurse or social worker. Another point made by many local authorities was that, although they did not see themselves as official providers of counselling in this area, they would encourage schools to advise girls to seek counselling from health and social services agencies. The one post holder within the L.E.A. that is most frequently mentioned in relation to either counselling, or as acting as a guide to other counselling agencies, is the educational welfare officer.

As was noted in a study of a special unit for pregnant schoolgirls and schoolgirl mothers (Southwell 1985),

"A variety of agencies are prepared to help girls to examine carefully the consequences of their decision with regard to (keeping) their babies. However no one agency has the duty to ensure that the girl receives this assistance. Some girls may get advice from a number of agencies, while others may get no help at all." (Southwell, "Pregnancy, Maternity and Education, 1985")

#### Discussion

There is no doubt that many Local Educational Authorities in England and Wales are increasingly aware of the educational needs of pregnant schoolgirls and schoolgirl mothers. To this end a growing number of special educational units have been or are being created, home tuition practice is being extended and improved and posts for people with special responsibility for this area are being established. Indeed, the 1987 Survey found some excellent models of practice.

However, there must be a notable number of girls in this condition for whom there is no such provision. Many authorities do not have the resources, neither in terms of staffing, nor of accommodation. In some of these authorities small numbers and/or the geographical nature militate against providing any type of group provision.

It must be said though that, where there are regular numbers of pregnant schoolgirls (notably within metropolitan L.E.A.s), group provision with nursery or crèche facilities is the best way to meet the needs of these young women.

Many girls who become pregnant and continue with their pregnancy to motherhood have typically been low-achievers and bad-attenders at their feeder-schools. Their attendance at special centres improves (100% in many cases), and with the high ratio of staff to pupils, individual attention is available so that their academic performance markedly improves.

At their best, special tuition centres for pregnant schoolgirls and schoolgirl mothers have the following features:

- health care is assured
- counselling on such matters as personal relationships and future contraception is available
- girls can receive mutual support from each other and from experienced staff
- as well as the opportunity to follow academic subjects a girl can experience essential parentcraft and child-care programmes
- information on finances (e.g. welfare benefits) and how to manage financially on a limited income is available
- liaison with other agencies (careers service, health and social services) is established
- provision of nursery facilities enables a girl to continue with her education, and to be close to her baby.

"These places clearly provide an invaluable experience for teenage mothers in which they receive education and social support. Although to some extent girls are cushioned from the outside world, it is probably a good thing at this time, and the advantages of attending such a project far outweigh any disadvantages" (Sharpe, "Falling For Love", 1987)

Nona Dawson  
November 1988

#### References:

- (i) Dawson, N., In A Class of Their Own: a study of schoolgirl pregnancy and motherhood. Unpublished M.Ed. Dissertation, University of Bristol, 1987.
- (ii) Miles, M., Joint Working Party on Pregnant Schoolgirls and Schoolgirl Mothers, Pregnant at School. London: National Council for One Parent Families, 1979.
- (iii) Nottinghamshire County Council Working Party, Report on the Survey of LEA Provision for Pregnant Schoolgirls. Nottinghamshire County Council, undated.

#### Book Review

"Growing Pains" by David Bennett - Doubleday 1987

My main problem in writing a review of David's excellent book, was in trying to track down a copy which I could read - as soon as one entered our household it immediately vanished either into my son's room, where it hid itself among his computer game discs ('Don't know how it got there; Yes take it Mum, I don't need to read books like that') or under my daughter's pillow. In fact I cannot actually remember them fighting over a book before! I suppose that is really the best recommendation a book could have but I should stress that although "Growing pains" makes interesting reading for teenagers and their parents alike, there are words of wisdom here which 'professionals' would do well to study! I am sure that if my son's English teacher had read the section on 'fidgets and fiddles' he would not have wondered why he needed a monkey wrench to read Shakespeare - it's called 'manipulative restlessness'.

As David points out, while teenagers are going through the stress of adolescence, parents are going through middlecence and need understanding too. If we are too tied up in our own problems, how can we support the teenager? This 'empathy gap' extends to carers who are often about the same age as parents. We would do well to 'listen quietly for the hidden, tangential ways in which young people convey their concerns' remembering that we can 'suggest a low starch diet and even prescribe medicine to fight an acne problem ... but cannot always understand (or remember) the trauma which accompanies these problems'.

Under the circumstances I thought Leila might have the last word. - "The book "GROWING PAINS" is a very helpful book for both parents and adolescent teenagers. They have from being fat to getting off the telephone to divorce. This book helped me to figure out when I was going to develop and be an adolescent. Before I read the growing pains I used to look for hairs almost every day. I think this book is for mature ten year olds upwards. by Leila 10 years".



Mirror, mirror on the wall,  
Who is the fairest of them all?

In the early days of my medical practice, or more appropriately, in my 'infancy' as a doctor, I was privileged to come into contact with a group of 'handicapped' babies. My good fortune was that our paths were to cross at frequent intervals during the years so that, as I grew up professionally and developed my ideas and opinions regarding disability, so my young friends grew and provided me with a constant source of inspiration and empathy as they shared their infancy, childhood and adolescence with me.

I will never forget Mandy's birth - It was my first week in paediatrics. I was left alone in charge of the children's ward, special care baby unit and was on call for obstetrics. After a busy Friday night and Saturday morning I went to get some lunch, I was told there were no imminent deliveries. As I began to eat the telephone rang and a very anxious midwife asked if I could come to the labour suite. Was there a problem? 'No, no problem, the obstetricians just want you to speak to some parents'. 'OK, in that case if there is no urgency, I will finish my lunch'.

As I entered the labour suite half an hour later I saw a baby in an incubator, I wondered why she was in there and why I had not been told. The baby had her face to me and looked fine, was crying and kicking her legs. As I moved nearer I could see that all was not well with her back; she had spina bifida. I covered the sac with a saline soaked gauze and reprimanded the staff for not having informed me. The obstetrician had left and the midwives were very anxious, baby's father was in the office and kept asking why he could not go into his wife, mother was in another room and kept asking to see the baby. It was left to the most junior member of staff, me, to tell the parents.

We all learn by our mistakes, the midwives were adamant that the father should be spoken to first, on his own and only later the mother. I started to talk to father, would he sit down, no he preferred to stand, - I should have insisted .... As I gave him the news in the gentlest way I could, all six feet of him came crashing down on top of me in a dead faint.

This disastrous beginning left scars on all four of us. I later realised that I identified with mother being kept 'in the dark' and rather than appreciate the staff's protection by withholding information, I resented it. I also retained the picture of the baby kicking her legs and as over the years I cared for Mandy's completely paralysed legs I could not help feeling a somewhat irrational anger with my surgical colleagues who

perhaps did not do enough to preserve her neurological function and with myself for not leaving my lunch and caring for her sooner. Of course intellectually I am quite aware that babies with spina bifida often do move their legs at birth, but emotionally I am in there with mother, both wanting to preserve and mourning the loss of the 'perfect baby'.

Mandy's father never fully recovered from the shock, both parents felt isolated by being told the news separately, and further isolated when Mandy was whisked away to the neurosurgical unit, twenty miles away. Mother eventually dealt with this isolation by immersing herself in the care of her baby when she returned but father felt cut off and excluded from this diad. He later left home on several occasions unable to cope with the idea of a handicapped child. The family stabilised partially five years later when a 'replacement' daughter was born.

The effects of such a traumatic birth can be seen fairly easily in the adults present, but what of the effect on the child? The accepted postnatal picture of mother lovingly nursing her newborn baby, adoring the new daughter or son and being grateful that 'the baby is all right' does not fit for the handicapped child or baby in an incubator.

For all children a reciprocal process or mutual adoration is the healthy way to start life; in the words of Winnicott, "The mother gazes at the baby in her arms and the baby gazes at his mother's face and finds himself therein ....".

If mother really looks at this child as a unique human being, she will be a true mirror in which the child can find his TRUE SELF but if instead, as often happens, mother reflects her own fears expectations and disappointments upon the child he will not find himself, he will see his mother's predicaments, his FALSE SELF. "The child will remain without a mirror and for the rest of his life would be seeking this mirror in vain." (Alice Miller) He will decide that there are parts of himself which other people do not want and do not like so he hides them from others and from himself. He lives in a world of denial where he can try to be all the things that other people want of him and his real feelings and needs fade out of sight and 'out of pain'.

This building up of a 'False Self' occurs to an extent in all of us, since we do not have perfect childhoods or perfect mothers. Sometimes the 'False Self' may seem to take over completely as perhaps happened to Vincent Van Gogh.

Van Gogh had a brother who died in infancy, his name was Vincent, when the 'replacement' baby was born his mother also called him Vincent and looked upon him not as a unique human being, new baby Van

Gogh, but as reborn, can never be as good as the original, Vincent 2. This resulted, I believe, in Vincent really seeing himself as a sufferer, a tormented soul. "One has to suffer for art" was a frequent maxim. He also said, in a very self revealing statement which was actually describing his prostitute companion "I do not consider her bad, she has never experienced goodness so how can she be good?"

Perhaps it was in trying to break away from living the life of his dead brother and in searching for his 'True Self' that he altered his body image by cutting off his ear?

How can a mother provide a true mirror for her child when that child, by virtue of a deformity or handicap can in no way match up to her expectations? The 'False Self' for an 'imperfect' child can assume major proportions creating a life which is forever haunted by the ghost of the idealised child who 'might have been'. Did Winnicott have this in mind when he chose a 'handicapped' teddy bear for the cover of his book "Playing and Reality"?

The turmoil associated with suppression of the child's 'True Self' will occur in infancy so that, by school age, as the stage of 'latency' is reached, many handicapped children knuckle down to working very hard at complying with their carers wishes to become 'more perfect'. Mandy spent hours each day learning to walk with sticks, calipers and assorted aids while we all praised each grotesque step and did everything in our power to stop her being wheelchair bound, even though it must have been obvious to an outsider that this was all she could ever be.

Sharon, disabled by Thalidomide, practised religiously with her clumsy artificial arm which fitted over her phocomelic upper limb. She looked quite 'normal' wearing it and we all felt proud that we were 'doing something' and that somehow assuaged our guilt about the handicap. When left alone she would whip it off and perform forbidden feats of dexterity with her little stump and with her toes.

During this time the family and carers provide a protective capsule within which the child can hold on to a sense of normality. Margaret Donaldson describes the need of children to 'feel effective, competent and independent'. At first they may see themselves as loved and wanted but gradually they see that their needs are not being met, that they are not competent or independent, acquisition of a sense of difference also brings vulnerability.

Adolescence is a period when ideas of 'self' resurface, the teenager is preoccupied with body image, with who he is and with his place in the world. He seeks a new independence and is able to confront and reject others views of himself and find his own values. Thus adolescence can be a

golden opportunity for intervention, for allowing mistakes to be rectified. Adolescence gives the 'caring' professionals a second chance to get it right this time and to help the teenager to find his True self rather than reinforce the 'False Self' which made us feel more comfortable, less guilty and less threatened in early years.

Thus I ordered an electric wheelchair for Mandy and helped her decorate it with her favourite rock idols, she joined the local PhAB club (Physically handicapped and able bodied) and learned to disco dance in her wheelchair, something she could never do on her sticks and frames!

The anthropologist Arnold Van Gennep in describing 'Rites of Passage' in adolescence states "The novice is considered dead (separation from childhood past), is resurrected and taught how to live differently than as a child (transition) and undergoes a change symbolising identification and acceptance as an adult (reintegration). In order to develop a sense of True self, the handicapped teenager must 'lay the ghost', the 'False Self' must be considered dead, the loss of perfect child must be acknowledged and mourned. Only then can the true nature of the individual 'warts and all' be accepted and identified with.

This cannot be put better than by Alice Miller in "The Drama of being a Child" - 'The child has a primary need to be regarded and respected as the person he really is at any given time ...' "What would have happened if I had appeared before you bad, ugly, angry, jealous, lazy, dirty, smelly? Where would your love have been then?" We can continue ... deformed, incontinent, paralysed, crippled? "Was it not really me whom you loved but only who I pretended to be?"

All 'handicap' will affect the teenager's self image but perhaps those conditions which render the adolescent as overtly 'different' interfere most profoundly with the sensitive area of body image. A boy with retarded growth and short stature or with absent limbs, like David, a Thalidomide victim with no legs has tangible, visible evidence of his disability, while a teenager with cystic fibrosis may be more disabled while this fact may not be outwardly visible to the world. Both have their problems; body image may be expected to be most disturbed in the former, but the sense of denial of handicap can be worse in the latter.

Denial, justification of handicap and compensation are all strategies used to avoid acceptance and reality. All bring more pain and reinforce the spectre of the 'False Self'. We have all met the mother of the brightest Downs girl in the world, the fastest one legged swimmer, the CF girl who had the finest wedding. Thalidomide victims I have known have parachute jumped with no arms and legs, written novels and TV plays, and

performed feats of endurance and skill - all very admirable but often more than tinged with overcompensation and a sort of perverse one upmanship.

Even the 'famous' are not immune to such pressures. Adler proposed that a sense of inferiority could prove to be an asset. He suffered as a child from severe rickets and acknowledged his sense of inferiority as an adult, he had a poor body image and was very short. This engendered in him a sense of aggressive competitiveness and his main arguments with Freud were centered around Freud's focus on the 'pleasure principle' when Adler gave importance to the 'power principle'.

I see as more of a 'Healthy' adjustment the way in which David coped with adolescence and emerged as a well adjusted man. I asked David to come and speak to an audience of doctors and professionals at a conference on disablement, he was then 20. He had discarded the over short artificial legs which he had been supplied with and which maintained the image of the childlike handicapped person needing to be cared for and insisted on taller ones which suited his trunk length, he thus literally 'grew up'. David however maintained a realistic outlook, not disguising his disability but sharing with us the times when he 'fell off his legs' and how when this happened he asked for help to get back on them.

Accepting that handicapped teenagers do 'grow up' is often difficult. We can collude in keeping them as children, this is easier to cope with, children need caring for and are under control. Adults can say when they want help and reject caring and be independent. Adults are sexual, children are not. Handicapped adolescents are not supposed to be sexual. Mandy started her periods at ten, a fact which her family found very hard to take. Clare's parents were so convinced that she was cocooned in an asexual world that they could not believe that at fifteen she was picking up men in the street, thinking that this was the way to behave.

The world is a tough place whether we are handicapped or able bodied, the important thing is to keep a grasp on reality and accept ourselves for what we are, with our feelings, fears, abilities and disabilities, only then can we accept others and help our adolescent friends to accept themselves.

#### References

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 MILLER Alice in Richard LANSDOWN "More than Sympathy" Tavistock 1980  
 KNUTTTEL Gerard "Vincent Van Gogh" Blandford Press 1961  
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 DONALDSON Margaret "Children's minds" 1978

ARNOLD VAN GENNEP 'The Rites of Passage' Chicago 1960

MILLER Alice "The Drama of being a Child" Virago 1988

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### INTERNATIONAL SEMINAR ON FAMILY LIFE AND SEX EDUCATION

Kiryat Anavim Israel

July 10-13 1989

Details from PO Box 29313, Tel Aviv 65121 ISRAEL

extract from provisional programme:-

**SUNDAY, JULY 9, 1989**

21.00 Arrival and Registration  
Informal Get-Together

**MONDAY, JULY 10, 1989**

09.00-11.00 OPENING PLENARY SESSION

Keynote Addresses:  
 ADOLESCENT SEXUALITY TODAY:  
 THE EDUCATIONAL CHALLENGE  
 Dr. Ruth Westheimer, USA

ADOLESCENT SEXUAL HEALTH IN THE  
 DEVELOPING COUNTRIES  
 Dr. Herbert Friedman, World Health  
 Organization, Switzerland

CONTROVERSIAL ADOLESCENT SEXUAL  
 HEALTH ISSUES IN THE WESTERN WORLD  
 Dr. Sol Gordon, USA

FAMILY LIFE AND PLANNING EDUCATION  
 FOR YOUNG PEOPLE  
 Representative of International Planned  
 Parenthood Federation

11.30-13.00

PLENARY SESSION I —  
 TRAINING IN SEXUAL HEALTH EDUCATION  
 SEX EDUCATION IN MEDICINE  
 E. Gendel, E.J. Bonner, USA  
 SEXUALITY EDUCATION FOR NURSES  
 S. Hacker, USA  
 TEACHER TRAINING IN FAMILY LIFE AND SEX  
 EDUCATION  
 E. Bar-Gai, Israel

14.00-17.30

PLENARY SESSION II —  
 INTERNATIONAL PERSPECTIVE  
 ADOLESCENT SEXUALITY IN AUSTRALIA  
 D. Sargeant, Australia  
 SURVEY OF GENERAL AND SEXUAL HEALTH  
 OF ADOLESCENTS IN MINNESOTA, USA  
 R. Blum, M. Resnick, USA  
 MENTAL AND SEXUAL HEALTH OF HIGH  
 SCHOOL STUDENTS IN HONG KONG  
 D.T.L. Shek, Hong Kong  
 ADOLESCENT SEXUALITY IN ENGLAND  
 F. Hutchinson, UK  
 SEXUAL PROBLEMS OF DISADVANTAGED  
 ADOLESCENT FEMALES IN LONDON  
 D. Birch, UK  
 ADOLESCENT SEXUALITY IN MEXICO  
 A. Monroy de Velasco, Mexico  
 ADOLESCENT SEXUALITY IN SWEDEN  
 K. Edgarh, Sweden  
 ADOLESCENT SEXUALITY IN JAPAN  
 Representative of Japan Family Planning  
 Association

20.30

EVENING PROGRAM:  
 USE OF MEDIA IN FAMILY LIFE AND  
 SEXUAL HEALTH EDUCATION  
 Movie: WHEN JENNY WHEN?  
 Panel Discussion:  
 Physician, Psychologist, Educator,  
 Media Communication expert

The 1989 SAM (American Society for adolescent Medicine) meeting was held in San Francisco in March. The International chapter held a workshop on Youth and disability. Another of the papers presented will be included in the next issue of the journal - "Intangible Barriers to full adult status in the age of transition" by Anne McCarthy. The IAAH arranged a committee meeting to coincide with SAM at which further discussions were held regarding the next major congress in Montreux in 1991. The main drive of IAAH over the year will be to further more involvement of the third world countries and of YOUTH groups.

Self esteem The study of self worth measures is producing some interesting preliminary results. Professor Robinson of Bristol University and the schoolgirl mothers' unit in Avon have helped considerably. This should provide an interesting topic for a future workshop.

Look out for 'Horizon' Babies having babies, a look at teenage mothers in different societies, due to be screened early in 1990 and also a feature on women and achievement going out on International Women's day next March which should include some YOUTH SUPPORT clients. In our next issue we should be able to bring you news of further contact with the Soviet Union and also report of the conference in Israel in July. We have had visits from some of our Australian colleagues recently. Doris Young from Melbourne has a six month attachment at St Thomas hospital, department of community medicine. Doris helped set up an adolescent unit at Melbourne children's hospital. She is looking into health education affecting smoking in teenagers. The same subject is also of interest to Andrew Ball, the president of the new South Wales adolescent medicine society who made a short visit to London on his way to the Commonwealth Youth conference where drugs and alcohol will be a major subject of concern.

Health Education? - while on the subject of health education; it has been brought to our attention that adverse health education (propaganda?) is circulating which could prove damaging to young people. A particularly distasteful pamphlet, printed in America by a quasi-religious organisation implies that in cases of incest and sexual abuse the perpetrator cannot help what he does and that all the victim, family and doctor need do is to pray for salvation! Here are some extracts from the doctors statements to the perpetrator "You were going to hell before this ever happened ... men love darkness .. no man is good .. all have sinned... God is not willing that any should perish but that all should come to repentance ..he made a way for you to be

NEWS NEWS NEWS NEWS NEWS  
with him in heaven" Would anyone with information regarding this or similar material please contact YOUTH SUPPORT with details so that we can decide what to do to protect colleagues and clients. On a different note, we would also like to hear your opinions regarding 'market research' on teenagers. A number of people have been concerned about this including our antipodean colleagues. Do you think that it is right to perform psychological studies on young people and question children to find out the best way to approach them with advertising? Let us take an example. A group known as GSA ltd includes three divisions, The Children's Research Unit, Youth Monitor and Glen Smith Associates, I quote from their brochure "GSA provides in depth marketing intelligence to major manufacturers ....We have evolved particular techniques for getting to know what young people really think and what motivates their behaviour. Because of their strong basis in human psychology, these techniques are international in their application". .."The International advertising Association published CRUs research results concerning 'Why Juveniles start smoking' ... and... The association of Canadian advertisers Incorporated published CRUs research results into Juvenile smoking initiation in Canada 1987". It is of course laudable to research smoking and other undesirable behaviours if you are going to use this information in planning preventive strategies BUT would an advertising agency pay money to find out why children start smoking, unless they were hoping to encourage it? - comments please for the next issue.

