Teach Your Children Well? – Some thoughts on Adolescent Lifestyle Counselling by Family Practitioners

– Dr Geoff Baron, Dr Rob Campbell

Dr Geoff Baron
8 Essex Road
VINCENT, 5247

Curriculum vitae

Geoff Baron obtained the MBChB at UCT in 1985. He completed his internship at Groote Schuur Hospital and then did two years of National Service in the SADF. He has since completed the Vocational Training rotation at Frere Hospital and is registered at MEDUNSA as a part time student for the MPrax Med degree. His interests include Health Resource utilisation and patients' perceptions of quality of care. He is married to Ceri and they have two children.

Dr Rob Campbell
Careplan, PO Box 4277, KORSTEN, 6014

Curriculum Vitae

Rob Campbell graduated at Stellenbosch, and has completed the Academy's Family Practice Vocational Training course at Frere Hospital in East London. He is married to Natalie and practices at a Health Maintenance Organisation in Port Elizabeth.

Summary

Family Practitioners are in an important position to enhance the health of their adolescent patients. To do this effectively they need to prepare themselves adequately for this task. The crises of adolescence are briefly examined, and then an approach to adolescent counselling is described and discussed. A particular experience of an open, experiential discussion with a group of teenagers and the personal growth observed in the group, is reported, and presented as a model for GPs, also in their consulting rooms. It is hoped that this article will stimulate further thought and attention to this important area.

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Mama — life has just begun
But now I've gone and thrown it all away . . .
Queen. Bohemian Rhapsody.

Introduction

The family practitioner is ideally situated to counsel and care for patients with lifestyle problems.[1] Adolescents often present specific problems with regard to this difficult developmental stage. Brennan[2] has appealed for increased Family Practitioner involvement in the curriculum structure and content of sex education programmes in schools. We feel that counselling of adolescents requires specific knowledge, attitudes and skills from the Family Practitioner and that many Family Practitioners have not been adequately exposed to training in this area.

We present an experience of counselling a group of adolescents, and some ideas arising out of this. These ideas could also be applied at all four levels of the "consultation", as described by Stott[3] — viz.

1. Management of presenting problems.
2. Modification of help seeking behaviour.
3. Management of continuing problems.
4. Opportunistic health promotion.

We do not pretend to provide a comprehensive discussion of adolescence, but seek only to raise some practical aspects of relating to our adolescent patients in a constructive and growth enhancing manner.

Background

We were invited, as Family Practitioners, to address a group of thirty five adolescents, (male and female, 15 to 19 years) from a variety of sociocultural backgrounds as part of a Rotary sponsored Youth Leadership Seminar. The organizers requested that we speak on the topic "Lifestyle — Drugs, Health, Sex, etc." for a period of two hours. This topic was not covered at any other stage of the seminar.

At first glance, this task appeared too vast to be addresed within this time period. The prospect of lecturing in a didactic fashion for two hours

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seemed daunting both from the point of view of the lecturer and the audience. We doubted whether this type of issue could be adequately and meaningfully addressed in this way. There is evidence to suggest that didactic lecturing is useful for the transfer of factual information, but is not the best way to address attitudes and skills.[4] The issues of time constraint and educational style are applicable to all forms of family practice.

With this background, we set out to facilitate an increased self awareness in the group members, as well as a sense of personal responsibility for the maintenance of their physical, psychological and sociocultural health. We hoped to achieve this using small groups to facilitate experiential discussion. In order to attempt this, we needed to understand more about adolescence and about facilitating this type of learning.

Adolescence

An empirical definition of adolescence is difficult. It includes the physical, psychological and social growth between the onset of puberty and the beginning of adulthood.

> This approach could be useful at all levels of a consultation with an adolescent.

While there is marked individual and cultural variation, this developmental phase occurs between the ages of eleven and twenty years.[5] It is beyond the scope of this article to fully review the changes that occur during adolescence. Briefly, however, there is enormous physical growth and maturation. Body size, weight, height and muscular development occurs, with the related changes in strength and coordination and concurrent development of secondary sex characteristics. "It involves the discrepancy between sexual maturation, with the drive toward procreation and the physical, emotional, and social unpreparedness for commitment to intimacy and for caring for a new generation."[5]

> Often teenagers are sent away with placebos.

Erikson describes the developmental crisis of adolescence as *identity vs identity-diffusion*.[6] The young person must gain a unique ego identity in his or her own right and not simply as someone's son or daughter. They must answer the question "who am I?" The achievement of this ego identity usually requires the concurrent attainment of a capacity for intimacy with a person of the opposite sex — an ability to dare to form a significant relationship without fear of loss of the self.[5]

During this period, teenagers are still trying out ways of living and relating to others and testing their own limitations — they can form intimate relationships without the expectation that this will lead to permanent attachments. There is an implicit understanding that one is not yet "playing for keeps". A conflict arises between the need for the security of childhood and the home, and the need to free themselves from parental constraint.

As teenagers move away from the home, the influence of the adolescent peer group gains importance. The peer group offers respite from parental and authoritarian control and judgeent and they are free to experiment with more adult behaviour. The movement toward the opposite sex generally starts from the security of the monosexual peer group.

An awareness of these conflicts and issues — which are of such importance to the adolescent — is essential background for the practitioner who wishes to care for adolescents.

Small Group Learning

Having both experienced learning in small groups, facilitated along the lines described by Carl Rogers, we decided to approach our task using this as a vehicle.

Roger's hypothesis is that where the facilitator creates a relationship characterized by sensitive genuineness and transparency, empathy and unconditional positive acceptance of the other, then in such a relationship the other will reorganize himself at both the conscious and deeper levels of his personality in such a manner as to cope with life more constructively, more intelligently, and in a more

> GPs are urged to get involved in adolescent lifestyle counselling outside their consulting rooms.

socialized as well as a more satisfying way."

Recently Jobson[8] has suggested that this approach is the most appropriate vehicle for enabling open discussions about sexuality in small groups — a belief which we endorse.

We believed that by approaching this group in this way we could most meaningfully address the issues that concerned them.

The Experience

On meeting the group we introduced ourselves as Family Practitioners. We stressed that we did not wish to impose our own agenda and ideas on the group but rather wished to facilitate and allow growth within the group itself. We emphasized that the group members were responsible for their own life and health.

The main group was divided into four smaller groups of approximately eight members each and the authors attached themselves to these groups

Certain realizations arose from within himself, which could not have happened by simple didactic instruction.

as facilitators. The group was then introduced to a poem describing an adolescent sexual encounter. They were then asked to identify with the issues and people contained in the poem.

Portrait of a Young Girl Raped at a Suburban Party

And after this quick bash in the dark
You will rise and go
Thinking of how empty you have grown
and of whether all the evening's care
in front of mirrors
And the younger boys disowned
Led simply to this.

Confined to what you are expected to be
By what you are
Out of this frozen garden
You shiver and vomit—
Frightened, drunk among the trees,
You wonder how those acts that called
for tenderness
Were far from tender.

Now you have left your titterings
about love
And your childishness behind you
Yet still far from being old
You spew up among the flowers
And in the warm stale rooms
The party continues.

It seems you saw some use in moving
away
From the group of drunken lives
Yet already ten minutes pregnant
In twenty thousand you might
remember
This party
This dull Saturday evening
When planets rolled out of your eyes
And splashed down in suburban
grasses.

Brian Patten.

In two sessions, they first addressed issues of a sexual nature and then more general issues relating to alcohol, drugs and peer groups. At the end of each session, each group reported back to the main group — encapsulating their group's discussion and feelings.

The authors were impressed by the depth and candour of the discussions and the functioning of the groups. Several common themes emerged:

1. "It won't happen to me."
2. "She deserved it!"
3. A lack of empathy.
4. The trustworthiness of peer sharing.
5. The real impact of experiential learning.
6. A realization of the need to assume responsibility for one's actions.

While the group members showed great willingness to talk frankly and openly, they displayed an initial naive

GPs should go to schools to help with sex education.

innocence, seemingly unable to fully realise the personal relevance of the poem. While they identified the inherent tragedy in the poem there was a reluctance to accept that this type of misfortune could occur in their own personal lives. "I would never even go to a party like that . . ." — was one of the participant's reactions — expressing a generalized open criticism of the character's lack of forethought and responsibility, but the same person then acknowledged that she had not seriously considered these same issues herself. There was a definite sense that the participants had not all thought through many important issues for themselves as yet. It appeared to us that many of the initial views expressed were in

fact reflex expressions of their parental super-ego control.

They had not, for example, considered their own personal feelings on issues such as premarital sex, contraception and use of alcohol, tobacco and other drugs. With time some of them even expressed some concern that they had not done so. One of the groups suggested to the plenary session that "The decision is up to YOU ! — YOU must take responsibility for your actions." We felt that for some of the participants this was the first time they were explicitly facing this realization.

Create a relationship characterised by sensitive genuineness and transparency.

One group identified a powerful ambiguity concerning the use of contraception and expressed it as "you're a slut if you use contraception and a fool if you don't." Individual members of the group who had initially felt that much of what had been spoken about had little personal applicability, identified the need to be prepared for future lifestyle decisions. Some of the female members who had said that they did not intend ever indulging in premarital sex, found that they had not fully thought the issue through and that there was some potential for being "swept off their feet." They also felt that it would be a mistake to get married "for sex" and that this type of mistake may be an important cause of strife in later life. They recognized that their own curiosity, peer pressure and a sense of wanting "to rebel" could sometimes lead to potentially "dangerous" behaviour.

Interestingly, the female members of the groups appeared to be more willing to speak out — and the males seemed to be content to listen and absorb proceedings. We were puzzled by this and wondered if it reflected greater maturity on the part of the females (perhaps related to the more pervasive changes related to menarche and earlier physical maturation of girls) or to some other peer related pressures. Given more time this would have been explored and developed.

However, as the discussion progressed, and some individuals in fact shared personal experiences, the issues became far more real for the group. Several incidents deserve specific mention.

One male member initially felt that his own peer group was "so laid back" that there was virtually no group pressure exerted on members to behave in any particular fashion. However, after some discussion, he was able to acknowledge the degree of behavioural conformity within the group to a peer group ethic (no one in his peer group in fact abstained completely from alcohol.) Our impression was that this realization had arisen from within himself and that it could not have come about by simple didactic instruction.

In another discussion a female member shared her traumatic experience in a home with an alcoholic parent and spoke powerfully to the group of the potential dangers of alcohol and substance abuse. This sharing was made far more relevant for the group coming as it did from a peer and also due to the intense personal element to the experience which this introduced. One participant, in fact, expressed the feeling that no adult could have had the same impact on the group.

One participant painted a strong picture of peer pressure amongst township youth — saying that he didn't see any alternative to joining in with patterns of informal "gang" life and high alcohol consumption that existed. This provided a stark contrast for many of the white participants — but represents only a more tacit form of peer pressure.

In one of the groups, another adult co-facilitated a discussion, and took an active "parent" role. He provided answers, guidance and filled empty silent moments with his thoughts and value judgements. While much of what he had to say, concurred with what we had set out to facilitate in the group, we found that the participants "clammed up" and were unwilling to be as frank as the other groups. Perhaps this is an important lesson — as the desire to provide solutions and help can overide one's intention of allowing free development of the participants' own agendas.

Teenagers realised their own desire to rebel could lead to dangerous behaviour.

Towards the end of the discussions the participants began to express their own sense of responsibility for their lives. There was free flow of

ideas and, as facilitators, we found that most questions addressed to us were answered by other members of the group. We believe that the perceived validity of these replies was all the greater for having originated from the peer group.

The participant's early tendency in the discussions was to seek approval and guidance from the facilitators, and the need to be told that there was a "right answer". Once they realized that a free flow of ideas was welcome and would be received in a non-judgmental fashion, they were able to explore their fears and feelings far more freely.

They often don't need adult advice — rather, a safe, non-threatening environment.

In the plenary session, one group summed up most of the discussion — "I should know who I am, what I want and where I am going." This seems a tall order, and perhaps carries the egocentricity of adolescent aspirations, but reflects our understanding of the needs of teenagers. It is precisely this crisis around which we had sought to facilitate discussion. Adolescents are best able to be adolescents —they do not need adult advice, but rather a safe and non-threatening environment in which they may find themselves and take responsibility for their lives. They should not be robbed of this opportunity by well meaning adults.

Discussion

While these issues are fraught with moral and religious problems, the Family Practitioner is faced with the practical problem of substance abuse, unwanted teenage pregnancy and the legacy (both physical and psychological) of sexual activity in adolescents who are not yet fully prepared for this. The scale of the problem is appreciable and will not disappear in the face of moralization. De Villiersfl studied 209 pregnant girls aged less than sixteen years and found that twenty seven percent (27%) had no sex education at all and fifty one percent (51%) had received some information at school only. He believes that the lack of sex education partly explains the high incidence of teenage pregnancy and appeals for increased teenage instruction. We do believe however, that a distinction needs to be made between sex education and sexuality education[10] — both of these being important facets of preventative counselling.

While we freely acknowledge that our subjective experience of this encounter does not necessarily allow us to draw firm conclusions that can be universally applied, we do feel that careful consideration of what happened opens up fresh ideas and possibilities with regard to the counselling of adolescents — "To be in touch with what is actually happening, whether it be thinking, imagining, feeling, sensing or moving. From this position of awakening, we have the opportunity to understand ourselves, as well as others, better and therefore improve the quality of life." [10]

We have also presented this poem to a group of Family Practitioners to elicit discussion on adolescence and were surprised by the different perceptions that emerged. These contrasted starkly with those expressed by the adolescents. For example, while the adolescents had clearly felt that the girl in the poem "deserved it", the adults found this to be a "horrible poem" and felt sympathy for her. As counsellors we need to be aware of the differences in these world views, to be in touch with our own feelings and to be able to comfortably reach out and meet adolescents on their own "home ground". An attempt should be made to enter the experiential world of the teenager by unconditional acceptance and affirmation of him or her as a person.

If teenagers are allowed to express themselves in this way, ambiguities and conflicts (both within their own worlds and the adult world at large) will emerge. While these crises are a part of normal adolescent development and are unlikely to occur solely in this environment, the Family Practitioner may provide a secure environment in which the adolescent may safely explore these horizons.

Find themselves and take responsibility for their lives.

This approach to adolescents is important at all levels of the consultation. Many young people presenting with problems relating to the resolution of their physical, psychological and social developmental crises are dismissed with placebos, instead of the non-directive, non-judgemental and non-

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moralizing listening that they were looking for.[2]

There is also a need for Family Practitioners to become involved in health promotion in spheres other than the consultation room. In the promotion of healthy lifestyles among adolescents, activities and programmes which actively involve them in experiential and creative learning on an equal footing have been proved most successful.[11] It is our opinion that practitioners could profitably use this model in reaching the community at risk. This could be done at schools, church youth groups, youth camps and other community youth centres.

Conclusion

At a time when teenage pregnancy rates in South Africa are reported to be as high as 25% of total pregnancies in some areas[12], and experimentation with cannabis is reported in up to 60% of teenagers in South Africa[13] and the AIDS epidemic is gaining momentum, we feel that it is vital that Family Practitioners feel adequately equipped to deal with lifestyle problems and counselling in adolescents. Family Practitioners are ideally positioned to deal with this type of problem and the responsibility for doing so should not be shirked. Strategies for dealing with the problem should not be confined to the consulting rooms.

We suggest that Family Practitioners should equip themselves for this task by:

1. Developing an understanding of the developmental crises of adolescence.
2. Acquiring a non-judgemental and facilitative approach to communication with adolescents.
3. Finding creative ways of empowering the adolescent to take responsibility for his of her life.

We hope that this article serves to stimulate some thought in this direction.

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