Adolescents—family planning

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I am here today to discuss with you sex and the adolescent. Let us briefly examine the question; Michael Schofield's report (The sexual behaviour of young people) shows that at least 30 per cent of girls, perhaps more, and over 50 per cent of boys under the age of 19 are having a full sexual experience. Illegitimacy rates show an increase, though it must not be forgotten that a large number of illegitimate babies are born to married women. Though we say that the rates are rising steeply (and they certainly are in the younger age groups), we find that the premarital conception rate in Great Britain represented 14.5 per cent of all live births in 1938, and they are about the same today, the difference being that, in 1938, a very large proportion of pregnant young women (75–80 per cent) married, and now they do not. The very high abortion figures (Paul Ferrin, in his book *The nameless*, puts them at between 100,000 and 200,000 per annum), give us also some information about the sexual activity of young people, in this figure there must be a proportion of unmarried girls who are pregnant.

Why premarital intercourse?

There is obviously a number of inter-related factors and motives why a couple have intercourse. Sometimes, a mature couple will decide responsibly and mutually that they will do so, partly because of the joy it affords them, partly because they feel that they can learn better about the meaning of their love, about each other before entering upon marriage, or while waiting for marriage to be possible. Sometimes, though not very deeply in love, and perhaps not contemplating marriage, a couple will decide that a sexual relationship is valuable, and that it increases understanding of oneself and one's partner. There is a fair proportion of people who feel that sex is, in itself, enjoyable and tender, but not necessarily totally involving. Perhaps some of the 'Hippies' come into this group.

The more immature may not be able to accept or appreciate the feeling of responsibility that sex should and can bring, and seek for gratification at a far more superficial level. I would like to suggest that as a society we have accepted to a certain extent that this may be normal behaviour in a young unmarried man, but not until recently has any recognition been made that it could possibly be so in young women.

The young person not only has to discover his own identity, who he is, what are his needs and beliefs, but also, as a part of this, to weigh up other people's attitudes and behaviour, and make deliberate and conscious choices for himself. This need to choose is far greater now than in the past, where the adolescent either followed the strongly held views of his family (which themselves were identical with those of his friends' families), or he rejected them and became a social and moral outcast, or at least, a very guilty person.

The need to make choices concerning sexual behaviour is made particularly difficult, there is vast social confusion and the individual has extremely strong feelings and needs in the sexual area. If, added to this, his recognition that he must take up an attitude different from his family at all costs, involves this area of his life, he may be very anxious as to his own motives. Perhaps the adolescent separation from parents is easier if it can be symbolized in other ways, such as political, religious or career conflicts, and not in conflicts so very much overlaid with personal moral values, feelings, and inhibitions.

These young people who are not at all conscious of the need to establish a personal

identity and to test the parental attitudes may find themselves 'acting out' their conflicts in a general way against society, by delinquent and aggressive acts. The sexually-delinquent girl may be making the same attempt as her more rational counterpart, but, being unable to see the problem, is promiscuous and learns very little from her experiences. The way in which a child becomes an adult is obviously not only a product of her present environment, but also of the way in which her upbringing has determined her character structure, and of the social pressures of her particular country and class. In assessing sexual experimentation we have therefore to look not at what the person is doing, but at the meaning of this particular act to the individual and to the couple involved, and we must recognize that there may be very great differences for the two sexes. We cannot save young people from making mistakes, nor can we prevent unhappiness. Girls and boys will always suffer from unrequited love but we can, by understanding the adolescent process, at least try to ensure that growth takes place, and not irretrievable scarring.

Immaturity expressed in sexual activity

If a girl has intercourse, we should ask ourselves, what does it mean to *her*. Does she need help or not? After all, intercourse is not a delinquent act and we must be careful not to *assume* that the girl must need help *because* she is young. However, young girls frequently are in difficulties and by nature of their immaturity may well not understand the implications of their activities. Perhaps, still adhering to the attitudes of a peer group, the girl is just being led into a kind of behaviour she is in no way ready for. She may feel she wants to appear grown up, perhaps she has elderly parents who have not been able to give her any real help. Perhaps she has a limited intelligence and is incapable of weighing up the pros and cons of the situation. Some of these very young people are sometimes extremely anxious about their 'normality', they feel that a lack of potency or experience, denotes homosexuality, and frantically try to disprove this.

Secondly, some young people make use of sexuality as an expression of neurosis. They may not yet be sure of their own sexual role, of their ability to give and receive love, they may be acting through problems unsolved in infancy, to do with their parents, their own view of themselves as punishing, controlling . . . people. An intelligent girl, persuaded by her friends at university that intercourse is a 'must' is profoundly shocked and frightened at her inability to achieve it. She may say she 'needs an operation' to her 'small' vagina. Until she can understand the nature of her feelings, and of her femininity, she may *not* be able to make love. The level of counselling needed here may be fairly superficial, or, occasionally, very long continued. Or a girl may feel she is an 'empty box' only filled with warmth and life when a penis is inside her, or a baby; or that she has no vagina, it is already full-up or non-existent. These few examples, making use of fantasies expressed, give some indication of the difficulties some young people may have. I have not found in working with the young that the frigidity of non-orgasm seems to be so common as was the case in a married-women's clinic some years ago. Here, 30 per cent of women had orgasm, and of these a large percentage said guiltily "though not the proper way". It is my observation, in no way validated by figures, that young people do not have quite the same anxieties as did the previous generation.

Promiscuity

I would like to think of promiscuity more as a symptom than as a disease, because promiscuity in boys can be perfectly normal and society accepts this, in other countries in the past promiscuity in girls has been accepted as normal within certain limits of age and taboo systems and so on. One of our anxieties as adults in modern society comes from the attitude that if a girl is once promiscuous and starts 'tasting the fruits' she will never be able to stop, it is rather as though, if your offered a drink of wine to a little boy of ten, he would become an alcoholic; I think that we ought to consider whether

this is so. I would suggest that we try to look the other way round at this problem and ask, "Is this girl being promiscuous because she is a very immature child and is being pressured into doing something she does not understand?" "Is she promiscuous because she is a neurotic girl seeking love in a manner that she again does not understand, but by reason of neurotic attitudes rather than just immaturity?" "Is she perhaps a girl, as is frequently the case, who has, by reason of her upbringing, never had the experience of love and aggession, warmth and hate that we now accept as a normal necessary part of child care—someone brought up in an institution, someone brought up with one or other of the parent figures absent, someone who has not learnt the capacity of love from the toddler days?" "Or she is someone whose promiscuity is a fight against a growing recognition that she is lesbian just as a number of promiscuous males are in fact fighting a growing recognition of their own homosexuality?" I have a case at the moment of a girl who is married and is now going through an enormously violent and important lesbian phase and whose fears about this are over-emphasized by the fact that the husband is frequently banging on her door and calling her dirty names. So that in assessing promiscuity, it is necessary to define a meaning, and to endeavour to discover what it means to to the individual.

I would like to say a little about the problem of the girl who has intercourse because she wants a baby. Now I have to put it like this because paradoxically the fact that this is what sex is for is rather lost sight of and it is considered extraordinarily strange that a girl or boy should find it difficult to use birth control because subconsciously or consciously they want a child. When dealing with contraception for young people, we must be aware all the time that intercourse does mean different things to different people; sometimes it means love, sometimes it means lust, and sometimes it means procreation. The need to procreate is sometimes linked with subconscious anxieties and neurotic needs to have something to love, to give warmth, to create, consequently it is quite common in family-planning practice to find girls becoming pregnant although they obviously know the facts of life.

In one centre we studied a small sample of girls who had had pregnancies in the past which either terminated in abortions or in the baby being adopted or kept; about 14 per cent of all our cases were in this category. About two thirds had chosen abortion and about a third had chosen to have babies (about half of those kept their babies); although the figures are small it was interesting to notice that on balance those who had the abortions were more likely to have had a fairly stable boy friend, which suggests that the girl was either helped or pushed into it, but could at least make a relationship, while those who had their babies adopted were a little more likely to be well-adjusted people than those who kept their babies.

Now this suggests a paradox. It is sometimes said that psychologically it is useful for a girl to go through a pregnancy because it helps her to grow up and that she is in need of that pregnancy, but even if this is so we must be careful to assess in our minds the possible harm it may do to the next generation if we allow a deeply-disturbed girl with a poor level of maturity to continue to look after her child unless we make provision to offer her support with really efficient casework both during and after the pregnancy. It suggests, too, that the more emotionally healthy the girl, the more likely she is either to obtain an abortion or to have her baby adopted.

Our figures showed clearly that girls who had abortions often got pregnant again, girls who had babies still got pregnant again, and even girls who had babies and kept them did not necessarily stop having babies, so we must look into our various theses about what happens when girls do get pregnant and do or do not have abortions.

Choice of contraception

When it comes down to the actual problem of choosing a method of birth control we

must understand several things, first of all that it does take an extremely responsible person to get herself to a clinic. We are at the moment at the stage where, because one or two clinics have been going for several years, the confidence of the general public is increasing and there seems to be a spread of acceptance throughout the class structure, the intelligence structure if that is the better way of putting it. Whereas in the first years a large number of people attending were intellectuals, a gradual spread to many other social classes has occurred. It needs not only a great deal of determination to come to a clinic, it also needs acceptance of the act of sex and of the use of birth control. As one girl said to me as she fought her young man to a standstill in my consulting room 'I did not want to come here, this is a horrible place, and he has brought me here against my will'. I said, 'Why do you say that?' to which she answered, 'Because I don't want birth control'. I asked her if she was having intercourse with him and she said, 'Well, yes I am but every time I do I tell myself that it's the last time and that I don't want to do it again, but I always do'. When I suggested that if that was the case she might accept it, she said she did not want to accept it. I am using this case just to show you an example of what is often a subconscious knowledge of the fact that young people do so often deny that they are having intercourse, probably through a mixture of guilt feelings, upbringing problems, and a tearing away from the attitudes and accepted behaviour of their parents. There is very often a much deeper difficulty in accepting the reality of a love act (in fact it may not be love) and that we have to do a great deal of work on trying to determine what is appropriate advice on birth control to young people. If we do not we may either do no good, do actual harm or puzzle ourselves as to the lack of success we are having. If a girl wants to use birth control she has first of all to recognize that she is having or is about to have intercourse, secondly, she must accept that intercourse is a good thing for her and, thirdly, there must exist a level of relationship between the couple that makes intercourse a responsible act. I am avoiding the word 'love' at the moment because we may have to accept that society does not necessarily accept the need for deep love in the early part of adolescent development as a primary thing. If we try to give advice on birth control, we have also to understand the problem of the need for pregnancies and what the girl and the boy are mutually bringing to sexuality.

There is nothing some girls like better than to dictate to their boy friends not only the method of birth control they wish to use, but also the position adopted in intercourse. As regards birth control the girl who wants to be in control can be, and she will come quite happily and ask for a dutch cap or the pill. If, however, she is a girl who is orientated to passive femininity and feels that each time it is the job of the young man to make love to her, to seduce her, to tell her how beautiful she is and how much he needs her, it is quite likely that she will find it extremely difficult to use a cap. Many married women have said to me, 'I just cannot put this thing in beforehand because it looks as if I am asking him for sex and this is not right'. On the other hand young men (perhaps in a greater proportion today) who recognize that they have to make the decision about birth control because their girl friends are unable to, have only one method at their disposal, the sheath, which not unnaturally they dislike; consequently they use the withdrawal and rhythm method and it lets them down. Although we are on the way towards accepting that young people are having intercourse, we must realize that it is not enough just to say casually in the press that intercourse is not dangerous any more because no girl needs to have a baby. This is entirely untrue. People will go on having extramarital pregnancies and refusing to accept birth control. Far more important, young people are going to bring to sexuality, as do married people, all the problems built into their personality throughout the years of life. It is because of this that, in spite of the fact that we have liberalized our attitudes towards sex tremendously and at last are saying honestly that it is an extremely enjoyable experience, we haven't got the sort of paradise of love that people might have predicted.

People are going to bring to sexuality all their problems, their rôle problems of, 'Am I a woman?' 'Am I a man?'; their love problems of 'Am I loveable?', 'Am I aggressive?', 'Am I homosexual?', and their needs for children and their need still to fight back at their parents.

I believe that sex education in schools is going to be of enormous value and is extremely important but it is useless if all it tells you is anatomical detail. I once saw a film which showed you how to place dutch caps and other methods of contraception; every time the ovum came out of the ovary and down the tube the piano played a little melody in the background, which quite honestly is not my idea of sexual education. In my view sex education is the ability of the child to learn at the age of one month, two months, three months up to whatever age you like, the whole conflict of love and sexuality from his parents, from himself and his brothers and sisters as well as to make use of the words and dialect to discuss his feelings, his attitudes, his motivations, his reasons for behaving in the way he does with people who are trained in discussion. What schools must do is not only to back up in the widest sense the training that the parents have given but also to increase the communication that is so very much needed, so that people can use the gift of speech to work out the meaning of their feelings. I must mention again places like the universities of Keele and Leicester which are trying to raise the levels of sex education in this way. But it is not enough to have group discussions at one level of adolescence; what is needed is to follow this up with the person-to-person relationship which is the only true way of helping adolescents in difficulties. Places like advisory centres are needed where the person-to-person relationship can be built up, where the level of work is carefully appraised and where the diagnostic techniques are efficiently performed so that referrals for further treatment can be made where necessary. Lastly, there must be places where persons can be sent, in need of more long-continued treatment.

Discussion

Dr Cook (*Exeter*): Does the presence of clinics giving free advice to unmarried people lead to an increase in promiscuity? Does this have any effect on venereal-disease rates?

Dr Spicer: We have little evidence to show whether birth-control advisory-clinics will or will not increase promiscuity. Sociologically, it could be argued that this might happen if clinics were like boutiques where girls could go and buy a cap as they would buy a hat. On the other hand, if there is adult recognition of the responsibilities of sexual experience so that the young person is helped to gain an insight into her own feelings, I do not think this will happen. We all know that there is an increasing V.D. rate in this country, but perhaps the increase is not as great as the figures show because people are now going to clinics much more than they used to, I am sure this rate will go up but I do not think that this is an argument against sexual experimentation although I do think it is an argument for understanding of the individual's needs and rights.

***Question*:** Do you think sex education should be started in primary schools?

Dr Spicer: An interesting survey was done by New Society on how much instruction student teachers received on sex education; I am now working as a counsellor in a teacher