'Psychological Issues in Teenage pregnancy'
Diana ML Birch

A. Teenage sexual belief systems.

That old black magic ... The challenge of developing sexual feelings and urges strikes at the core of our beliefs about the world, who we are and the meaning of our lives. How can we understand this challenge and the sexual belief systems of young people? Any assessment is inevitably influenced by our own beliefs and we must take care to retain objectivity, listening to our young patients rather than imposing our own interpretations on their situations.

Where do these belief systems stem from? Parental, cultural and religious beliefs and myths form a basis upon which the more contemporary 'up market' beliefs are built - for instance the current peer group stance or the 'dish of the day' in terms of the media 'hero'. The immediate message can be as evanescent as the foibles of the pop charts - as professionals, we need to keep abreast of what the latest 'no 1' is teaching our youth. These belief systems, however bizarre and contrary to our own personal beliefs are at least tangible. We can understand where they stem from and we can to some extent modify them with appropriate input in the style of cognitive therapy, sex education etc.

In psychotherapeutic terms we can say that they are messages from the internalised Parental ego state (Transactional analysis), in simple terms the parental 'do this' 'don't do that' voices we carry around in our heads

like a nagging conscience. Freudians would call this the superego. The intensity of these messages can be modified by educating or activating the Adult ego state (ego), the 'thinking' part of our inner selves which deals with factual knowledge. For instance group beliefs such as "You can't get pregnant the first time" or "It's OK if you do it standing up" can be confronted with factual knowledge such as '1 in 20 pregnant schoolgirls got pregnant as a result of the first time they had sex' and 'sperm can swim up hill'!

Magical Beliefs

But at a deeper level, we have beliefs that are out of reach of direct social pressures. At this deeper level are what I would describe as 'magical beliefs'. Intrinsic ideas with a high emotional content, a feeling of instinct and intuition and which may have no perceivable basis in current reality. These 'magical beliefs' acquired at an early stage of development may be ascribed to the Child ego state (TA) or perhaps the Id (Freud). They are very firmly adhered to largely out of awareness and profoundly affect the individual's sexual and reproductive practices. Failure to understand such beliefs can entirely sabotage a treatment or contraceptive programme. 'Magical beliefs' centre on fundamental concepts such as feelings about self, body and control and on the nature of life itself.

Personal Identity

The adolescent during psychological development is much preoccupied with the question "Who am I?" confusion inevitably arises when "Who am I?" becomes "Who are we?". Establishing a personal identity can be an almost impossible task for a pregnant adolescent who suddenly finds that her identity is changing beyond her control, she is no longer a 'little girl', she is a fertile woman. The role of mother is thrust upon her before she has established her own identity, hence the belief that she cannot get pregnant and the frequent denial of pregnancy.

"I knew about sex and how girls could get pregnant, but I never thought it would happen to me." Many girls deny they can become pregnant. They believe that they are too young. Belief in the impossibility of pregnancy can become almost a 'magical protection' like a lucky charm used against the evil eye 'well it won't happen to me'. These teenagers are still at the stage of concrete reasoning and cannot identify with the experiences of others. They believe fervently in the invincibility of youth. This explains why health education methods based on 'shock tactics' do not work with this age group.

Denial

"My grandad smoked and he got cancer. I've been smoking since I was thirteen but I'm OK".

"You hear about things happening to other people but you never think it will happen to you. When my friend got pregnant, I sort of thought she must have been a bit stupid but then I realised that I hadn't come on (with a period) and I realised that I had been doing the same as her."

Operating at this basic level and being unable to identify with the experiences of others means that young people (or adults who have not 'matured' psychologically) at this stage cannot learn from others mistakes, and perhaps can only learn from their own.

Control

Teenage sexuality is profoundly affected by beliefs about control. A feature of adolescent development is an internalising of the 'locus of control' ie an assumption of responsibility for one's actions and one's body. Many do not reach this stage, remain with an external locus of control and believe that they have no control over their bodies or actions. They are not in control of when they have sex and they are unable to control whether they get pregnant. They are not responsible. Pregnancy is something which 'happens' to them. It is a matter of fate. Many girls said that they hoped they would not get pregnant but never considered doing anything to prevent it. Such girls are accustomed to having little control over their circumstances. They live in poor housing, have little money, do badly at school and are unable to change their environment. When an unplanned pregnancy occurs this represents the ultimate loss of control, even their bodies are acting independently of their wishes.

Autonomous Womb

In fact, within this belief system there appears to be an element of belief in the 'autonomous womb'. It is as if the teenager believes that the body consists of three areas; the non sexual body over which one can exert some control eg running, walking; the sexual erotic areas which are under less control but can be fun to use such as the penis, breasts and vagina; and the third area over which there is no control, the womb. The belief in the autonomous womb explains why teenagers do not believe that sex will result in pregnancy. It also explains some of the denial. "Well, I knew someone was pregnant, but I didn't know it was me."

Missed periods, feeling ill and tired, putting on weight and feeling the baby move all add evidence to bring home to a girl the realisation that she is pregnant. Despite this one fifth of schoolgirls do not face up to the situation until a third person, their mothers or sisters tell them that they are pregnant. Girls seem to be spurred into taking action by missing further periods, and lull themselves into a false sense of security in the middle of the month. It is as if each expected, but missed period reminds them that they could be pregnant and should be doing something about it, whereas as this danger time passes they can deny it again with another 'magical belief'-"Well, perhaps I was only a little bit pregnant."

Poor Use of Contraception

Lack of control is at the basis of the teenagers notoriously poor use of contraception. Only 7% of London pregnant schoolgirls have ever used contraception. Young girls deny to themselves that they are having sex and convince themselves that if they do end up in bed with a boy, this is a 'once off' and not a regular happening. This denial is a protective

mechanism. They are conditioned into believing that girls who have sex or want sex are 'sluts' so they must convince themselves that they are 'not like that'. The belief is that unplanned sex is an accident. Nobody can be blamed for the occasional slip, for 'getting carried away', 'swept off her feet' ... the cliches are endless. However premeditated sex is inexcusable. "I never thought I'd be doing anything like that. I went to a party and I suppose I got a bit carried away, you know how it is."

Self Esteem

B. The Self Esteem Study

In order to explore the relationship between ideas of self and sexuality, a research model compared a control group (secondary school age girls) a group of pregnant schoolgirls (aged 13-15) and a group of schoolgirl mothers with children at least 2yrs old. The groups were investigated by - A self esteem measure, A 'deprivation score' looking at life experiences; A 'sexual' scale estimating degree of sexual experience or sexual trauma.

Girls who were more deprived, had lower self esteem but those who were pregnant were less affected by these adverse factors. Similarly those with adverse sexual experiences were generally more deprived and had lower self esteem measures. Again the pregnant girls were less affected. It would seem that pregnancy partially protects the individual from threats to self worth but the effect is temporary. By the time the child is two the harsh realities of life take their toll once more. The temporary nature of this boost to self esteem may account for repeat pregnancy, in an attempt to re-establish identity with the counter culture and redefine alternative dimensions of value. Why does it seem that pregnancy is such a potent source of self value? " ... Seen from the young girl's viewpoint, pregnancy may not be so undesirable. Certainly it brings heartache and hardship, the extent of which should not be underestimated, but for underpriviledged girls with little education and non existent job prospects, motherhood is a fulfilment. With the birth of her baby a 'failed' school drop out, an unemployable misfit, becomes an acceptable member of society with a valued role - that of a mother. She is successful and out of her loveless world she has created her own baby who will love her."

In pregnancy, a girl identifies with the ideal mother which she never had and can never be. We need to help her to identify instead with the ideal woman who has no need to be pregnant in order to achieve self value. Pregnancy can be used by some deprived girls as a source of self worth and as a false solution to their problems. That being so, an alternative solution must be offered. They must be given a different way of valuing themselves in order to ensure that, when they become pregnant, this is because they desire parenthood with all its responsibilities, hardships and joys and not merely as the only perceived escape from a catalogue of problems.

C. Repetitive Patterns –

Why do girls 'repeat' their pregnancy experiences? Girls with multiple relationships can progress from one relationship to another and repeat the experience without seeming to 'learn' from the previous situation. A high level of emotional flexibility and a kind of resilience can protect them from some of the knocks while 'enabling' further continuance of this inherently damaging pattern. The same could be said of repeating the experience of pregnancy and childbirth. If bringing up a child is hard and girls are just coping with a baby - or two, or three - why have another? Why repeat the experience? - particularly if it is not an entirely 'wanted' event. It is interesting to look at this repetition in terms of failure to 'work through' a painful experience. The girl enters into - 'falls into' - the next scenario while she is still reeling from the first. She has no time in which to 'lick her wounds', take in the experience, learn from it and so modify her future reactions. In general a traumatic event is followed by a reaction which gradually dampens with the passage of time and settles in resolution. That initial impact could be a conception, a pregnancy, childbirth, or a partner leaving.

Let us consider the stages of 'recovery' from such a 'trauma'. The initial strong reaction - the 'outcry' - is followed by a period of denial when we don't really want to deal with the situation and we would rather it 'went away'. As the denial period progresses, the 'victim' is confronted by reminders which nudge reality back into the scene ... intrusive thoughts and memories of what has really happened stop us from continuing in the denial process. Constant reminders and confrontation of denial allow a period of 'working through' to be entered into when we can come to terms with what has happened and this results in completion and acceptance of our situation. It is only by working through all these stages and arriving at understanding, accepting and fully realising our situation that we can stop it happening again.

So how is the process applicable to repetition of pregnancy? At each stage we could see how a girl could either 'work through' to the next stage or be blocked in the process. The 'blocks' can be derived from her social circumstances, by the presence of other types of emotional assaults or other traumas in her life or by the too rapid arrival of another man on the scene or another pregnancy. Basically she may not get time to deal with one stage and move on to the next before another 'trauma' raises it's head. Any of such influences will arrest the recovery process and in fact send her 'back to square one'. Each time she is sent back to 'Go' she will find it that much harder to stay on the path and will experience repeated re-experiences of the same harmful route - she is as if trapped in a mad game of 'Monopoly' never able to throw the right dice to get her 'out of jail'.

A Maturation Experience

D. Pregnancy as a Maturation Experience.

Leading on from our discussion of self worth and the manner in which young women with unfulfilling life experiences, with abusive childhoods and with poor future prospects can 'use' their pregnancies as a source of self worth .. it is worthwhile considering what else a pregnancy could contribute to the emotional changes and developments going on for that young woman in adolescence.

Inner Child

The pregnant girl can identify with the foetus and concretise her experience of the 'inner child' in her developing baby; this allows her another chance to be 'loved this time' by the 'ideal' mother. It also results in confusion between container and contained and thus confusion of the boundaries between the mother's 'self' and the baby's 'self' - preparing the ground for an overly symbiotic attachment and problems in separation and individuation. Many of the theories and factors put forward above could be said to be negative and perhaps interfering with 'normal' maturation and development- are there aspects of childbearing for young women that could be described as positive beneficial?

If in pregnancy a young woman is identifying with - and almost becoming - the 'inner baby' - will the development of this inner baby allow for the re-experiencing of the same stages of development by the young mother? Just as she can be loved and wanted again as a 'new baby' - looking at the experience from a rather psychoanalytical point of view - can she have another chance at 'getting it right' for other emotional or 'psychic' aspects of her development? " ... It is striking that despite advances in contraception and the easy availability of termination of pregnancy, a considerable number of teenage girls still become pregnant and some become mothers. For many the normal developmental crises of puberty and adolescence, followed by that of first pregnancy and motherhood, facilitated further psychic growth ...."

Psychic Growth

Certainly there are situations where pregnancy does seem to afford an opportunity for 'psychic growth' , for maturation and personal development. There are also unfortunately times where the 'traumatic nature' of the pregnancy and birth experience afford the opposite - where the experience can seem to "... revive primitive anxieties and conflicts ... which cause them to regress" (Pines 1988) and where the "... birth of a real baby may prove disastrous". That is 'real' baby as opposed to 'fantasy' baby or 'ideal' baby.

Object Relations

So what makes the difference? What turns the potentially positive experience of pregnancy and childbirth into a negative and vice versa? The key to the question lies in the girl's 'object relations' - in other words how she sees her self and the world around her - how she experienced her world and thus herself as a child. To very much oversimplify for the sake of this current discussion - Just as the young mother experiences some of her world as 'good' and some as 'bad' - she

has in childhood internalised a view of her mother as the 'good mother' or the 'bad mother' and thus also a 'good internal object' and 'bad internal object'. If we develop the premise that the foetus is the 'child within' with which the mother identifies - then that inner child can be also be seen as 'bad' or 'good' depending on the expectant woman's previous life experience. The baby is an embodiment of the girl's 'object relations' and the conception can thus be the stage upon which the early drama which defined the nature of the 'internal objects' can be replayed .. and hopefully altered for the better.

If, as is hopefully most usual, the child represents the idealised mother - the child is the 'good object' ... but if the child represents the hated mother - the child becomes the 'bad object'. In other words if the 'action replay' that we are allowed in identification with this developing 'new baby' evokes feelings of the existence of a perfect 'idealised mother' - then this experience will be positive and lead to growth and positive maturation and change.

If however the 'action replay' evokes the revival of memories of the neglectful and rejecting mother of say an abused girl - then the baby will be perceived as an unloving rejecting being who becomes unwanted, unlovable and rejected - the experience leads to regression and is more likely to lead to a need for further repetition ... another try .. another hope that it might be different .. might be better.

Being Held

The way the pregnancy / birth experience is perceived will very much depend on how the mother herself is cared for during the pregnancy. If the young mother is being 'held' and cared for and nurtured during the pregnancy , the outcome is likely to be positive - if not - if the mother is not 'held' and cared for herself - perhaps boyfriend has left and she has no support - the outcome is likely to be negative. A vulnerable or fragile personality could break down completely under the 'assault' of a pregnancy experience.

Hence the experience might be summarised thus :-

negative
+ ve - Brings identification with unspoilt self / child
→ care for neglected child
→ Love and caring for baby.

positive
- ve - Brings identification with the 'unlovable' child
→ projection of negative hostile feelings.
→ Rage and jealousy of baby.

Throughout this discussion - we must maintain the concept in our minds that the vision of 'self' as experienced by the mother is completely wound up and inextricably linked with the vision of 'the object'. In other words the 'object' which is the mother and at the same time is the child is also the 'self'.

"The special task that has to be solved by pregnancy and becoming a mother lies within the sphere of distribution and shifts between the cathexis of self representation and object representation".

Those mothers who are not 'held' during their pregnancies and who thus re-experience their childhood rejection through rejection of their pregnancies - may to some extent find that a therapy experience can put right some of those wrongs - In therapy for these girls - they need to find their 'ideal mothers' in the professional setting - in the transference - otherwise they will attempt to 'do it again' in a slightly different situation, with a different partner , with a different baby - in the hope that this will 'make them good'. Hence the 'repeaters'. Perfect mothers are hard to find!

"THE CHILD THAT ROCKS THE CRADLE"

A Fifteen Year Longitudinal Study of Schoolage Mothers and their Children.
Diana M. L. Birch

This book, although standing alone as a comprehensive account of early parenting, is also the sequel to "Are you my sister, Mummy?" and depicts the next phase along the road of parenthood. These are the same mothers, fathers and children fifteen years on. How did life turn out for them? - What kind of families did they create? - What is going on for their teenage children?

The findings of a fifteen year longitudinal study of 200 young families in which the mother gave birth under the age of 16 years has provided information which refutes many of the stereotypic views regarding young parents. It illustrates how the presence of a supportive family leads to an improved prognosis for young mothers and their children and gives insights into positive and negative predictive factors. Some unexpected outcomes and their possible aetiology are discussed.

Consideration is given to approaches which may enable professionals to confront the 'cultural trap' in which many young people are caught - in that those suffering the worst deprivation in early childhood, those raised in the 'care' system and children's homes are those young parents most likely to perpetuate the cycle of deprivation for their offspring.

ISBN: 1 870717 08 2
Youth Support Publications