

August 1971

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D. A. Starr

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Recommended Citation

Starr, D. A. (1971) "Sex and the Single Girl: Ages 13 to 16," *The Linacre Quarterly*: Vol. 38 : No. 3 , Article 11.
Available at: <https://epublications.marquette.edu/lnq/vol38/iss3/11>

Sex and the Single Girl: Ages 13 to 16

D. A. Starr, M.D.

In the end, one of the major effects of the current social turmoil may prove to be its effect on that section of the population now passing through early adolescence. We have recognized that noxious influences in the fetal environment turmoil may prove to be its effect on that section of the population now passing through rapid differentiation. I submit that this same principle holds true in the context of the individual in the family and society; that those members undergoing the most rapid differentiation will be the most vulnerable to noxious influences in the environment.

The following comments appeared in a recent World Health Organization report¹ entitled "Mental Health of Adolescents and Young Persons". I quote: "Many adults project the atmosphere of uncertainty and anxiety, both material and moral, in which they live on their children, who in turn become anxious and want to escape from their anxiety by breaking away and forming youth societies. Indeed while the adult world often rejects the **OLD MORALITY OF CONFORMITY IT APPEARS INCAPABLE OF HELPING THE YOUNGER GENERATION TO FORGE A NEW MORALITY.** By abandoning or questioning traditional value systems without replacing them,



Dr. Starr (Mrs. Charles Olsen) born in New York, got her M.D. at the State of N.Y. College of Medicine in 1950. A Diplomate of the American Board of Psychiatry & Neurology, Fellow of the A.P.A., Senior Attending at the Washington Hospital Center and Assistant Clinical Professor of Psychiatry at the Medical College of Howard University; she is in private practice in Washington, D.C. and has four daughters.

"we are exposing our children to a sort of suicide through disgust and discouragement" (Chazal, 1961). This is my thesis. The early adolescent — already in the throes of normal maturational conflict, both inter and intrapersonal, enhanced by increasingly earlier puberty and increasingly later completion of the educational process and achievement of adult status — is most vulnerable to conflicting messages from the world around him, to uncertain mores and to the effects of mind altering intoxicants, drugs or alcohol. Unfortunately, stresses tend to potentiate each other. Drugs and alcohol tend to impair judgement and decrease impulse control; the promotion of contraceptives and abortions and the sexual preoccupation of the entertainment media tend to foster and to romanticize what used to be called "sexual promiscuity" but which has, in keeping with the times, been relabeled sexual activity. Semantics do matter; I italicized the comment within the preceding quotation in order to emphasize the implicit value judgement so seductively expressed. The Judaic-Christian ethic is labeled the "old morality of conformity" and concurrently adults are labeled incompetent for not doing what the author thinks they should, i.e., help the young to come up with a new code. Sexual promiscuity has in the past been regarded as sinful or sick; relabeling it not only removes the negative connotation but substitutes a positive word, activity.

And today's high school population has spent most of their lives in an area of "rights" — civil rights, legal rights,

the rights of the poor, the rights of the sick, the rights of women. Women's Lib is neither a large nor a popular movement and has much of the abrasive quality of the Black Panthers, but both highlight a genuine reality. Women are demanding equal treatment under the law, equal pay for equal work, equal opportunity for promotion and, most relevant to my subject, equal freedom of sexual expression and equal control over their own bodies.

In the light of all this, there have been changes in the behavior and idea of girls in the 13 to 16 age group so that sexual behavior formerly rare clearly deviant and usually confined to the very deprived segment of the population is, I believe, becoming increasingly common in daughters of middle class, intact families. I am not alone in seeing this as a trend. In the April 1971 issue² of the *Southern Medical Bulletin* devoted to epidemic Gonorrhoea, Dr. Kampmeier editorializes: "Those of us involved in the epidemiology of venereal disease in the late 30's and into the early 50's were unprepared for the disproportionate expansion of the infectious pool to teenagers of both sexes. One could not have predicted the change from the late teenage boy having his first sexual experience with a promiscuous woman to the pattern of a teenage virgin permitting or welcoming deflowering as the thing to do in maintaining status among peers, to do one's "thing" in a philosophy of hedonism, or embracing bodily and sexual intimacy in an absence of psychologic insecurity — in that grey period when one is neither child nor an adult."

Five years ago I saw the first harbinger of this pattern I am seeing with increasing frequency. A 16 year old girl was brought to my office after

being sent home from college because of a serious suicide attempt; in an early session she casually remarked that there was no question of pregnancy because she had been careful to use a diaphragm since she had begun having intercourse several years ago. Questioned further about her sexual behavior, she "explained" that, while she believed in and adhered to the ethical tenets of her religion, she had abandoned "middle class morality". She preferred not to discuss it with her parents as they would probably disapprove but it was "not their decision to make".

A recent case presented a more current version — the mother of a 13 year old had expressed her concern about her daughter's extensive dating and with some embarrassment, mentioned that she had been considering having the child started on the pill before she had a chance to get pregnant. Unfortunately, this proved a very realistic but belated concern; the child's "intestinal flu" was rediagnosed as early pregnancy — a fact which the mother only learned when, as I suggested, she asked the adolescent clinic directly if the child was pregnant.

Parenthetically, I will mention that most parents mistakenly assume that the doctor or clinic will inform them if their daughter is having sexual relations or may be pregnant. This mother immediately requested an abortion which the girl declined and the mother was informed that although she had legal and financial responsibility for the child (and presumably also for the baby), she did not have the right to decide either for or against abortion now or adoption later. While, indeed, the first example was an upper, middle class family and the second from a lower class family, this is not the rule,

sexual acting out has spread from the ghetto to suburbia just as truly as drugs and shop-lifting. The differences are in the management — the middle class girl knew about, had and correctly used a contraceptive; the lower-class girl did not know about, did not have and did not use a contraceptive. Later management is similarly affected, if a middle class teenager becomes pregnant she may be aborted and/or hospitalized in a private facility with or without her full consent, whereas this 13 year old girl, dependent on public facilities, will be managed however local laws, customs, legal services and the current resident doctor dictate.

A review of my current case load, a small and by no means statistically significant sample, indicates that over half of the teenagers in the families I am seeing are sexually experienced at 16. It is a comfortable and comforting assumption to respond that, of course, this is deviant behavior found in the disturbed children of pathogenic families who obviously belong under psychiatric care. I say, not so! For one thing, that does not explain its increasing frequency among families in treatment in recent years, nor do I think it explains the increasing numbers of adolescent patients in private psychiatric hospitals — up to one third of the total inpatients in one nearby hospital. Increasing numbers may merely reflect the increased population when we consider the rise in teenage pregnancies and venereal infections, but a larger population does not explain the earlier age. I wonder if it isn't just naive to recognize that the drug epidemic has spread to the junior high school population and not to suspect that the same 40 to 60% who are experimenting with drugs for kicks are experimenting with sex. After all, to judge by public attention given to the subject, sexual gratification is an inal-

inherent human right not to be denied because of status, vocation, choice of partner or location and society has an obligation to provide protection from any undesired side effects.

Let me describe my impressions of a fairly typical 13 year old girl living in this metropolitan area (Washington, D.C.) in an intact family with sufficient income to provide a nice house, good schools and at least a modest assortment of extras. She has outgrown her pediatrician and hopefully her orthodontist. She is physically more mature than her mother was at that age and had an earlier onset of the menarche. She was generally prepared for this and her first period was neither upsetting nor a surprise. She knows about contraceptives and how they are used. She has attended one or more movies in which the nude bed scene was more or less explicitly portrayed. She knows that the sign on X rated movies about no one under 18 admitted really means everyone must pay the full admission price. She has seen and probably talked to some of the local "street people" and knows that many of them are living in assorted groups, making their own rules, if any, and sharing bodies as well as material possessions. She knows at least one girl in her own milieu and approximate age group who has already tried sexual intercourse. She has been exposed to at least one adult who has spoken openly of the hypocrisy of the older generation who use alcohol and condemn marijuana, oppose violence and wage war, condemn sex and have affairs. She knows several students who are using drugs and she has probably had the opportunity to try something herself. She knows that her parents have acquaintances or possibly friends who have had or are having an indiscrete affair. At least one older

teenager in her neighborhood or family social circle has dropped out, run away, been arrested for drug use or been sent away (and she often knows more details of those circumstances than her mother will ever hear). If she is a Catholic, she knows that the Church opposes the use of contraceptives but that many clergy and laity openly disagree and maintain the primacy of individual conscience over Papal teachings. If she is in a Catholic school, she knows at least one nun or priest who has now left and gotten married. If her school has a counselor the counselor has offered to be available for consultation with the assurance that neither her teachers nor parents will be informed about anything. Although her parents may not know it, someone's big brother or big sister at college is living with a roommate of the opposite sex. She has to be careful to pass unnoticed among the hippies except that her clothes are usually cleaner and in them she is not very distinguishable from the long-haired boys in her class except by the length of her hair. (Most boys this age just haven't had time enough to grow really long hair.) If she isn't dating, she is worried and if she is, her parents are worried, so it is a touchy subject. She and her friends consider themselves past the stage of an all girl party and she belongs to at least one club that has teen dances. If she has a boyfriend, they have indulged in more than hand-holding and how much more may depend more on his age rather than her age.

Quite striking in the interviews with the girls in this age group who are engaging in sexual relations — and now I refer mostly to those of 15 and 16 because it takes time before the problem comes to attention — is their blandness, their lack of overt anxiety or guilt in describing their sexual

behavior. It is presented as if it were an appropriate part of relations with boys at this age and is information offered quite freely although it is routinely concealed from parents just as marijuana use is and for the same reason, i.e., the parents will disapprove because parents always do. They do not believe premarital intercourse is wrong although most do think that adultery is wrong. They espouse the idea that if no one gets hurt then nothing is wrong. One patient of 16 did agree that her sexual behavior was a problem not because she thought it wrong or sick but because she recognized consciously that she was using sexual availability as her main attraction and that her boy friends did not like her much. She said that when she began sexual relations at age 13 or 14, she had been having a good time with the crowd and it was part of the warm relationships.

I asked a 16 year old prep school student, not a patient and a usually reliable informant who declines to answer rather than lie as a matter of practice, if she could from first hand knowledge give me an estimate of the percentage of girls in her school who are engaging in sexual relations and her figure was 60%. Even reconsidering, she insisted that not more than half of this high school population were virgins. In fact she added that one of the senior girls had "unexpectedly" delivered a healthy infant in the girl's dormitory the preceding year and thus had to become a day student. She thought they had cracked down recently because they summarily expelled all three students concerned when an early morning fire drill routed two girls from one boy's room in the boys' dormitory. She added that she would not tell me how many girls she knew to have had abortions because I

am a Catholic and would presumably be shocked. More important than the content is the casual attitude with which such information is presented.

I think it likely that the trend is more apparent in urban metropolitan areas and there may be some special factors in this particular metropolis where so many families come and go at the mercy of election results and military orders. I like to think that I am overestimating the size of the problem but I am convinced that it is a trend. Chastity is out of fashion and the young generally regard it more as a hang-up than as a virtue. They are not alone. Church bodies as well as educators and sociologists and psychiatrists have all been represented in the numbers of public figures who have proclaimed that our society must re-examine our sexual mores about extra-marital sexual acts and homosexuality. Perhaps the pendulum has swung so far in our preoccupation with the motives and the meanings of actions that we define no position on the actions. This would make it difficult for our present crop of early adolescents to rebel because, no matter what they do, there is some significant authority around to endorse and explain why it is justified and appropriate.

For this age group, the sexual experimentation so casually done is an experience for which the personality is not ready. To use Sullivanian terminology, they are caught in attempting a patterning of their lust dynamism before they have evolved a separate identity. To put it another way, they are practicing the slogan, make love not war, in its physical aspect before they know very much about loving. For this group, I suspect it will lead to a continuing splitting off of sexuality from the other aspects of significant

emotional involvement with resultant impairment of both. Further, reality gratification of sexual urges in sexual intercourse at this stage of development would seem logically to interfere with the general maturational process, i.e., developing mastery of instinctual drives, abandoning the pleasure principle for the reality principle and investing energies in long term goals and delineating a workable self, a separate identity from the nuclear family.

I think that it is a serious mistake psychologically to assume that proper management for a sexually active child is contraceptive advice or a prescrip-

tion for the pill and it is even worse medicine when separated from venereal disease control programs. Further, I believe the non-judgmental attitude of professionals dealing with this age group is open to misinterpretation as support and the non-judgmental attitude of the clergy, as endorsement. I think that there is an important distinction between condemning an act and condemning an individual. At an early adolescence, sexual gratification is not necessary nor conducive to mental health but the reverse, in fact. I have not found chastity to be injurious to the health at any age, in addition to its fringe benefits for the soul.

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1. Public Health Papers No. 41, Mental Health of Adolescents and Young Persons, World Health Organization, Geneva, 1971 p. 19.
2. Southern Medical Bulletin, Vol. 59 No. 2, April 1971 p 4.

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