

\$ 8.00

FAMILY SEMINAR on ADOLESCENT SEXUALITY



The purpose of this seminar is to enrich our understanding of the emotional and biological truths of sexuality, and to enhance our ability to communicate these truths to our children. Knowledge is power. This is true in every aspect of life, and it is particularly true in matters of sexuality. We believe that men and women who understand their fertility are in control of their bodies and their lives. If they have the gift to pass this knowledge on to their children, they are, to some degree, in control of the future as well.

CORPUS CHRISTI, TEXAS
JANUARY 14 - 16, 1983

SELECTED PAPERS FROM THE PROCEEDINGS

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Selected papers from the
first

Family Seminar on Adolescent Sexuality

Corpus Christi, Texas

January 14-16, 1983

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So many people contributed so much to handle the numerous details of the seminar. A special thanks to:

Dr. Francette Meaney

Dr. Elizabeth M. Oliveira

Birthright of Corpus Christi

Corpus Christi Ovulation Method Council

Ushers and Usherettes from private and public high schools Response to the seminar, which was the first of its kind and therefore something of an experiment, was overwhelming. We were gratified to see that so many people shared our belief that one of the main responsibilities of Family Life is to dispel the myths and fantasies about sexuality and to substitute solid information and values in their place.

We hope that this report will be of use both to those who attended the conference and to those who could not. We recommend its contents as an excellent primer for a complex and important field of study.

Mercedes Wilson

Director of Family of the Americas Foundation, Inc.

Marge Harrigan

Director of Parent & Adolescent Program

PREFACE

Michael Meaney, Ph.D.

These talks are realistic in the best sense of the term, i.e., neither utopian nor cynical but conformed to, or true to reality. In this problem-filled area, each of the speakers could easily have stressed various pathological aspects of adolescent sexuality. Such a potentially depressing repetition of symptoms would have been considerably less constructive and less helpful than the more balanced approach that was actually presented.

Since the reality described is extremely diverse, so are the different descriptions of it. The speakers vary in many ways: they range in age from adolescents to mature adults; they include internationally known scientists coming from countries as far apart as Australia and England to meet in Texas; their message touches on areas ranging all the way from poetry, philosophy, medicine, and theology to statistics. Much of that message was interspersed with a delightful sense of humor.

These descriptions are not projections but perceptions or insights into what exists: they are objective rather than subjective. This may seem too simple, too obvious to mention. Yet primary assumptions and ultimate principles are crucially important and must be exposed if one is to validate anything else. If truth is creative self-projection, then everything is subjective: individualism, relativism, positivistic law, subjective bias become "normal." But can one then speak of "norms?" If, on the other hand, truth is correspondence of judgment to objective reality, then that reality is the source of norms and of

natural law. If the entity or reality we try to describe is called nature, then our description of it can be called natural, i.e., conformed to nature or reality. Thus the group organizing the seminar calls its approach "natural family planning" but could just as well have termed it "realistic family planning." This accuracy of nomenclature should be carefully noted, for it contrasts sharply with the common tendency in these areas to hide what one is really doing behind euphemisms or 1984-type double-think expressions like "Reproductive Services" as a name for "abortion clinic." At any rate, natural is perhaps preferable to realistic in describing our frame of mind, for this stresses the fact that it is not only the nature around us that is being polluted by chemical wastes, but also our bodies that can be harmed by drugs and our most vital natural processes that can be frustrated, violated and maimed by various artificial contraceptive devices and operations. The ancient medical adage "First do no harm . . . " might well become our first concern in many areas.

Our "return to nature" as far as sexuality is concerned can take on many forms, some of which are dead ends. Our contemporary "return to nature" need not be a voyage of Christopher Columbus, for the man has throughout history accumulated much experience and many valuable insights concerning himself. Being wise enough to profit from that experience and interpret those insights is what challenged the speakers.

The central theme or key insight of all the speakers, one which unifies the diversity of the talks into an evolving, dynamic harmony, is the concept that adolescent sexuality is not simply an instinctive drive to be studied biologically, but a

many-splendored human reality which must be analyzed within the context of the family. This seminar was therefore called the Family Seminar on Adolescent Sexuality in much the same way that the method is called natural family planning. Our speakers pointed out the crucial importance of the family in the best way it can be done: by many and varied examples taken from their own areas of experience and expertise. This renders great service today, for there are many who do not yet see how important the family really is. The family is the environment within which the child and adolescent matures and then forms a new family, the context of loving interpersonal relationships within which sexuality develops, matures and is fulfilled.

Since sexual maturity occurs years before adolescents are ready for marriage, they are faced with the choice of either becoming "sexually active" in pre-marital or marital relationships before they have reached maturity in educational, psychological, economic, moral, and religious ways, or of working towards acquiring these various forms of maturity as long-term preparations for successful marriage. Virtually everyone agrees that the second alternative is preferable --if it is realistic or possible. Many things can contribute to making it possible: formation, discipline, customs, virtue and example in Christian families and communities, for example. This in turn cannot be realized effectively without rediscovering our deepest values and re-dedicating ourselves to our highest ideals. Only then will our families be healthy and our lives human. These talks explore this stimulating theme, and therefore range across the whole spectrum of adolescent sexuality seen in relationship to the family.

Excerpts from welcoming speech of Bishop Thomas J. Drury, D.D., L.L.D

. . . Since the family unit is the basis of society, our concern must be that it is safeguarded in every aspect of its existence, and particularly so in its relation to God, who has created marriage as such, and the family . . .

. . . He created us male and female, but he placed within us those qualities and urgings that would attract us to each other and thereby continue the human race. And because we are different from the rest of animal life in that we are endowed with reason, with an intellect and a will, he as placed our continuance within the framework of what we call marriage . . .

Cliff Zarsky

City Councilman

Representing the mayor and the city of Corpus Christi

...It is a very important thing, I believe, that your seminar, Family Seminar on Adolescent Sexuality is being held in the City of Corpus Christi. We all know that the city of Corpus Christi is the city of the body of Christ and it seems quite appropriate that this seminar is being held in the city of the Body of Christ, God Incarnate, so that the members of the mystical Body of Christ will be able to benefit and learn some of the most troubled issues that we have to confront us in our society today. In this age of the ego and selfishness, your world wide movement is a beacon of hope for any and all who are inclined to follow the teachings of Christ in his Church...

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LEARNING TO LOVE

John Billings, M.D.

St. Francis of Assisi once said, "Love is not loved enough." St. Augustine wrote a book which he dedicated to God with the inscription, "For love of Your love." These two men were very different in temperament, yet they had learned to become great lovers.

Some years ago I wrote a little booklet which I called, "Every Man a Lover." Recently it was published in England, but a change of title was demanded, it being suggested that my title would mean to many people, "Every Man a Sexual Athlete." The meaning of a work may become corrupted, even the word "love." So we agreed upon "Of Life and Love," because human life had its origin in the love of the Creator and because it is the greatest of all human love, the love of husband and wife for each other, that ensures the continuity of creation.

A child learns to love by being loved, as we can all observe, by living in an environment of love which he first recognizes intuitively and only later intellectually. Even those of us who are lonely with longing for human love can recognize that God's love is and was always there. So every human personality can reach full maturity in the enjoyment of being loved, developing as a result the capacity for the giving of self which is the essence of love.

Since Lyn and I began to travel overseas frequently in about 1969, we have experienced a wonderful enrichment of our lives as a result of the people we have met. The Chinese people have an expression, "You bring goodness out of me," and certainly we have had many

experiences which have made us better persons than we otherwise might be. Perhaps I should really say they have made me a better person; Lyn has always been so lovely there was hardly any room for improvement.

Our primary concern has never been that of fertility regulation except insofar as we have been anxious to contribute to the development of a method which will help couples to have children or to space their pregnancies, without causing physical harm or corrupting their love. There has been no thought of persuading people not to have children. It has become a matter of constant experience to talk to men and women of the love of husband and wife for each other and for their children, and then to observe essentially the same response from every human heart, amongst people in Africa, Europe, the Middle East, Asia, the Pacific Islands and the Americas. Many of these people are illiterate and may be living in demoralizing poverty; in some cases they have been pagans or adherents of some primitive, superstitious religion, and in those cultures the status of women is often inferior, because they have yet to feel the humanizing influence of Christianity. Yet they are all able to respond to the irresistible call to love, which is the essential characteristic of our humanity.

We all want people to recognize their dignity, to experience intelligent growth without fear, to rise above the social, economic or cultural limitations of their environment, and also above any limitations which may seem to have been imposed by physical or intellectual imperfections. Love begins within the family, that organic unit composed essentially of father, mother and children, whose status is determined by the basic elements of human biology. The special

mission of the family is to care for those of its members who are weak, because they are so young or so old, or in some way handicapped, offering a haven of refuge and protection. From this example, there extends into society a recognition of universal brotherhood. However differently the biological roles are given practical expression, the husband remains the protector and provider, the wife the comforter whose love makes the house a home. Both husband and wife become at the same time the lover and the beloved.

Pope John Paul II, who has proved to be a great Christian leader, has reminded us that when making a commitment to one another in marriage we accept two responsibilities:

1. The responsibility of the gift of oneself to the other for life;
2. The acceptance of the gift of the other person for life;

We have to remind ourselves of these responsibilities day by day: "I take you . . . for better, for worse, for richer, for poorer, in sickness and in health." There begins a duet, a love song which presages that time when creation will be set free from its bondage to decay (Rom. 8:21) and each of us will contribute a unique, rich, and clear note to the full measure of celestial harmony.

"If Christian marriage," Pope John Paul says, "can be compared to a very high mountain which puts the couple into the immediate neighborhood of God, we must recognize that to climb this mountain takes a great deal of time and effort. But would this be a reason to destroy or to lower the mountain?"

There are foolish people who say that love is blind. Sometimes one may hear the remark, "I could never understand what she saw in him." Love is not blind, love sees the potential for goodness that

exists in the other person, and love works to bring that goodness to perfection. "The good which the lover creates through his love in his beloved, is a measure of his love" (J.P.11).

Sometimes young people think that older people, the "wrinklies" or the "mouldy oldies" do not understand what love is about. Certainly the love that young people have for one another at that time when they pledge themselves in marriage, is most admirable. It is strong, vibrant, fierce, but older people have not forgotten that in learning more about loving than they knew then, having learned so much more by exploring its depths through hard times and good times, to know that by struggling through times of difficulty the struggles have made the good times so good. So the message we have for young people is, "Don't be afraid." Above all, do not be afraid to love and to be loved.

The poet Edwin Muir has said that a good marriage is one:

"Where each asks from each
what each most wants to give
and each awakes in each
what else would never be."

Just recently in Melbourne there was a splendid revival of the musical "Oklahoma" produced by James Hammerstein, the son of Oscar Hammerstein II. This reminded me of the many fine and truly poetic lyrics written by Oscar Hammerstein which combined so wonderfully with the melodious music of Richard Rodgers.

Thus, in "Carousel" Julie Jordan sang these words:

"When he wants your kisses you will give them to the last
and anywhere he leads you, you will go.

Anytime he needs you, you'll go running there like mad.

You're his girl and he's your fellah, and all the rest is told."
We may perhaps find those words sentimental, because of course there was much tenderness in Julie's emotion for the wayward Billy Bigalow. So let us take another song which was made a hit by Frank Sinatra, whom in Australia we call the Chairman of the Board:

"Who knows where the road may lead to,
only a fool would say.
But if you let me love you
It's for sure I'll always love you
all the way."

We recognize in these words a truth which is to be perceived in every love song, love poem or love letter that was ever written, a truth we express by saying, "That's the real thing." We know in our hearts that when a man and woman really fall in love with each other they mean it to be forever.

You remember that Billy Bigalow was always struggling against his baser inclinations, and reveals some measure of self-understanding in that marvelous song, as he stood on the edge of a commitment of which he was fearful:

"If I loved you,
words wouldn't come in an easy way,
'round in circles I'd go.
Longin' to tell you but afraid and shy,
I'd let my golden chances pass me by."

Well, don't. Don't let your golden chances pass you by. It is difficult at times to control one's emotions, but one can always command the will to love. And one can command oneself to express that love in a way that is understood - especially by kindness,

thoughtfulness and perhaps most of all by speaking about it.

We are living in a culture which has been corrupted by sexual permissiveness and we have to struggle to avoid contamination by it. It is sad that nowadays many young people go into marriage afraid of their fertility. We have to some extent lost the delight and wonder that we should feel at our ability to share in the creation of a new human life by an act of love. We have lost our proper sense of the value and beauty of coitus, as an intimate physical giving of self which expresses that total commitment we made when we decided that henceforth there would not be two individual lives but one life in common. We often fail to appreciate the freedom we experience in following laws of morality which were designed to help us escape from servitude to ignoble desires which we all experience. In the Psalms, David was continually praising God for His laws because they were providing a rule of life which brought him happiness. He said:

"If I flew to the point of sunrise,
or westward across the sea,
your hand would still be guiding me,
you right hand holding me" (Ps. 139).

It is their fertility which provides the bond between husband and wife. In every act of coitus there exists the possibility of conception, and it is an injustice to the child for that act to occur except in marriage. The injustice extends beyond the immediate possibility of conception. Those of us who marry look forward to children in our new family which has come into existence at the time of marriage, and we have to keep in mind what sort of parents we want to be. As our children, sons and daughters, are growing

up, we want to know what it is they will see when they look at us. As they learn the wonderful story of their creation, what attitude will they find in us towards the act which gave them life?

There need be little wonder that Pope John Paul reminded us that even in marriage love may be contaminated by lust. The essence of love is generosity, the essence of lust is selfishness. It is certainly possible for a man to be lustful towards his wife; indeed, there need be constant vigilance to guard against it. This is a way in which natural family planning is of such benefit, because it introduces into loving, into this most intimate expression of love in the physical act of coitus, an element of sacrifice, the acceptance of abstinence though desire for coitus be strong, for the sake of the beloved person. Coitus should be the source of deep happiness, physical contentment and pleasure, and also fun, using the word in a respectful way, to mean lighthearted joy.

There is a freedom to do what you must, which is slavery; a freedom to do what you like, which is anarchy; and a freedom to do what you ought, which is the freedom that human dignity demands.

In conclusion I should like to quote to you some words of Ronald Knox which are most appropriate to young people about to marry: "Like swimmers carried away by a silent undertow that is too strong for them, you are being swept into the current of that divine love which reaches beyond time and sense; united beyond your knowing, with that divine will which made you for each other."

FACING UP TO PEER PRESSURE

Maggie Flood

Good evening. It is my pleasure to come before you this evening to talk about peer pressure.

Pressures affect us. Pressures influence everything we do. In an adolescent, pressures are especially significant, and pressures from peers seem to be insistent.

In preparing for this talk, I, myself, have learned much about peer pressure. There are so many different influences pressuring today's adolescents that it would be difficult to name them all. Each different group has a unique set of pressures and furthermore, the pressures exerted on and by each individual adolescent are unique. So that I can only speak from my knowledge of pressures that affect me, and pressures that I can recognize contribute to the lives of others.

An adolescent is becoming less dependent on his parents and ventures into friendships with kids of the same age and/or same interests. The morals of these peers and the effect that they have on an adolescent individual are what peer pressure is all about. Refusing to conform to the standards that these friends and group maintain, is reversing the struggle for friendship--that friendship that is such an important part of growing up.

To exemplify that different groups have different pressures, I can tell you about my group of peers--those who affect me. For us there is not a pressure to have sex; as a matter of fact, it is somewhat looked down upon in my group. The only pressure for sex would arise between the two individuals whose choice it is. Narcotics, smoking cigarettes, and smoking pot, are the same way,

yet alcohol is accepted. Perhaps because it is the chosen outlet of emotions for this group. Now, these standards are different compared to others. In other groups it is a pressure from the whole group to have sex, to take drugs, to smoke cigarettes and pot. Still in other groups there are pressures to do none of these things. The pressures vary with the group.

What determines the difference in pressures? Well, I'm sure that pressures on me as a Corpus Christi resident are different from those in New York, California, or in New Zealand. The fads contribute to the pressures. In the 1960's and '70's kids smoked pot more than I can see the adolescents of the '80's smoking. Stages of development influence the pressures. For myself, junior high was the time to smoke--pot or cigarettes. I am now a senior in high school and those pressures are no longer as strong. Now the pressure is to drink. What will it be in my future years? The economic group that you are divided into also affects your pressures. Perhaps you are more influenced to carry on faults that your parents had. And their habits are usually results of what economic part they play in society. And also, what you wear and the image that you portray influence the types of pressures that will be put upon you.

Making the transition between a smaller school and a larger school, I can see that the size of groups can also lend to the intensity of pressures. As a member of a larger school, there seem to be larger groups, and so, there is a greater chance to find more people like you, whose morals and abilities correspond with yours and thus ease the requirement to change in order to be accepted. Adolescents seem to be asking for the chance to act like an adult--

do the things that adults do yet they usually don't feel the need to maintain the adult sophistication of it. For instance, I've noticed that kids my age can drink and get drunk and not feel the need to maintain an adult manner of acting. An adolescent acts like a kid even though he or she has chosen to do something reserved by law for adults. These are all specific ways of acting, and specific pressures, but what role does society, as a whole, play on adolescents?

The peer pressures felt by today's adolescents reflect the pressures of today's society. The pressures from and on adolescent peers are not unique to their age only, they are a different application of society's morals.

"If it feels good, do it," is a slogan which our society feeds on. Developing individuals are defining their ideas of right and wrong concerning feelings. Premarital sex "feels good" and for some people is "the thing to do." Biological urges are not the only influences now, because peers are very persuasive in the matter of sex. Drinking, smoking cigarettes, and smoking pot are much the same. They "feel good." In this world, if something is irritating or difficult, you should get rid of it. Some adolescents are believing this and are going so far as to apply it to life. Adolescents are being pressured into committing society's faults, faults of a society centered around feelings.

But a lot of adolescents are waging the peer pressure battle and surviving. They are making mature decisions, weighing both sides. They are beginning to act like adults even when some of the "so-called" adults around them aren't. There are adolescents standing up for their decisions even when it means standing up alone.

There are kids that can block out the sex and money oriented radio and television and aim at a goal that won't bring immediate gratification. Worship, prayers, and God are still a big deal to some kids. Those that can maintain positive pressures are those that will look forward to an optimistic adulthood. It is through the pressures exerted by these adolescents that there is hope.

FACING UP TO PEER PRESSURE

Tom Ek

I'm pleased to be here to talk to you about peer pressure this evening. In my school of about 560 kids, the peer pressures might not be as great as you might experience at larger schools. But I think I'm speaking for most high school students in America today, as far as the big pressures are concerned.

Peer pressure probably started around first grade, from what I can remember. This is when you feel you are supposed to act a certain way, have your hair a certain way, dress a certain way or even say the same things as everyone else. But when you are in high school, the pressures are more serious--drugs, drinking, and sexual pressures.

What you have to do as a student, I think, is to set up goals for yourself. You have to say, as far as the drinking goes, "I'm not going to join those who get drunk every Friday night." When kids ask me if I am going to a party, I just say, "I might be there." That is an example of peer pressure in an indirect way. They are not telling you that you have to drink; instead they ask if you are going to be there. If you are at the party and you can drive kids home, it's another way of facing up to it.

Sexual pressure can sometimes be even harder to resist. Even though there isn't a lot of it at my school, there is some pressure for girls to have boyfriends and for boys to have girlfriends.

When you come into a relationship with a girlfriend or boyfriend who you really care about and you're getting really close, you have to sit down and talk about what your plans are for the future. Do you want to remain chaste until you are going to be

involved in marriage? This is something that you have to talk about. If you love the person, you are not going to commit sin. And it's really important, because what you are doing now, and how you are reacting to peer pressure, will influence your life later.

Another aspect of peer pressure is positive peer pressure. It can be just as important as the peer pressure we are talking about now; the negative peer pressures where people are telling you to do bad things--like doing drugs, having pre-marital sex and abusing alcohol. Positive peer pressure is having a group of kids who have your same goals and values and who say that it's okay not to go to parties and drink and who say it's okay not to have pre-marital sex with your boyfriend or girlfriend. It can be just as important and even more so than negative peer pressure--it could really help out a kid. This is especially so if you are not really involved in a group at school, if you are not with the jocks or the people that party--it can be the same group, anyway. But if you are a borderline student, where you really don't know which way you are going, whether or not it's the party scene, it's really going to help if you have a group of people who are saying that it's okay not to do those things. This kind of positive peer pressure is really going to help your decisions and you'll probably end up making the right ones.

Peer pressure really affects you all the time--where you hang out and what kinds of things you do. As I was saying earlier, before you make a serious decision, it would be a good idea to have a goal in mind. How you are going to lead your life and what you want your life to be like later on is really going to affect the

decisions that you make now.

I came across something that I think really summarizes how you can face up to peer pressure--"Oh, Lord, help us to stand for something or we will fall for anything."

THE PROBLEM OF HOMELESS CHILDREN AND THEIR FAMILIES

Stephen E. Torkelsen

In this paper, I will discuss the theme of homeless children and their families by sharing with you some of my experiences with homeless children and their families over the last eleven years at Covenant House, with references from New York, Guatemala and Toronto. This paper, then, will explicate the history of Covenant House as an example of a program that addresses the needs of abandoned and exploited children; some issues underlying the large numbers of children who live on the street in all of our major cities; and recommendations for change as it affects children, youth and families in the United States today.

Covenant House, as a child care agency that operates centers in New York, Guatemala, Toronto, Houston, and in other urban centers, started out in 1968 as the response of a few people to the situation of homeless, abused and sexually exploited children in New York City. The director of the agency is a Franciscan priest named Fr. Bruce Ritter. How Fr. Bruce describes the formation of Covenant House as a response to homeless and neglected children is that he was literally kicked off campus during the mid-1960s by his students who told him to go and practice what he was preaching. One day in a talk, perhaps a little bit like this one, Fr. Bruce confronted his students in a self-righteous way. He looked out at them and said, "What age will you be when you sell out, and when you give up on your values and principles? Will it be by the age of 25?" From the back of the room a student raised his hand and said, "Bruce, you're making two mistakes. The first

mistake is that we will sell out not by the time we're 25 but by the time we're 21. The second mistake you're making is that as a religious person, you should be leading us more by your lifestyle than by your words."

I think what Fr. Bruce did was say "Harumph," was silent for a moment, and then finished his presentation. Afterwards he thought about what this student had said. During the Easter semester break of that year, Fr. Bruce left the university setting and moved to a very poor area of New York City to conduct what he termed was a ministry of "availability." In community organizational terms, availability meant that he was there to get to know the people of the block and neighborhood, and have the people get to know him. Some got to know their new neighbor very quickly. Fr. Bruce was robbed every day for a month until his economic situation was more in balance with theirs.

Covenant House, which today provides a full range of services to thousands of children and their families, began literally one night in the winter of 1968 at two o'clock in the morning. Six youths knocked on Fr. Bruce's door--four boys, two girls; their ages were fourteen to seventeen. Standing in the doorway, they asked, "Are you Father Bruce?" When he responded, "Yes," they said, "Can we come in and sleep on your floor, because we've got no place to stay." Again he answered, "Yes," and brought them in. They stood there in the living room, shivering and looking innocent and charming, and that's not hard to do if you're on the street and need a place to stay. The children promised to be good that night. They promised not to be a bother. Fr. Bruce then found some spare blankets and bedded them down on the floor

in his living room. The next day he figured they would return home. Instead, one of the kids snuck out and brought back four more of their friends. This was their family.

I am recounting this story to you now because what happened to Fr. Bruce in 1968 is exactly what happens to us today in New York and in most of our urban centers in both the north and the south. The children told Fr. Bruce that they were being harrassed by the pimps and street people in the area. Two of them had to star in a pornographic movie in order to earn their daily bread. Upon hearing their stories, Fr. Bruce figures he would obtain some care for these children. He assumed he could either get them home or have them enter one of the departments of social services. He approached over 23 agencies at the time, from all sectors of the private and public systems of care. What he was told then is what we're still told today. He was told that the children were "too old" for some places, "too young" for others; "too sick" for some agencies, or "not sick enough" for others. The bottom line was that the children were not reimbursable--that is to say, no one was willing to pay for their care, and secondly, an official in the child care system informed Fr. Bruce that since he was unlicensed and unchartered, he was violating various child care laws, i.e., he was contributing to the delinquency of minors. He was breaking one of the laws of interstate commerce, for those children that were from out of state; and he was "alienating the affections of youth." The third admonition he received from one of the directors of child care was: Have the children arrested. If Fr. Bruce did this, the children would then enter the family court system, obtain funding, and perhaps if they were lucky they

could get into a group home or foster home. However, the large bulk of our children then and now would end up in our large children's detention centers. Each city, each country, each state has one.

The response of Fr. Bruce at that time has had great personal and programmatic significance for all of us. He said, "It is not a crime to have left your home; it is not a crime to be kicked out of your home; it is most definitely not a crime if the home has deteriorated." He then said, "I will not have these children arrested." It was, of course, an excellent decision. However, every decision has a price. The price of this one was that he became the instant father of ten adolescents in one day, and the founder of an agency called Covenant House.

In the early years from 1968 to 1972 Covenant House consisted of groups of volunteers who both lived and worked with homeless, abandoned and neglected children and youth. I joined the staff as a counselor in 1971 after getting my masters degree in educational psychology, and during our history I have worked in various capacities as counselor, as project director of the Under 21 center in New York, and as advisor to our child care project in Guatemala.

In 1972 Covenant House received its license and charter--its legitimization as an agency. From 1972 to 1977 Covenant House operated group homes and residences throughout New York City. In 1977 we made a decision to open centers called Under 21, designed especially for both children and youth who are forced to live and survive on the street because of the breakdown in families and in some of our institutional structures. Let me describe in detail the situation of our children today.

In this section I will focus on the situation of homeless children and the services we provide for them in the Times Square area of Manhattan in New York City. Times Square, as you know, is the entertainment capital of the East Coast. Every year thousands of people come for the shows, the plays, and the restaurants. Times Square is also one of the unofficial "red light" districts in our country, along with the Combat Zone in Boston, 14th Street in Washington, the Montrose area in Houston, and the various "strips" in Los Angeles and San Francisco. In this unofficial red light district in New York near our crisis center, there are literally scores of pornographic bookstores, massage parlors, sleazy bars, hotels and live sex shows. You may not know though that Times Square is also the area where young children are bought and sold.

A while ago, when I was standing in front of the center with Fr. Bruce, a finely dressed gentleman came up to us and said, "If you will accompany me around the corner, I can get you any boy or girl you'd like. Now, they're black, white, or oriental. Come in, sit down, watch the show, buy a drink--it'll cost you \$25 for the first fifteen minutes. Well, fellows, what do you think?"

When we told him that we were not interested, he smiled and simply walked over to another group of men.

Let me give you some statistics to describe this situation further. In New York City at any one period of time there are approximately twenty thousand runaway and homeless children under sixteen years old, according to police estimates. This does not include youth who are sixteen, seventeen, eighteen or nineteen years old. The Department of Health and Human Services has estimated

that between one and two million children leave their homes each year. Most of these kids come to our large urban centers.

In response to the tremendous needs of these young people, and in response to the felt need of various community groups in the Times Square area, we opened our Under 21 center in April 1977. (At the center we provide a full round of services to the children on a 24-hour, seven-day-a-week basis.) I will describe the services of this center to you in the context of the five principles and practices of our child care called the Covenant Process as Environment.

The first principle that informs our care of children is immediacy--that is, the center is open 24 hours a day, seven days a week. The purpose of this policy is to respond to the children as immediately as possible through an open intake. We do not turn away any child or youth. Second, all staff (professional and volunteer) and all departments respond to the children's needs as immediately as we can. Therefore, we provide them with food, clothes, shelter, medical care, and other forms of counseling. In New York, we serve over 800 meals a day in the kitchen and are sheltering close to 200 young people night by night. These numbers and statistics may vary, depending on the city where we are located.

The second principle of our child care is called sanctuary. This means that we provide these children with safety and protection. We first protect them from themselves--i.e., from harsh, categorical judgments concerning their painful pasts. We also protect them from the "street," i.e., from their pimps and from the violence that is endemic to street life. We further implement

sanctuary by providing a very comfortable, beautiful and clean environment. Cleanliness and beauty are essential elements in lowering the potential of violence in a large group setting. They are also the necessary preconditions to re-establish in our youth their sense of dignity and self-worth. Both of these aspects must exist before any further counseling can be initiated.

The third principle of operation is value formation. As the children become safe and secure, we provide various forms of counseling: intensive individual, group, and family. On an average, about 12 percent of our young people return home. That may seem to be a very successful and ideal resolution. However, 75 percent of our kids cannot return home. For those who stay at Under 21 (on an average of two to three weeks), value formation consists of the principles and values that are important to us, as adults and as staff. Examples of these values are: care and respect for the dignity of each person; cleanliness and order; and a commitment in some way to education and work.

Our fourth principle is called structure. While at the center, the structure is as individualized as possible within a group setting. Each youth has his or her own plan of activity, e.g., attendance at school, looking for work, preparing for independent living. Structure is also the rules, roles and accountability systems that all the children and staff must abide by.

The fifth principle of operation is the principle of choice. A choice by definition means that behavior has consequences. With regard to our children, we, through our example, words and actions, ask them to continue to make choices that support their growth (e.g., a return home, or getting a job); and with our advocacy

and assistance, to discontinue the violent or self-destructive acts that so dominated their lives on the street.

Since my time here is short and there is much more to talk about than just a description of our children and the services provided, I will present a small summation as a context for a discussion of issues.

We see over 10,000 children a year 21 and under. There are about three times as many males on the street as females. All of the children come from fractured nuclear and extended families; the majority (80 percent) come from single parent families. Incidences of running away and being on the street cross all classes and cultures. However, the bulk of the children on the street are the children of the poor. All are victims of some form of child abuse, neglect, or deprivation at home. All are victims of continued abuse on the street and in our institutions. Indeed, they are the products of a lack of love. There are a number of issues that underlie the tremendous numbers of children on the streets of our urban centers.

We have unclear applications of the laws as they affect children. For example, in New York if a child reaches sixteen years of age (in various states, the age is seventeen or eighteen) and that person leaves home or is kicked out of his or her home, the youth is immediately self-emancipated. That is to say, they are too old for the family court system and are usually not acceptable to the accompanying child care system. By and large, they are also too young for most adult welfare services. For example, about 70 percent of the children and youth that come to our center are between seventeen and twenty years old. As too

old or too young for most social services, they fall into a "no-person's-land." These youth as a group also have the largest unemployment rate of any group in the country. (For example, white youth between the ages of sixteen and nineteen have about a 20 percent unemployment rate; black and minority youth unemployment rates are between 25 and 70 percent, depending on the area.)

Of the children who have lived on the street and have been through our centers, about 60 percent have been involved in some form of prostitution. Think about it. When one is poor, homeless, hungry, without marketable skills and cannot return home, prostitution is the almost inevitable step to take in order to survive.

There is the lack of enforcement with regard to issues of pornography, prostitution, and pimps. Prostitution is seen as a "victimless crime." No one is supposed to get hurt. It is not a priority, admittedly, by the police and the judicial system. In comparison to other crimes, many pimps, even if they are brought into court, are released with misdemeanor charges and/or minor fines. Moreover, even though statutory rape is a felony, many children and youth do not prosecute their pimps because of two factors. One is a very personal guilt at the forced non-choice that they have made. The second is even more serious. They do not prosecute their pimps because they are afraid of retaliation. At Covenant House we have had twelve children die who at one time were in our center. In New York City, prostitution and pornography is an industry. Unofficial estimates are that it nets over a billion dollars a year.

A third issue is the changing values in our society and the devaluation of youth. Our society sees that sex is good business.

Sex is entertainment, and sex sells. Most of the children on the streets who act as prostitutes do so right around the corner from the theater and business districts, and right around the corner from the tourist hotels. Sex also sells clothes and cosmetics. There are countless references to this in advertising and the media. One result of these increased profits, however, is the accompanying eroticization of our children. We see child and adolescent models in magazines and on 50-foot billboards used as sexual objects in order to sell designer jeans.

Another major concern is the lack of supports for the family, particularly in our urban centers. This is true both here in the United States and throughout the urban centers of Latin America. We can look at the cycle of industrialization--the migration of families to the cities with the hope of work; the accompanying poverty, unemployment and the environmental violence in our urban slums. We see the fracturing of extended family ties because of this distance, and then the breakup of the nuclear family with the father leaving either from the pressure, the attack on his pride, or looking for other work. The family then disintegrates, with the mother as the single parent and head of the household. Most of the children with whom I have worked have come from single parent families. Also the poorest group in the United States today is the single parent family. In addition to the cycle of industrialization, we can see the increase in the statistics on divorce. At this time, approximately one out of two marriages ends up in divorce or separation (cf. recent article in Newsweek, January 10, 1983).

There is an added statistical profile on working women.

Well over half of our women with children are working in the marketplace. This is indeed the first generation where both parents are working outside the home and where children are experiencing, at best, inconsistent child care practices even in the best homes. Moreover, there have been fiscal cuts across the board in all of the social services, especially to families. That is to say, there have been cuts in various forms of day care programs, child care programs, school programs, lunch and after-school programs. These issues need a response.

The first recommendation with regard to children and families is a very personal one that affects all of our attitudes and values. First, you must think well of the children and youths who live on the street. They are really good kids. And please remember that they do not like themselves; they do not like their lifestyles-- they do not want to be on the street. I was told by one of my kids, "Steve, I can't tell you the truth about the way I live, because if I did you would hate me." Please do not blame the victims of this so-called "victimless crime." Please think well, and do not blame the children of the poor or our minority kids. For underneath it all, these children are really the churned-out byproducts of unequal industrial development, unemployment, inflation, the breakdown in family structures, and changing societal values.

Second, no matter what community we are from, there could be stronger enforcement of the existing laws with regard to prostitution and pornography. Pimps should go to jail. And although there are difficult First Amendment questions to be struggled with, many pornographic establishments could be closed because there is

usually on the statutes a proviso that says a building can be closed if it is against "community standards." It seems much easier for a group to open a pornographic bookstore or a massage parlor than it is to establish a residential shelter for the homeless.

Third, we need to redefine sexuality as it affects children. Children should not be bought and sold for adult sexual use. I have never met a young adult prostitute who was not first a homeless, neglected or abandoned child. Also, we must really understand that making children erotic, sexual objects in order to sell blue jeans and cosmetics is wrong. We could protest the commercials and we don't have to buy the products. Ten-year-olds do not need to dress in designer jeans.

Fourth, we need to concentrate on the values of family. We need, both in private and public forums, to explore new models of family. We also need to provide more adequate supports for working mothers, e.g., day care and child care programs. As we have said earlier, this is one of the first generations where both parents are working outside the home.

I have discussed with you the situation of some of our children who are forced to live on the streets in some of our urban centers. I have also described one program which attempts to address some of their needs, analyzed some issues and given recommendations concerning homeless children and their families.

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THE ADOLESCENT'S RIGHT TO THE WHOLE TRUTH

Margaret White, M.D.

I was told that this conference was not to be yet another repetition of appalling statistics on the plight of the young and I don't intend to regale you with an array of horrifying facts. I intend to be as positive as possible but in order to proselytise our solution to teenage pregnancies and promiscuity it is necessary to be able to expose the quite appalling track record of the sex education that has the support of the government in both our countries. The results of the contraceptive lobby's lavishly expensive ill-named "sex education" program has been, in a word, disastrous. In 1960, in the United Kingdom, before our children were exposed to contraceptive education, we had a pregnancy rate in girls under 16 of .039 per thousand, and in girls aged 16-19, 7.67 per thousand. (Pregnancy rate is the rate of abortions plus live and stillbirths.) By 1970, these figures had risen to 1.89 and 24.98 per thousand and by 1980, after nearly twenty years of free availability of contraception and contraceptive education, 2.54 per thousand girls under 16 had become pregnant and 35.57 per thousand girls between 16 and 19. It is important that the government, who are the paymasters, should be shown the expensive failure of the prevailing orthodoxy. An interesting sideline to the statistics in the United Kingdom shows that in spite of sex never having been more easily available, rape has increased by 100%.

I have long suspected but only recently been sure that many of the false prophets whose work and writings were responsible for the degradation of the sexual mores in the western world were themselves sexually inadequate in one way or another. Havelock Ellis,

almost the grandfather of them all, in his old age wrote his own autobiography. In it, he said he was impotent until he was sixty and that his wife was a lesbian. He also admitted to getting pleasure from watching women urinate. (This strange perversion crops up regularly today in the obscene books and videotapes that I am forced to view as part of my judicial duties in order to make a suppression order in court.)

Dr. Kinsey, whose Rockefeller-funded work you all know, did not write his own autobiography but his co-worker Wardell Pomeroy wrote some interesting highlights about his excessive interest in homosexuals and their lifestyle. He seemed to become, in his old age, what some people would call a "voyeur." Tragically, Dr. Kinsey's statistically unsound work came to be regarded with more respect than Holy Writ! Margaret Sanger in the United States and Marie Stopes in Britain shared more than initials! Neither can be called shining examples of marriage fulfillment. Marie Stopes' first marriage was annulled for non-consummation. The head of our British "Institute of Sex Education and Research" has been married three times. His third wife wrote an article in a Sunday newspaper describing how she was a lesbian. She also acts as a "surrogate" sex partner to the sexually inadequate men who attend his center for treatment. Perhaps the main purveyors of sexual information and standards for the average young woman is the "Agony Aunty." Alas! They are not very well served even here. Press interviews with two Agony Aunts of mass circulation women's magazines produced the following information about the advice dispensers: One was divorced and had been having psychoanalysis twice weekly for five years and her teenage daughter had a child by a man already

married with three children. The second was separated from her husband and deeply involved with another man. She said, "I'm 33, I very much want to have a child but before that I've got to find a lasting relationship." To coin a phrase, "Agony Aunty, heal thyself."

Long before I knew the strange sex lives lived by many so-called "sex experts" when I was getting together a team of speakers to talk in the schools, I laid down two necessities for them.

1) Above all else, they had to be happily married people; 2) We would accept no volunteers. Far too many people who volunteer for this sort of counseling are trying to work out their own problems.

In 1961, the Croydon Newspaper ran headlines (almost as big as those used to announce a declaration of war) to report that out of our population of around half a million we had 20 school-girl mothers. It was a dreadful figure then. The contraceptive lobby immediately came up with a scheme to teach contraception to all school-children. The Mothers' Union (The Anglican Wives Association) and the Rural Dean countered this by asking me to help organize a team of speakers to teach "personal relationships" to school children from the Christian point of view (though at no time did we mention religion). We collected 9 speakers--5 women doctors, 3 qualified and state-registered nurses, and 1 ex-teacher of biology. We arranged a training course for them by various experts: 1) How to put the message across; 2) V.D.--by a venereologist; 3) Personal relations by a psychologist; 4) Marriage problems by a marriage guidance counsellor; 5) Marriage and property law by a lawyer; 6) Theology of marriage by a theologian.

The team together drew up a syllabus and submitted it to the local education authority schools committee. We had already "primed" the two or three good Christians on this committee and a special sub-committee was set up of the head teachers of all the senior schools (in our case these are schools for children aged 11-18). The head teachers put forward suggestions for additions and deletions, all of which we were able to agree to. I made a tape of a specimen talk which was heard by all the committee and accepted. Within a few weeks we were in business. The usual plan was to go and speak to groups of not more than 35 at a time and then go back about a week later and answer their questions which they wrote out and put in a box on the desk before the speaker arrived. (That way the shy and the worried weren't afraid to ask anything because no one knew who had asked the question.) At first we went to girls of 15 years old, but we soon discovered by a questionnaire to the girls themselves that this is too late; we now like to talk to girls of 13½-14 years old. I have no doubt that it is best that there should be no sex education in schools and that all such knowledge should come in the home.

If there were no constant media propaganda from moral anarchists we could rely on parents, but there is such constant proselytizing from press and planned parenthood propaganda that we must try to reduce the damage done to our children and neutralize the poison they are fed by large doses of truth. Sexual permissiveness is the opium of the atheist intellectual.

There were 24 senior schools in Croydon and we were invited into 21 of them. We were not asked into the convents neither Roman Catholic nor Anglican. In the second year, the Mother

Superior at the Anglican Convent discovered that she had been at the same college at Oxford at the same time as my sister, and on such inadequate and fortuitous grounds asked me to come and talk to her girls. Her invitation was tentative and hedged around with many warnings that her young girls were as pure as the driven snow. When I showed her the scrawled questions they had asked on my second visit her features were a mask of horror and she said sadly, "You haven't come a moment too soon."

We tried hard to recruit men to go and talk to the boys. (We do not go to boys until a year later than the girls because they are not emotionally mature enough as early as girls.) When we could find no suitable men who had free time to give during school hours, we went ourselves in fear and trepidation. To our surprise we found that we were able to reach a real rapport with the boys and on several occasions considered whether we should not search harder for men to talk to the girls! I ran this team for over ten years; I still go into three schools each year; I handed the organization over to a Health education officer I could trust; to my knowledge contraception agencies have so far not succeeded in getting into the schools.

It is very important what we say to these children, because children they are. We must tell them the total truth. It must not be religious. (Most of these schools are secular state schools; only a few are private.) But at the same time we must be able to convey some of the spiritual and mystical aspects of sexual relationships. Plain sex instruction scares away the poetry and leaves the functions of the sex parts high and dry and banal. The 40-minute talk would be a general discussion of

sexuality; we would leave details of special subjects such as V.D., homosexuality, contraception, and abortion to the question period. They always asked but if perchance, it was forgotten, I would bring up the subject myself (Incidentally, the commonest question from girls was, and still is, "Will my husband know if I'm not a virgin?" and from boys, "Do girls realize what they are doing to us with that sexy gear and behavior?") We did not announce ever that we were going to give "sex education" talks; we always claimed we were there to help with "personal relationships."

I would always begin by telling them we were not there to spoil their fun but to help them to enjoy themselves painlessly and emerge into adult life without too many deep scars. I would then go on to define a person. A person consists of a body, a mind and a spirit. There's not a lot we can do about our body; some of us are lucky and we have lovely, slim, tall bodies and blond hair and others of us are not lucky and we have dumpy, squat bodies and mousie hair, so there's a lot of luck about that. The mind is much the same but in this case we can take a pretty ordinary mind and by using it a lot make it much better than it was but the third bit of a person, the "spirit," is what really counts. Your spirit is your personality; it's what makes you into you! and the nice thing about it is that you can do something about your personality; you can make yourself into a friendly, helpful, cheerful sort of person, and then people will like you even if you are not either bright or beautiful, or you can make yourself into a miserable, moaning, and mean sort of person and then no one will like you even if you are both clever and pretty. Personality is what counts and so there is a sort of rough justice

in the fact that personality is what you can do something about.

There are three stages of sexual development, the first one we call "auto-erotic" and that starts at birth; it means that a child is interested in his own body. All babies have to develop a "body image" and to do this they have to discover about their own body. Babies will play with all different parts of their anatomy from their ears to their belly button to their genitals. This is just a normal part of discovering their own shape and size. At about 6 or 7 years old a child becomes homo-social. That means that in general at this stage boys play boys games with boys and girls play girls games with girls. Sometimes at puberty a boy or a girl may get a "crush" on a teacher or a prefect of the same sex. This does not mean that they are going to become a homosexual; it is just part of growing through adolescence that happens to lots of people. It was very common at my school. (It varies from area to area and school to school rather like being keen on hula hoops or ecology!) I adored my music mistress for several years and wept for weeks when she left the school to go elsewhere. At some time after puberty, and it can be almost any age between 12 and 20, we reach the heterosexual stage and that is when we suddenly realize that there is something exciting about the opposite sex. Any mother of an adolescent boy can tell you that she knows when he reached the heterosexual stage because she found he went to the bathroom and really washed his face and hands without being bullied by her to do so. Sex is the strongest instinct of all bar one. (The strongest of all is hunger.) Because it is such a strong instinct it has to be surrounded with taboos. All races and all religions (and all atheists) have

had some rules about procreation. After the Russian revolution, marriage was abandoned as a "bourgeois habit" and free love became the order of the day. By 1927 there were so many abandoned children and disturbed women that production was being interfered with. The Soviet government back-tracked and re-instated controls. It is in fact easier today to get a divorce in America than in the U.S.S.R. What should today's adolescent do? Most important is to know lots of people of both sexes. To girls I say, "go out with all sorts of boys, boys who like rock music and boys who like Bach, boys who like messing about with motor bikes and boys who love back-packing. You'll learn something from all of them and you'll find out the type of person that fits in with you." Here I am being less than totally frank. I am very anxious to stop youngsters "going steady" too young. The reason is the simple and well known fact that the longer you go together the further you go together. I do my best to encourage adolescents to go out in groups and to take their boy or girl friends home. (For some reason schoolchildren always find it comical that I want their parents to know what sort of a person they are going around with.) I reinforce the suggestion by telling them that they will have less trouble being allowed out on dates especially late at night if their parents are happy about their partner. I assure them that if their mother does not know their partner for the evening she will be sure to suspect the worst, because that is a dominant trait of all mothers.

Having got my couple on a date, I then go onto the subject of petting. Every child knows at least fifty different types of erogenous stimulation because the sort of magazines that adolescents certainly read even if they don't buy them, will describe them in

detail. I give a brief description of light petting and heavy petting and tell them that because they are all under 16 they must stick to "necking." The next bit is very important. Girls do not realize that boys have a much more rapid rate of sexual arousal than girls. Girls can keep a fairly steady respiratory rate of 20 per minute quite a long way into a petting session; a boy can sound like an asthmatic fairly quickly. I therefore point out that because it is tougher on the boys (they have a built-in "tiger in their tank") the responsibility for controlling the petting lies fairly and squarely on the girl because they can keep cool longer than boys can, and therefore must not lead on boys. I demonstrate polite ways of dealing with roving hands.

There are a few practical tips which are useful to both boys and girls. One caveat I insist on is "Never take your boy (or girl) friend with you when you go baby-sitting." I have found that this is one of the common causes of school-girl pregnancy. The adolescent is being paid to be alone in the house with the baby; they know they will not be interrupted. To be alone and together for several hours is asking a lot of a pair of randy adolescents. "Nothing propinks like propinquity!" The other practical tip is mainly for girls and is a warning about alcohol. I explain that it is much easier to say "yes" and much harder to say "no" to sex if you are euphoric on alcohol. It is a fact well known to most young men and expressed succinctly in the immortal phrase "Candy is dandy but liquor is quicker."

To both boys and girls, I point out that what they all want is a happy life-long marriage. (Despite all the media propaganda against fidelity in marriage, I have yet to find a boy or girl who

doesn't admit that they hope for a life-long happy marriage.) They must be impressed with the fact that this means loving somebody with a boil on the back of their neck and a cold in their head making their nose glow like Rudolph the Red-nosed Reindeer. Boys should be warned it is fatal to many a girl because she has a gorgeous figure because after ten years her shape may bear but the slightest relationship to that which was enclosed in the bridal gown. Girls should be told how useless it is to fall for a gorgeous head of hair because some men are bald by thirty. Kindness and generosity do not fade with the years.

I usually finish my general talk by giving them reasons for chastity before marriage. It is important that positive reasons are given for chastity. It is quite simple to produce a well documented list of the ill effects that can follow sexual permissiveness. To merely put forward negative reasons for chastity is the equivalent of teaching children not to steal because they might get caught and punished. Therefore children must be made to realize the positive value of premarital chastity. It is helpful to explain that there are two sorts of sexual relationship available to the young. The first type that is peddled on the television screen is sex for kicks, i.e., a purely genital and physical experience, sex that goes with commitment is both a physical and metaphysical experience and is vastly superior to its second class sister "sex-for-kicks." It is useless to know 57 different positions to have coitus hanging from a chandelier if you wouldn't even recognize true caring life-long love if you sat beside it at the dinner table. People who peddle sensual secular sex are sad, unhappy people who have missed the gold and settled for the dross. (Examples known to the young

abound; I usually talk of the tragedy of Marilyn Monroe.) It is important also to debunk the prevailing mythology that a trial marriage is helpful to choose a life-long partner. The simplest way is to explain that sexual compatability may arrive instantaneously and disappear after the first pregnancy or may take months even years to reach its acme; therefore, for how long does a trial last and by what criteria is it judged a success or failure? There are certain men who can only perform sexually to their satisfaction in an illicit relationship; the literature is littered with cases of men who became impotent on marrying their mistress. There are many women who can only "perform" well sexually when they are in a totally secure relationship, i.e., marriage. Each couple develops their own sexual pattern and experience with one partner does not help with a different one, and may hinder. The other negative reasons for premarital chastity are known well enough to the young but only in part, and the whole truth of the harm they can do to their health both physical and mental seems to be deliberately concealed from those who need to know most. They must be told that no contraceptive is 100% efficient; they should be told the total truth about the serious medical side effects of the oral contraceptive and the intra-uterine device. The evils and dangers of abortion (always played down in girls' magazines) and the frightening increase in venereal disease and its increasing resistance to anti-biotics. At no stage do we talk from the point of view of any religion, the line we take is what is the most natural and healthy behavior for the young.

What we say to boys varies slightly. We try to talk from their point of view. We tried talking to mixed sex groups but it

didn't work, partly because girls need to be counseled at a younger age than boys but mainly because we all found that the boys tended to show off in front of the girls, asking sophisticated questions and pretending to knowledge and experience they did not have.

St. Anthony is the patron saint of lost things. Our adolescents have lost their innocence. I would like to see a tertiary Order of St. Anthony of people who will give some time to be trained and to go into schools and youth clubs to tell children the total truth and help them to find what is lost. It's a tough job, but it is possible and it can be done. No one was ever more wrong than he who did nothing because he could only do a little. If you have no friends on your education committees or P.T.A.s, do what we do in some areas--get a pupil to ask for someone to speak "from the other side." If that fails, get a pupil to ask for a debate--it's hard for a head teacher to refuse a debate. Finally if you can't get into the schools anyhow (and in some towns we couldn't) we would book a hall and arrange a conference and invite all the local schools to send their 14 year olds. We would have a 10:30 to 3:30 day and have three short talks by different people--"Boy Meets Girl"--"Going Steady" and "Getting Married," followed by at least an hour's question time. We always got a full house.

If this task seems too much, I would point out that if we succeed in showing up sexual permissiveness for the deceivers the problems of contraception and abortion will diminish, and our adolescents will regain once more their youthful innocence.

COMMUNICATIONS SKILLS: PARENT TO PARENT, PARENT TO ADOLESCENT

Dr. Donald Conroy and Mary Thormann, Ph.D.

The program indicates that the next hour would be shared equally by Dr. Mary Thormann and myself. When Dr. Thormann called me to say she could not come, we talked about various ways to adjust to her absence. We decided she would outline her presentation for me over the phone (she has a Watts line) and I would then talk for the whole hour. I want you to know that the material I present on adolescent development is from Dr. Thormann's outline. However, it should be noted that she is in no way responsible for the way I present it.

I am going to proceed from the assumption that the ultimate goal of this conference and the ultimate goal we all want to achieve is the creation of the whole person. I want to express another assumption; viz, that the theme of this conference, Adolescent Sexuality, focuses on the developmental process of all human beings; that when we speak of adolescence we are referring to a process; that when we speak of adolescence we are referring to a process, and not primarily to a class of people or a specific group.

I want to ask your indulgence from the very beginning--we are limited by language. I want to say something in particular to all those present between the ages of 13 and 19: be as tolerant as you can be with my efforts to develop a very complicated topic. When I say adolescent, don't take the word personally. Try to hear it as a theory that applies to us all.

Again, our ultimate goal is the creation of whole persons,

and when we speak of sexuality we are speaking of both the male and female aspects of our personality. Adults are those who have an awareness and an acceptance and not a denial of their maleness and femaleness. Adolescents are not expected to have such awareness, but through contact with adults they can grow to wholeness by way of modeling and sharing with other human beings, hopefully their parents and extended family, as well as others.

Adults, in their relationship with adolescents, need to know where the adolescent is in terms of psycho-social development. An understanding of the psychosocial development can be arrived at by looking at three characteristics:

1. Age. Young adolescent (13-15)

- Middle adolescent (15-17)

- Older adolescent (17-19) That's the easy part.

2. Cognitive. Thinking stage.

3. Identity. Achieving identity stages.

Let's look at the latter two briefly:

Cognitive/thinking stages: When we raise this topic we refer to the work of Jean Piaget, who gave us the definitive work and who gave us words for the goal of our thinking process, formal operational, which we can achieve sometime around 17 years, but there is much variability in the time frame.

David Elkind writes about the processes we go through to get to formal operational thinking:

- a) We go through a time when we have difficulty distinguishing ourselves and others, i.e., distinguishing what we think from what others think, especially what they think about us. We perceive others as locked into

what we think about ourselves. Elkind calls this ego-centrism. We can't decentralize. We have difficulty or even find it impossible to allow for an opinion different from our own. Another characteristic of this kind of thinking (ego centrism) is called "personal fable." This is the idea of my uniqueness, in the sense that nothing bad can happen to me because I am in some way protected from harm, injury, and negative consequences. We go through a time, many of us, when death does not really apply to us; we are simply alive. Elkind says that this kind of thinking can be related to teen pregnancy; such a consequence cannot happen.

When we approach formal operational thinking we are able to think abstractly and say, "No, that's not true. That person is not thinking of me all the time." We can also listen to and absorb other opinions than our own. We can be tolerant (as I asked the young people here this morning to be tolerant of my language, my limitations, even my theories).

So, those are cognitive characteristics of adolescent development, some of it.

Identity - Achieving identity is a process. Another author, James Marcia, discusses this identity process as a continuum.

Identity diffused

Identity achieved

1. Diffused identity, no identity at all. I don't know who I am. The two stages in this identity process we want to focus on what Marcia calls Foreclosure and Moratorium.

2. Foreclosure, follow in another's footsteps. What does that other person expect of me? I'll do that; I'll do that thing for myself in the long run. Marcia says not necessarily; maybe for a while, but not long-term.

The point here is facing crises and decisions and commitments. The growth process includes facing up to and passing through crises and making decisions, if a person is to achieve his or her own identity.

3. Moratorium: proper stage for adolescents. Still no commitment by the individual but a necessary period of trying things out, experimenting, all sorts of experiments, clothes, hair style (appearance), friends, sexual activity, trying things based on the individual's decision to experiment and not just being swept along with the stream. But still no commitment.

4. Identity achieved; who one is in society, what kind of contribution is to be made, choices are marriage, children, etc. I have attempted to point out two very important characteristics of the development stage of adolescent, cognitive/thinking stage with its ego-centrism and personal fable and the second stage regarding identity with special emphasis on foreclosure and moratorium.

I hope you have found yourselves in some of these descriptions of adolescent development because to some extent, these characteristics continue with us as we achieve adulthood. Some of us never achieve adulthood, as it is defined by Piaget, Elkind, and Marcia, and those who have been stuck in one of these stages will confront that stage with conflict when their child shows the signs of that stage. What we have repressed in our own growth

will surface as we experience the growth of our children. We never stop growing. There is no settling in. As the Buddha states it simply: Life is a struggle. Adulthood has its stages also and it is proper to say as well that families have stages.

- There is marriage and the joining of personalities.
- Then the birth of the first child, a crisis stage in family relations. The introduction of the third party and a new kind of intimacy and love. The boundaries of the married couple are challenges. The third party introduces the concept of triangle in family life, and since the 50's family therapists have identified the triangle as the basic building block of any emotional/interpersonal system. (More can be said about this later.)

Some other stages in family-adult life are:

- Child starts school. Social institutions now play an intimate part in family life.
- Child moves into puberty and adolescence. The family style and values are challenged.
- The child leaves home.

All families experience crises and some families are deeply wounded and crippled by these crises. When a family encounters a stage in its development and is not equipped to deal with that stage, conflict and serious problems develop. We call them symptoms: I'm referring to running away, attempted suicide, truancy, promiscuity, or anorexia and bulimia. (We can discuss these later as well.) They view such symptoms as misguided

attempts at changing an existing difficulty.

The well functioning family has problems and these problems persist but they do not paralyze. A comparison can be made here to arguments in a family: a good argument is one which gets the issue settled and leaves the participants feeling closer together afterwards rather than further apart. Dysfunctional families develop problems because they are not able to adjust to transitions which occur within the family life-cycle.

Illustrations might help; the father, let's say, has been running the family business for years; it was passed onto him by his father. His son comes along and shows no interest in the business. Let's say the father, as he grew through adolescence, never questioned the issue of his career; he knew and his whole family knew he was going to go into the family business (foreclosure--it is possible he foreclosed very early in life). Now his son is 16 or 17 and he does not want to foreclose, decide for sure his future--conflict.

Another illustration; our society is facing a new phenomenon: women at age 40 or so are emerging into the business world with what Levinson of Chicago calls an "executive ego." They have been confined to the home and its many responsibilities and to their motherhood and parenthood. They have accomplished that task and with full confidence and a sense of purpose present themselves to the larger world of business, finance, and profession. In the meantime, their husbands are beginning to confront the end of their dream of "rising to the top;" these men are realizing just now that they indeed are limited in their talents and skills and will not be made president of the company.

Needless to say, if these two grownups are not well developed adults, they will experience tumultuous conflicts and just at that time when their children are achieving adolescence--15 to 20 years into the marriage.

Symptoms develop in families and are viewed by family therapists as communicative acts. Children have an enormous investment in their parents' relationship and if they have no vehicle to express their concern verbally, they will express their concern non-consciously and symptomatically. Such problems then are not the young person (though the symptom must be treated), the problem for the therapist is the way the family reacts and interacts and attempts to adapt to the crisis stage it has entered.

You might ask, what would hinder the child from expressing his/her concern in a healthier way? One answer to the question lies in the family rules.

Virginia Satir writes very clearly about family rules in her book, People Making. Rules have to do with the concept of should. Rules are very important in any social group, when one lives with others. All families have rules, some are open, some hidden; some conscious, some not conscious. Parents have their rules, children have theirs. Parents are continually trying to clarify their rules with their children. For example, for more than two years I have been trying to establish a simple rule that the kitchen is clean and dishes done by 4:30 on school days. Recently, I learned that the children have been operating under a rule of their own; when one of the two older kids is not home, the other two do not have to clean the kitchen. Obviously, their

rule and mine have collided frequently. But I have only recently deduced their rule. I assumed we were operating only under one rule, mine.

How are rules made in the family? Especially the unspoken rules? One way to examine this question is to ask: what am I free to say to individual members of my family? Am I free to say what I think? How I feel? What I see? Must I comment only on what should be rather than what is?

Our freedom to comment within the family is very important. And we can check ourselves on this issue with four questions:

1. What can you say about what you are seeing and hearing and feeling? Or what can you say about what you experience? E.g., you are 14 and you just heard dad swear and there is a rule against it. What can you do?

2. To whom can you say it?

In regard to the swearing dad. Say something to mother, to dad, sibling, canary.

3. How do you go about it if you disagree or disapprove of something?

Again, in regard to the swearing. I was working with a family and the youngest was 16, the oldest, 23, all boys. There was a lot of earthy language and their mother asked them not to use that language, not for my sake, but hers. Nothing changed, so she gave up.

4. How do you question when you don't understand? E.g., if you ask a family member to repeat, is that the same as picking a fight, does clarifying put others on the defensive?

Let's think about this for a minute. Are there some subjects that must never be raised in your family? For example, I know of a family that sets the table every night for father, mother, and five kids, and father never came home. He was down the street at the saloon drinking his supper, and no one said anything, and more, no one in the family ever talked about the fact that no one said anything.

When the rule is that the family talks about only what is good, what is right, appropriate, relevant, then a lot of reality which is present, cannot be commented on.

Such families have expressions such as "You shouldn't feel that way!" as a way to keep out the negative, the hurtful. These expressions keep us apart, disconnected, distrustful. They affect our self-worth adversely.

How many of us parents have experienced our young children staring at a handicapped person in public? No legs or arms. What did we do? We have all witnessed parents admonishing their child in public: "Sammy, don't stare at people! It isn't polite," when Sammy was curiously examining a new experience, an amputee. We know the parent was embarrassed; we can assume the child was confused and bewildered.

What are the rules in your family about affection? Do spouses kiss or hold each other spontaneously or at set times? Does father kiss his daughter after the age of 5, 10, 15? Does father kiss his son? As one therapist-author, Satir, puts it, "I wonder how much the truly satisfying, nurturing potential of affection among family members is not enjoyed because family rules about affection get mixed up with taboos about sex."

So many of our families struggle over accepting, enjoying and appreciating the spirituality of sex. So many of us have been taught and continue to teach the rule: Don't enjoy sex--yours or anyone else's in any form. Psychotherapists are keenly aware of the relationship between this rule on sex and emotional illness. The fostering of ignorance or head-in-sand, promotes an attitude of shame, imposes the burden of unnecessary limitations, and encourages the attitude of low self-worth.

We have been discussing family rules as a systematic, though often unconscious, way families have of keeping the members from expressing outwardly their legitimate concerns. Let's summarize with a few questions for ourselves.

1. Was I raised in a family that kept secrets? E.g., mother was pregnant when she married father . . . Uncle Bill spent a couple of years in the slammer for armed robbery . . . and, have I kept secrets from my children? Such secrets are shrouded in shame. They are not protective of the children so much as protective of our shame. They restrict communication.
2. Do we operate in our family with a rule like this?
"No matter what happens, look happy," which is nearly humanly impossible to keep.
3. Or this rule: "Don't talk about it. Treat it as though it didn't exist." An open rule designed to hide our experience.
4. Or, "Never say what you think or feel." I believe the greatest gift I can conceive of having from anyone is to be seen by them, heard by them, to be understood and

touched by them. The greatest gift I can give is to see, hear, understand, and to touch another person. When this is done, I feel contact has been made.

Virginia Satir
(People Making)

As we uncover the rules of our families, we begin to expose some of the fundamental patterns of our communications. Our family rules are the basis of our family interactions. These rules provide us with the underlying meaning of our family communications.

The final point I want to discuss with you is this over-used word, communication. I want to present a couple of very important axioms of communication and then briefly discuss a program which has been developed to teach couples and families communication skills. First, two axioms about communications:

1. We cannot not communicate. All of our interactions are communicative. So much has been said about this axiom that we need say no more.
2. All communications have two aspects, content, and relationship; there is the message and there is the commentary or statement regarding the communicators included in the interaction. This needs some developing.

We cannot not communicate means we cannot ask whether we communicate in a marriage or family but rather we can only ask what we communicate.

And secondly, focusing on our marital interactions, we not only send messages (content) but we also reveal to the world the kind of relationship we have. Again, it isn't a question of whether we reveal our relationship, but what we reveal about our relationship.

I am not going to develop this any further except to say that our communications do reveal a great deal about our families and our relationships, the kind and degree of intimacy, whether we are enmeshed and fused or separated and disengaged, who has the power, the energy, and much more.

In recent years, a number of programs have been developed to help couples and families attain skills which can help them through troubled times or prevent problems from paralyzing them and even help them in increasing their self-esteem. For families there is a program called Understanding Us which deals directly with family life cycles as well as family rules. And for couples, married or not, there is Couples Communication. I would like to conclude with a few comments on Couple Communication because this program offers a lot of hope to us all.

Couples Communication is a program, a workshop, which is part of an overall model called "effectiveness training." It imparts skills, how to do something.

First: How to tune in to oneself, become more self-aware, so that one can:

Second: Tune into our partner, and become aware of that special person outside ourselves. These skills can be applied to any person outside ourselves who is important to us and willing to cooperate with us so that we can become more aware of him/her; e.g., our adolescent child, even our colleague at work.

3. We learn about ways of talking which lead to achieving our goal of self-disclosure.

4. And, finally, we develop skill in understanding how the attitudes we hold about ourselves and our partners influence our

communication and conversely how our communication (the style of our interaction) affects our attitudes. Another way of putting this is, we learn skills which are directly related to building the esteem of both ourselves and our partner.

We are humbled by the observation that all communication is learned behavior; we are also given hope that we can truly learn to communicate well in our marriages and our families.

THE SCIENTIFIC BASIS OF THE OVULATION METHOD

John J. Billings, M.D.

Natural Family Planning first became established on a scientific basis some 50 years ago when Ogino and Knaus demonstrated that when ovulation occurs in the human female, a menstrual period follows about 12 to 16 days later, in the absence of pregnancy. These observations gave rise to the Rhythm Method, a predictive method of determining the fertile phase of the menstrual cycle; the calculations were based on the assumption that the cycles would continue to vary only within the range previously observed. The Rhythm Method depends therefore upon the persistence of regularity of the menstrual cycles, at least within a particular range. The method is inapplicable at times when ovulation is suspended; e.g., during lactation, and an additional problem arises when ovulatory bleeding is incorrectly interpreted as menstruation. Where the woman is habitually susceptible to marked irregularity of the menstrual cycle the calculations allow little time for coitus.

In the application of the Rhythm Method the calculations take into account the generally held opinion that following ejaculation the sperm cells may survive for up to 3 days and rarely longer within the female genital tract. Charts provide for a 3-day, 4-day, 5-day sperm survival; the "early safe days", i.e., days on which infertility is predicted are then determined from the shortest cycle in the woman's record. The formula $S-21$ (length of the shortest recorded minus 21 days) allows for a 5-day sperm survival, $S-20$ for a 4-day sperm survival etc.

The Rhythm Method came to be regarded as very unreliable, partly because of its genuine weaknesses but also because it was often poorly taught and sometimes not understood even by the teacher. Thus, for example, the woman might be told that she could presume the presence of infertility for "7 days after the period and 10 days beforehand". The teacher would mean "7 days from the commencement of the

menstrual period". Unless the "failures of the method" were carefully investigated the teacher might never learn to correct the teaching error - the teaching error quoted is an actual experience in the case of one senior Australian gynaecologist, and it remained uncorrected for years. Occasionally pregnancies would occur from an isolated act of coitus in the cycle, e.g., day 8 and on another occasion much later in the cycle, e.g., day 24. The mistake might then be made of interpreting the events as though they had both occurred in the same cycle, that is, that two separate ovulations occurring after the appropriate interval on each occasion; it is now established that there is only one day of ovulation in any cycle, even if multiple ovulations occur.

Because menstruation can determine the time of ovulation only retrospectively, attention was transferred from the Rhythm Method to the detection of ovulation, particularly by reference to the biphasic pattern of the Basal Body Temperature which commonly, though not always and sometimes without precision, reflects the occurrence of ovulation. Cervical palpation, chemical analysis of the cervical mucus for glucose and saline content, the measurement of ovarian electrical potentials etc., have also been employed. There have also been attempts to impose regularity of ovulation upon the woman, efforts which have generally been unsuccessful and produce a variety of ill-effects to be expected of continuing medication. The detection of ovulation can provide only for the definition of days of probable infertility between ovulation and the next menstrual period, and cannot therefore provide for the pre-ovulatory phase of the cycle nor for those circumstances when ovulation may be delayed for weeks, months, even a year or more during lactation, the pre-menopausal years etc.

There are therefore three important problems to be solved if natural family planning is to be able to provide a dependable technique for the regulation of fertility in different physiological circumstances, without protracted abstinence:

- (i) We need to know the limits of sperm survival time

and the determinants of such survival.

(ii) A specific marker for the occurrence of ovulation is required to replace the non-specific temperature record which may be disturbed by influences unrelated to ovulation.

(iii) We need to correct previous assessments of the reliability of natural family planning methods by means of this new information, e.g., by using the biological knowledge to evaluate the statements of the husband and wife in regard to the absence of intimate sexual contact during the presumed fertile phase of the cycle.

There is now a substantial volume of scientific evidence to show that the sperm cells survive for a very limited time, a few hours or even only a few minutes, following ejaculation into the vagina, unless the environment of the vagina is altered by the presence of cervical mucus. The cervical mucus protects the sperm cells from phagocytosis, supplements their energy requirements and facilitates their transport through the cavity of the uterus to the Fallopian tube where fertilization ordinarily takes place. Although the subject requires further study, it can now be said that there is no hard evidence to substantiate the survival time of sperm cells (with the ability to fertilize the ovum) beyond 3 days, even in the presence of satisfactory amount of the most favourable mucus (which ferns, forms channels etc., and which is found in fertile women close to the time of ovulation).

The presence of the cervical mucus is responsible for observations during the menstrual cycle which are familiar to fertile women. The Ovulation Method has sought solutions to the problems enumerated above by teaching women to understand the changes in sensations and in the visual observations which depend upon the presence or absence of cervical mucus at the vulva, and upon the characteristics of the mucus at a particular time. These observations have been correlated with measurements of ovarian hormones and pituitary gonadotrophins, and with microscopic

examination of the mucus aspirated from the cervix from day to day throughout the cycles of different women. The hormonal correlations were first published in Lancet in 1972 and these laboratory studies by Brown and Burger in Melbourne have been independently confirmed by Casey (Sydney), Flynn (Birmingham, England) and Hilgers (Omaha, U.S.A.). Hilgers has also demonstrated by mucus aspiration that women consistently make observations which accurately reflect what is occurring at the cervix, without the need for any internal examination.

The Ovulation Method attempts to provide the solutions for all physiological circumstances, many of which are beyond the scope of other natural methods of family planning. It is essentially simple to understand and has the potential of universal applicability, because it not only teaches the woman to identify the occurrence of a fertile ovulation but also to recognize the existence of infertility even in the absence of ovulation. Its practical rules are based on the biological facts and clinical observations mentioned above. That ovulation needs to be accompanied by the secretion of a particular kind of cervical mucus for the woman to be fecund is a primary thesis, as is the need of the spermatazoa to find a favourable environment in order to retain their virility within the female genital tract.

THE VALUE OF FERTILITY

Kevin Hume, M.D.

Whenever a medical practitioner who has a special interest in fertility awareness is called upon to speak to adolescents in high school on Christian sexuality he must keep several things in mind. The first and most important of these is that he is speaking in loco parentis and he may not speak to anyone's adolescent children without at least the implied consent of their parents.

Next is that he must keep within proper guidelines. Catholics are fortunate because these have been laid down clearly and explicitly by the Magisterium and the Sacred Congregation for the Doctrine of the Faith; in the encyclical *Humanae Vitae* of Pope Paul VI and those of his immediate predecessors; in the Declaration on Certain Questions Concerning Sexual Ethics and in the Apostolic Exhortation *Familiaris Consortio* of Pope John Paul II.

Paul VI appeals to medical scientists, especially Catholic ones, to establish by research the truth of the Church's claim that "there can be no contradiction between two divine laws--that which governs the transmitting of life and that which governs the fostering of married love" (Quotation from Vatican Council II Pastoral Constitution of the Church in the World of today. *Gaudium et Spes* N.51, AAS 58 (1966), p. 172). Later in *Humanae Vitae* he appeals specifically to doctors and nurses to make themselves fully proficient in this difficult field of medical knowledge, so as to be able to give proper advice to married couples. In speaking to adolescents on this matter, then, the doctor's role is to properly prepare them for marriage, in the area of fertility control.

The statement in *Familiaris Consortio* on sex education which

I think sums up the Magisterial view most succinctly has tremendous implications for those who undertake the onerous responsibility of teaching these things to children, and it deserves to be quoted here:

"Sex education, which is a basic right and duty of parents, must always be carried out under their attentive guidance, whether at home or in educational centers chosen and controlled by them. In this regard, the Church reaffirms the law of subsidiarity, which the school is bound to observe when it cooperates in sex education, by entering into the same spirit that animates the parents.

In this context education for chastity is absolutely essential, for it is a virtue that develops a person's authentic maturity and makes him or her capable of respecting and fostering the "nuptial meaning" of the body. Indeed Christian parents, discerning the signs of God's call will devote special attention and care to education in virginity or celibacy as the supreme form of that self-giving that constitutes the very meaning of human sexuality . . .

. . . the Church is firmly opposed to an often widespread form of imparting sex information dissociated from moral principles. That would merely be an introduction to the experience of pleasure and a stimulus leading to the loss of serenity - while still in the years of innocence - by opening the way to vice."

So the doctor must enter into the same spirit that animates parents and he must play his part in education for chastity, presenting his information as a specialist contribution, always in a context of clearly defined and positively promoted moral

principles. He must of course be well informed and up to date in his knowledge of his subject as well as being personally convinced of the inherent truth of those moral principles.

He must not only research medical journals but should also try to keep up with what is being presented in the various branches of the media--magazines, newspapers, radio and TV. A passing knowledge of adolescent jargon and colloquialisms is no handicap if he is to hold his audience long enough to get his message across. It is safe to assume that his subject has been covered in a wide ranging manner at superficial level in adolescent rap sessions--if that is the correct expression. Children are exposed to the media--and their peers--from a very early age and often have quite firmly held erroneous ideas which can be dislodged by accurate information presented in language they can understand.

In front of a class of teenagers he stands as an authority figure in an age which holds little respect for authority. However if he has done his homework he will know at least as much as the best informed member of his captive audience and is certainly well ahead on experience. He needs to be articulate and able to make his subject come alive. Being a practicing clinician is a distinct advantage. Everyone loves a human interest story and adolescents are no exception. The doctor who can illustrate his points by examples of brief case histories from his own practice--while ensuring anonymity and the preservation of confidentiality--will have an interested audience. The occasional humorous throwaway line or a brief, well told and appropriate joke serve to warm an otherwise unresponsive group.

The subject of the physiology of reproduction is probably

old hat to a high school class. The sexually experienced will be set to treat the doctor's contribution as one big yawn. As an opener he needs to present some arresting information as a signal to the interested and uninterested alike that this session is going to be something different.

It can be safely assumed that the audience is familiar, at least by name, with different contraceptives, sterilization and abortion. Many of them will have come from a family where the parents have constantly practiced contraception. In these a strong contraceptive mentality may already be well entrenched. The sexually active among them, often children of broken families who have formed sexually-orientated relationships in an effort to capture the love and security which their estranged parents have denied them, will be giving witness to a distorted view of sexuality. Older brothers or sisters may already be involved in pre-marital sexual relationships of varying degrees.

The philosophic vein running through all this is that sex is primarily for fun, a healthy and readily available recreational activity which can be enjoyed alone by means of masturbation or shared with another of either sex. Masturbation and homosexual activity carry no risk of the inconvenience of a pregnancy while "protected" heterosexual intercourse using modern "reliable" contraceptives is held to be equally effective in avoiding the procreative potential of heterosexual intercourse. Abortion is now easily obtainable for the indiscreet, the irresponsible who have failed to avail themselves of suitable protection or for the unlucky few whose contraceptives have let them down.

However, youth is a time of idealism when chivalrous ideas

are fostered. It is a good time to appeal to the better side of human nature. Many young people are now sympathetic to a natural life style and opposed to any disturbance of the internal environment of the body.

The role of the doctor is to present human fertility positively, emphasizing that it is a precious gift of the creator, not a curse as taught by the promoters of the contraceptive culture. All, almost without exception, have a desire to reproduce themselves. Young people need to be properly informed as to the threats that modern ideas of sexual permissiveness pose to that fertility and, indeed to their general health. Before deciding to embark on pre-marital sexual activity, or even opting for contraception in marriage, they need education in certain facts that underpin the case for chastity. Among these, and indeed pre-eminent among them, is information about the existence of modern natural methods of birth control that are reliable, harmless, and providing serenity of conscience, as well as being a positive help to the infertile.

Adolescents, both boys and girls, need to be informed of the results of their indulgence in sexual activity. The first of these is that for those who become sexually active, the name of the game is pregnancy. This is in spite of modern contraceptives.

The ineffective adult user of contraception who is likely to experience an unplanned pregnancy exhibits well-defined characteristics:

- * A lack of sexual partner mutuality in contraceptive use.
- * A lack of involvement in a committed, long-term relationship, especially a marital relationship.
- * A lack of maturity.

These are the characteristics which, of course, define the typical adolescent. While there are no hard data available in Australia on adolescent pregnancies, a lot can be learned from a study of the statistics of live and still births. The percentage of live born ex-nuptial babies in teenagers in my home state of New South Wales has risen from 20.1% in 1945 to 37.0% in 1973 and 53.5% in 1980. The overall percentage of live births for women of all ages born ex-nuptially has risen steadily over the years and is now 12.68%. (In New Zealand, it is now 22%.)

Ex-nuptial births have a stillbirth rate far higher than that for babies born in wedlock. Furthermore, this rate shows a dramatic and continuous increase. In 1975 in N.S.W. it was 56% higher. By 1979 it was 197% higher. It is probable that neonatal mortality is similarly increased.

Pregnancy in an adolescent of less than 18 years is universally recognized as being at risk. Teenagers are notorious in their failure to attend ante-natal care regularly. A shop front-type clinic in a near downtown suburb of Sydney established to provide adolescent ante-natal care at no cost is being closed because of lack of demand.

While there has been a decline in the overall number of births to Australia among teenagers since 1971, the decline is less marked than in other age groups. This decline coincides with widespread availability of abortion on demand. It is estimated that about 1 in 3 of all abortions are performed on teenagers. So we can see here not only the disruptive effects of pregnancy on the education of adolescent mothers and their later difficulties with employment but also a poor record with regard

to live births in teenagers.

In the U.S., according to Michael Schwartz and James H. Ford (Family Planning Clinics: Cure or Cause of Pregnancy? Linacre Quarterly. May 1982) the figures for teenage out of wedlock births have increased from about 190,000 in 1970 to about 240,000 in 1978. The birth rate among unmarried teenagers rose from 22 to 27 per 1,000. At the same time abortions among teenagers increased fivefold from perhaps 90,000 in 1970 to almost half a million by 1978. The lead editorial of the September/October 1980 issue of Family Planning Perspectives admitted that "more teenagers are using contraceptives and using them more consistently than ever before. Yet the number and rate of premarital adolescent pregnancies continue to rise." In fact the percentage of teenagers experiencing a pregnancy almost doubled. The obvious cause for this increase has been the continuing rise in the percentage who engage in premarital sexual intercourse coupled with the notoriously high rate of contraceptive failure among teenage users. Another contributing factor is the fact that the availability of contraceptives leads to an increased exposure to the risk of pregnancy by stimulating an increase in the percentage of teenagers who are sexually active and an increase in the frequency of intercourse among those already sexually active.

The effect of induced abortion is seen in the now well recognized sequelae or after-effects resulting from the procedure. "Reported complications in pregnancies subsequent to first trimester induced abortions include increased rate of premature delivery, cervical incompetence, pregnancy loss in first and second trimesters, bleeding in each trimester and retained

placenta after delivery," according to a review of the literature by Barrett, Boehm and Killam (Induced abortion: A risk factor for placenta previa Am. J. Obstet. Gynec. Vol. 141 No. 7 Dec. 1, 1981, p. 769-772). These authors themselves noted a threefold increase in the incidence of placenta previa in women at Vanderbilt University Hospital who had had induced first trimester abortions, probably the result of scarring of the endometrium, particularly after suction curettage.

Teenagers seeking abortions notoriously present late, which means that a higher proportion undergo second trimester terminations with greater risk not only to their fertility but even to their lives.

Adolescents are noted for the transient nature of their relationships with members of the opposite sex. For those for whom intercourse forms part of that relationship a new risk to fertility appears. Once there is a departure for a one to one sexual relationship then sexually transmitted disease becomes the name of the game. Gonorrhea has until recently been the most common of these diseases with an ever downward trend in the age group showing the peak incidence. It has been stated that this peak incidence occurs in 18 year old girls in the U.S. The male/female ratio which in 1960 was 4:1 has now reached unity. One of the difficulties in arriving at a diagnosis in an adolescent is what is known as the nice-girl syndrome. It is very hard to consider gonorrhoea as a diagnosis if a doctor has known a patient for many years, or even watched her grow up in a good family. Uncomplicated gonorrhoea is symptom-free in approximately 70% of women. However it is very frequently associated with other sexually

transmitted diseases, notably trichomaniasis, chlamydial infection, and candidiasis or thrush.

The greatest risk to fertility comes from gonorrhoeal salpingitis or, more accurately, pelvic inflammatory disease, which occurs in about 10% of patients with untreated gonorrhoea. There is a higher incidence of this in adolescent girls infected under the age of 16. Where the disease is suspected but unconfirmed by smears for the gonococcus, laparoscopy may be necessary.

Gonococcal septicemia is most frequently seen in young women with otherwise symptomless infection, occurring in about 1% of cases in developed countries. But the loss of fertility in gonorrhoea comes from loss of tubal potency as a result of pelvic inflammation and subsequent adhesions.

Genital herpes virus infection of types both 1 and 2 occurring as a result of multiple sexual partners is increasing very rapidly in the last 5 or 6 years. While less infectious than gonorrhoea, more cases are being seen due to increased exposure. As a result of the increased adoption of homosexual practices by heterosexuals, herpes pharyngitis may be seen concurrently with genital herpes--the double infection occurring in up to 10% of patients in one clinic (The Diagnosis and Treatment of Genital Herpes: Corey L. JAMA Sept 3 1982 Vol 248 No 9 1041 8). The primary infection may be complicated by problems such as numbness of the sacral region, urinary retention and even impotence in men due to damage to the sacral autonomic plexus. Recurrences occur at the rate of 5 to 8 times a year, producing a considerable psychological burden to the sufferer. There is an epidemiologic association between genital herpes infections

and subsequent abnormalities of the cervix which may be pre-cancerous. A report from Houston suggests a similar association with cancer of the vulva. All women who have had an STD and those with genital herpes in particular are at increased risk of abnormal cell changes of the cervix and should have Pap smears at least yearly.

There has been an increase in cancer of the cervix in women in younger age groups in recent years. In one hospital in Sydney there has been a doubling of the rate in women under 35. The predisposing factors have become more clearly defined. There is an increased incidence in women who have commenced intercourse in their early teens before the genitalia are fully mature and especially those having multiple sexual partners. The herpes virus and possibly the one responsible for genital warts are also incriminated and there is increasing evidence that spermatozoa play a part.

Another problem of recurrent genital herpes involves recurrence during pregnancy. The obstetrician needs to know if there is a history of herpes so that he can manage the pregnancy to minimize the risk of transmitting the infection to the newborn. The major risk to the infant is through transmission of the infection during vaginal delivery while shedding of viruses is occurring. During pregnancy itself there is a risk of chorioamnionitis if severe HSV cervicitis is present, which may lead in a few women to an increased risk of abortion or premature delivery. If lesions are present, then caesarian section is the safest form of delivery. However, even abdominal delivery is not foolproof as neonatal herpes infections have been known to

occur even when this has been done. The risk to the child is much greater if the mother is suffering from a primary herpes infection at term with an infant infection rate of up to 50%. Although treatment is now available in the form of vidarabine which leads to decreases in the mortality from neonatal HSV infection, it is still a serious disease with a very high morbidity and every effort should be made to prevent it.

The use of condoms appear to be ineffective in the prevention of spread of HSV. Once the infection is acquired, transmission can occur even during asymptomatic periods. The implication of all this for adolescents is that once sexual activity commences, pregnancy, with all its ominous problems, can be expected. Once the one to one association is departed from, the door is open to STD and a veritable Pandora's box of problems. In short, adolescent sexual activity is irresponsible activity threatening the precious gift of fertility and even life itself.

What can be said about the Pill when used by adolescents? Does its use carry any threat to fertility in this age group? The answer, of course, is yes. The bio-rhythmic centre in the hypothalamus controlling the menstrual cycle is the main target of the Pill. This centre may begin to function quite early, but the first appearance of menstruation up to the age of 16 is considered to be within the range of normal. Regularity of cycling may not become established until a year or two later, suggesting some immaturity of function. A small percentage of women, though they may be fertile, never achieve this regularity, especially those having a late menarche. Even among mature regularly

cycling women, it is common to see considerable delay in re-establishing cycling once the combined Pill is abandoned. Some never regain it and are eventually classified as post-Pill amenorrhoeas. They can achieve pregnancy only after considerable help in stimulating ovulation with fertility drugs.

The adolescent hypothalamic-pituitary axis, because of its immaturity, is even more vulnerable. Even strong advocates of the Pill recommend that its use be delayed until 12 months after the establishment of regular cycling. The direct effect of the Pill on fertility is therefore an unknown quantity. Allowing for the fact that at least 10% of married couples will turn out to be infertile even when the Pill has never been used, its use before fertility has been proved serves to delay recognition of infertility, sometimes even until it is too late for couples to qualify for adoption, allowing for the now long years of waiting.

Planned Parenthood type family planning clinics recommend the higher dose Pill for adolescents because of their unreliability as Pill takers. The newer low dose Pills require very regular dosage and missing a single dose may permit an escape ovulation. While it can be argued that adolescents are a low-risk group, many are quite heavy cigarette smokers and in addition some are given to quite heavy alcohol consumption and the combination of the Pill, cigarette smoking and binge drinking in teenage girls has been known to produce a severe stroke.

The real risk of the Pill in teenagers, however, is the false sense of security it produces, as though protection against pregnancy was the only thing that mattered. This means that it is easier to swap partners as one "meaningful relationship" follows another,

with the threat to fertility that this implies.

It is important to disabuse adolescents of the idea that the the Pill regulates the cycle as this is still a widely held idea and one fostered, tongue in cheek, by many doctors, who look on this as a back door means of introducing them to so-called "responsible" sexuality. Similarly the Pill is still widely prescribed for painful periods--dysmenorrhoea. This problem can be adequately handled by a short course of one of several anti-inflammatory agents taken just before and during the first couple of days of menstruation. They have the added advantage of reducing menstrual flow and are recommended by contraceptionists to reduce the extra bleeding and pain produced by the IUD.

One of the advantages of a sound instruction in the facts of female fertility, particularly in recognizing the cervical mucus symptom and the significance of the Peak Symptom of the Ovulation Method, is that the mystery of the menstrual cycle and its sometimes quirky behavior is solved. Adolescents can and should be taught that during the teen years every bleed is not necessarily menstruation, as ovulation can be accompanied by quite heavy bleeding in the teen years giving the impression of a period almost every two weeks. The discharge between the periods is in fact an indication of fertility and not of infection as many adolescents--and even their mothers--sometimes believe. Learning to recognize the time of ovulation by identifying the Peak Symptom can be handled quite well by adolescents and is a much more practical proposition than identifying it by means of daily basal body temperature readings. Having learned to recognize ovulation accurately carries the bonus of being able

to predict the onset of menstruation about 14 days later, which has many advantages not related to family planning.

In teaching adolescents about their fertility, it is not necessary to dwell on the side effects of the Pill. In my experience, question time will provide that opportunity. However, it is important that they understand how it and the IUD act to prevent pregnancy. It is important too, to distinguish between the combined Pill and the progestagen only or mini-Pill. Because this involves some knowledge of female pelvic anatomy and the control over the ovulatory and menstrual cycles by the hypothalamic and pituitary hormones and the subsequent secretion of estrogen and progesterone, this must be explained in some detail, with particular emphasis on the importance of the cervical mucus symptom in fertility. This can be vividly portrayed by appropriate slides, diagrams and even just with the help of a blackboard and chalk.

Even more important is to emphasize that one is pro- not anti-life. The positive side of fertility and the wonder of its product--the baby--should be promoted at every opportunity. The various stages of development of the embryo and the fetus should form part of the presentation with the emphasis on the recognition of both its humanity and personhood from the moment of conception. With the advance in knowledge of fetal physiology and behavior, we can now talk at length on the fetus as a personality, a subject which never fails to fascinate a young audience.

The combined Pill has three main actions:

1. The estrogen-progestogen combination has an inhibiting

effect on the hypothalamic-pituitary axis. This is a sterilizing effect.

2. The progestagen inhibits the production of estrogenic cervical mucus resulting in the production of sperm-blocking G-type mucus. This is a contraceptive effect.
3. The estrogen-progestagen combination produces an out-of-phase endometrium which is hostile to the embryo. This effect is, of course, abortifacient.

The mini-Pill, which contains only progestagen, relies mainly on the 2nd and 3rd of these effects. Its effect on the hypothalamic-pituitary unit is less certain. While both types have an abortifacient action, this is much more likely to be brought into effect by the mini-Pill. In fact this is featured by the drug companies which market this type of Pill.

The mini-Pill has been slyly renamed the milk Pill, to persuade women that it has some beneficial effects in breast-feeding and to take their minds off the fact that their infant will inevitably receive some of it in the feeds, with as yet unknown long-term effects.

It is now generally accepted that the combined Pill has an effect on vitamin metabolism, and vitamin supplements are recommended, especially for women coming off the Pill in order to achieve pregnancy. A good working knowledge of what constitutes an adequate diet should be acquired by every high school student. The work of Smithells has demonstrated that a whole range of congenital abnormalities, collectively known as neural tube defects (NTD), of which spina bifida is the best known example, can be prevented if deficiencies in the diet of women who have already

given birth to such abnormal children are corrected by the addition of a multi-vitamin preparation. Alternatively Lawrence and his co-workers have prevented NTD by re-educating such women in regard to faults in their diets. These discoveries have led to the establishment of pre-conception clinics in England in order to set mothers to be on the right path for pregnancy.

Adolescent girls have a penchant for inappropriate dieting. In those who have a distorted body image leading to the self-conviction that they are overweight, excessive weight loss will lead either to oligomenorrhoea (cycles of 35 to 90 days) or even amenorrhoea (intervals between cycles greater than 90 days). Dietary counselling in personal development courses should draw attention to the potential threat to fertility by ill-advised attempts to reduce weight. Fortunately the condition is reversible except in the more intractable condition of anorexia nervosa, which requires expert psychiatric and endocrinological handling. In a recently published survey of the prevalence of oligo- and amenorrhoea in a college population (Bachman, G. A., and Kemmann, E.: Prevalence of oligomenorrhoea and amenorrhoea in a college population. *Am. J. Obstet. Gynec.* (1982) Vol 144 No 1 Sept 1, p. 98-102) when the amenorrheic group were asked if they thought they ovulated, 48% said they always did or occasionally did! 71% of this group, who were sexually active, expressed confusion about the best contraception method because of their irregular menses. This speaks volumes about the ignorance of their fertility of a well-educated group and how much stock is placed on rhythm thinking.

The investigators noted that 2.6% of the 991 college girls

studied had amenorrhoea, while infrequent periods occurred in 11.3%. Most of these girls had menstrual irregularity prior to college entry, regular cycles never having been established after menarche, which had occurred later as compared to women with regular cycles. The significant factors associated with these abnormalities were weight loss in excess of 21 lbs. and jogging. These menstrual abnormalities did not appear to be related to stress, either of college life or family upsets or to the occurrence of polycystic ovary syndrome.

In another study published in the same journal (Sanborn, C. F., Martin, B. J., and Wiltz, W. W. Is athletic amenorrhoea specific to runners? *Am. J. Obstet. Gynec.* (1982) Vol. 143, No 1 Aug. 15, p. 859-61) it was found that amenorrhoea was present in 12.3% of swimmers, 12.1% of cyclists and 25.7% of runners. While the figures remained constant for cyclists and swimmers, the incidence increased in runners according to the number of training miles run per week, and with loss of body weight. The lightest group of women had a higher level of amenorrhoea. It is already well recognized that a certain amount of body fat is critical for maintenance of normal menses, as indeed achieving a critical weight level is necessary to initiate the menarche.

After oral contraceptives, the IUD is recommended by contraceptionists as an up-to-date, alternative form of reliable contraception. It is important that the mode of operation of the IUD be clearly understood by high school students who may entertain ideas about its adoption for control of their own fertility. I find it impossible to find any characteristics of the IUD that call for anything but condemnation.

It is a foreign body deliberately introduced into the uterus to disrupt the normal physiology of reproduction and so is ill-conceived and ill gotten. Its action is predominantly, if not exclusively, abortifacient. To me it represents medical science reduced to its ultimate in depravity.

It is estimated that a woman with an IUD who is consistently having intercourse will experience three to four early abortions annually. In addition, it produces dysmenorrhoea and menorrhagia. Pelvic inflammatory disease (PID), often of insidious onset, is a frequent occurrence, frequently causing complete loss of fertility. The presence of an IUD enhances the likelihood of acquiring STD. The incidence of tubal and ovarian pregnancy is dramatically increased, bearing a relationship to the total number of conceptions. This incidence increases in long term users of the IUD, even though the incidence of uterine pregnancies may fall almost to zero. If accidental pregnancy occurs in a woman who has worn an IUD for more than 3 years, the chance of it being ectopic is about 1 in 10. Such long term insertions have been shown to be associated with colonization by the rare but dangerous organism actinomycosis.

The device may perforate the uterus and require operative removal from the abdomen while the scar it leaves in the uterine wall is a threat to its integrity in a subsequent pregnancy. After some years the device may become embedded in the uterine wall, or may disintegrate in situ. All forms of IUD have been associated with septic abortions, in some cases resulting in maternal death. When the IUD is removed during the first trimester, the risk of abortion is near 30% while the rate for those in whom the strings are no longer visible is near 48%.

All this in return for a uterine pregnancy rate of up to 7 per 100 women years, with a lowering of the rate to 0.5 if the device can be tolerated for more than 2 years. The device is not recommended for nulliparous women, but is inserted in such cases nevertheless.

Sterilization of either sex is no longer a remote procedure of little interest to the adolescent. It has become so common in the community that one or other parent of the teenager may well have undergone the operation.

It is of equal interest to both sexes because the incidence of sterilization, which in 1971 had a female/male ratio of 18 to 1 is now 3 to 2. While it is claimed that the overwhelming majority of sterilized subjects are very satisfied with the results, it is now agreed that the incidence of men regretting vasectomy in the U.S. is almost 7% and increasing rapidly. It is claimed that 25% of sterilized women in California are now seeking reversal of the operation.

Male candidates for reversal give several reasons for their request (see Howard G., Who asks for a vasectomy reversal and why? BMJ Vol 285 1982 14 Aug., p. 490-2). Some want to be "put back to normal" saying that they thought they had been unduly pushed into vasectomy by doctors, while all emphasized the same point--that it seemed unreasonable to sterilize a healthy partner because of the health problems of a wife. The husbands thought that doctors had oversupported the wives and had not considered the man's feelings.

Almost all the men requesting reversal emphasized that the vasectomy had been carried out at a time of crisis when they were

convinced that sterilization was the only way out of their difficulties. Many thought it had been carried out too quickly, some within seven days of their first inquiry, one within 24 hours of a telephone call.

In vasectomy decisions, the man may be particularly vulnerable, the ill wife having the sympathy of the doctor and relations. In some cases wives may have an unconscious wish to castrate or punish their husbands. There is a high divorce rate in those having the vasectomy while still young, especially where the husband has fathered a child while still in his teens, suggesting immaturity in managing personal relationships.

While vasectomy may be a simple operation, reversal is not. It is a major operation requiring a stay in hospital and the services of a skilled micro-surgeon, and even then it is not always possible or successful. Pregnancy after reversal occurs in only 25-50% of cases, so for most men, vasectomy is likely to mean permanent infertility. It is simply unrealistic to view sterilization as anything other than permanent.

Probably only about one-fifth of all women sterilized by current techniques could have their sterilizations reversed in a long, difficult, and costly procedure. Even after reversal, they can expect tubal ectopic pregnancy rates 10 times higher than normal. Furthermore doctors are now reporting symptoms suggestive of significant physiological and psychological complications following what was previously regarded as a minor and relatively harmless operation.

So much attention being given to the Fallopian tube has brought an awareness and fascination for the complexity and beauty

of form and function of the tube, whose unique and varied structure and physiology has been the subject of enormous study. As much of this information as possible, as evidence of the priceless heritage of female fertility and how it has so often been callously and wantonly destroyed by mindless men, should be conveyed to adolescents.

The reversal operation is a major procedure performed under general anesthesia and lasting from 2 to 5 hours, the patient being kept completely immobile throughout. In the U.S. the operation costs between \$4,000. and \$5,000. Much has been learned recently about the ravages caused to the contents of the female pelvis from almost routine abdominal and pelvic surgery by adhesions with resulting infertility. The uterus, tubes, and ovary demand the respect that is their due if they are to successfully fulfill their august destiny as the site of the miracle of human reproduction.

The aggressive promotion of the cult of homosexuality among the young as not only a valid expression of genital activity but also as an acceptable alternative lifestyle should be exposed for the utter sham that it is. This promotion should be confronted and resisted, as it represents a concerted attack on the family. Adolescents are confused about many things and often have an ambivalence about their sexual orientation. The period of adolescence is one of sexual experimentation which might well mean becoming involved in homosexual activities, which, in the absence of clear guidance and under pressure from older, committed homosexuals, can result in mistaken ideas about sexual preference. The position is further clouded by the current cult of unisex.

The medical profession, although in possession of very

important information about the medical and psychological aspects of both homosexuality per se and of homosexual practices, has remained singularly silent. No attempt has been made, to my knowledge, to challenge the assertion that homosexuals are born, not made. The laws of inheritance of disability are better understood than ever, yet no one has tied the gene of inherited homosexuality to being either autosomal or sex linked. In spite of the proud boast by the profession of its ability to diagnose rare and exotic diseases prenatally with their subsequent elimination by mid-trimester abortion, no one has suggested that amniocentesis might be utilized to announce the presence of a budding homosexual.

The secular humanists and social engineers are swiftly foisting their atheistic philosophy upon us through the media and by the replacement of laws rooted in the Judaeo-Christian tradition with those more suited to their own beliefs. In my own state, anti-discrimination legislation has been introduced to prevent discrimination against homosexuals in employment, especially for teachers in government schools. Private and religious schools have been exempted for the time being, displaying a curious anomaly--that the parents of children in government schools will be discriminated against by not being permitted to shield them from the depredations of homosexual teachers alienating their children by their Gay propaganda.

An adolescent lad lost to the Gay cause is a threat to fertility because homosexuality produces no progeny. The more Gay "families" the less true families. Promotion of homosexuality is a form of discrimination against the family.

The unique value of the traditional family as the basic

unity of society, with a claim prior to that of the individual, needs to be presented positively to adolescents. Not the mandatory and token family of western society of one or two children elevated to luxurious living by two incomes. Not the family built and dependent on a deeply entrenched contraceptive mentality but one where the loving act of unity of the parents is performed fully and naturally and always open at least to the possibility of procreation.

The grand finale of the presentation to adolescents on the value of fertility should be an outline of the Ovulation Method. Having been brought to the realization of the blessing of fertility and the threat posed to it by the modern cult of sex for recreation, they should then be shown what is meant by true sexual responsibility. The emphasis should not be placed on its use to avoid pregnancy, but rather first how to achieve it, pointing out that, like it or not, between 10 and 15% of the audience will, without help, prove to be infertile in marriage, while another 10% will be denied the number of children they desire. Then they can be told of the degree of reliability of the method when properly learned and practiced to avoid pregnancy, free from harm to body or soul and the positive value of mutually imposed abstinence.

The details of rules can be left till the appropriate time and place, preferably as part of a proper preparation for marriage in a course for engaged couples.

KNOWLEDGE IS POWER

John J. Brennan, M.D.

The greatest gift that our Creator has bestowed upon us is life itself. The next greatest gift is the ability to transmit human life to the next generation. Young people today have more freedom than their parents had. Automobiles make them very mobile. Parents used to enforce a chaperone system far more than they do now. Teenagers were never alone. Their parents were always nearby protecting their reproductive organs. Now teenagers have had the big responsibility of protecting their own reproductive organs thrust upon them. Teenagers often misuse or abuse this gift. Once it is gone it cannot be regained. Intellectual maturity may not come as early as sexual maturity.

In fact, a boy may be able to produce a child even before he develops pubic hair. A girl always gets breast development first, and then pubic hair before she has her first menstrual period.

I am convinced that every talk on this subject should be a PRO-LIFE talk. If ever a person is totally PRO-LIFE it is while he or she is in grade school. Certainly then he would want mother and father to give him a little brother or sister, not destroy an unborn baby.

How does human life begin? Through sexual intercourse. The husband deposits about a spoonful of spermatic fluid into his wife's vagina. In that fluid are up to half a billion sperm. Most of the time sperm will die in her vagina, but for a few days before his wife releases her egg she puts out a secretion which keeps sperm alive. It envelops sperm, nourishes sperm, and gives the sperm a

liquid pathway to her inner body. The rest of the cycle, her inner body is closed to her husband. Now the sperm enter her uterus which is a pear-shaped organ. They enter through the cervix, an opening where the stem of the pear would be. The sperm pass through her uterus out into her tubes. About ten thousand sperm enter each tube and a thousand sperm bombard her egg. The egg has been released from her ovary. The ovaries are two walnut sized organs which lie adjacent to her uterus. The egg is no larger than the head of a pin. Under the microscope we can see the thousand sperm striking the shell of her egg. One sperm enters and the shell seals over keeping other sperm from entering. The genetic material in the head of the sperm then unite with the genetic material in her egg. That is the magic moment. That is the time new life begins. Half of the chromosomes the new baby has, comes from the father and half from the mother. At that moment it becomes either a little boy or a little girl because while all eggs are the same, sperm are of two types. Fast-moving but short-living sperm which produce boys and slower moving but longer-living sperm which produce girls. Whether the hair is curly or straight, brunette or blond, whether the eyes are blue or brown, what the height will be is all determined at that magic moment. Then if ever, each of us was perfect. Genetically we have all that we ever will have, and still we have to make a weeklong journey down our mother's fallopian tube before we settle in the wall of her uterus. If there has been previous infection in the wall of the tube which causes the tube to be narrowed or kinked the fertilized egg can attach itself at that point, become a tubal pregnancy and grow in that abnormal place until the tube distends

and ruptures. Otherwise the fertilized egg settles in the wall of the uterus and continues to grow.

Obviously teenagers shouldn't put their reproductive organs to use until they have the proper environment to raise a baby. A young man needs to have a trade or skill or profession before he can ask a young lady to become his wife. He has to be ready to provide for her and for their children. Most teenagers are provided for by their parents. They are in no position to provide for anyone else. You have to become a totally mature person and have taken a responsible place in society before you are ready to start a new generation.

It is best that each of you set up a defense of your own reproductive organs from this day forward. See to it that your parents have always been introduced to your companions. Party in groups, not as a couple. Always let your parents know where you are. Be home at a predetermined time. Don't linger saying good-night.

Look to your future. What would happen if you, as a boy or a girl, started a pregnancy in the next year. What would you choose?

A recent study of teenagers showed that 55% of unmarried girls who reach the age of nineteen have had intercourse. That is a fifty percent increase in ten years time. One out of every ten adolescents become pregnant. Of teenagers who are having intercourse one out of four becomes pregnant each year.

A girl has four alternatives. Like opening the doors in the hall of a school building, she can open the doors to her future. One door leads to abortion which totally destroys her son or daughter and may partially destroy her. The long-term effects of abortion

both psychical and emotional, may be far greater than the physical effects. Though the baby may not live and grow in her uterus the baby will live and may grow in her heart. Guilt and regret may come months or years later.

She may open the second door - to adoption. She realizes that she shouldn't destroy her baby and that others may have a far better environment to raise her baby. On the other hand, it is difficult to give up your own baby especially after being so close for nine months. You know that you would always love your child. You can only hope someone else would love and care as much. Again guilt and regret may occur years later. There are few adoptions at the present time.

You can open the third door to keeping the baby and raising the baby. That's attractive but it's an imposition on the baby's grandmother. Generally it is the grandmother who raises the child while daughter continues to work or continues her education. Teenagers may want a baby like they want a doll, someone to dress and feed and play with. By the time the girl is twenty, like her dolls, the baby may be discarded.

The fourth door leads to marrying the boy. However, if the boy is a playmate or a classmate chances are that he has no trade, skill, or profession. The chances are that he is in no position to provide for himself much less provide for a wife and child.

There are sexually transmitted diseases which can be terribly destructive to teenagers.

Cancer of the cervix is the first of these sexually transmitted diseases. Somehow the cells in the transformation zone between

adolescent girl's endocervical and ectocervical cells allow sperm head to penetrate. Something in sperm or seminal fluid causes dysplasia of the cervix. Dr. Gagnon did autopses on thousands of nuns without finding one who died of cancer of the cervix. Women in India who married about three years earlier than women in the United States developed cancer of the cervix an average of three years earlier. It all seems to depend upon how early first intercourse takes place and upon how many sexual partners a teenager has. There is an interval phase usually lasting several years. Then there is as yet an unknown stimulant, perhaps a herpes virus or something like it which causes dysplasia to become malignant and spread throughout the body. The most certain way to avoid the disease is to delay first intercourse until after the T-zone has developed enough maturity to resist the factor that enters with seminal fluid.

Syphilis is a second sexually transmitted disease. It starts as a genital sore that isn't sore. It has a second stage that causes a skin rash and a third stage which enters the blood, the brain, and many other organs of the body.

Gonorrhea may start with a discharge but it may have no symptom at all. It enters the Fallopian tubes of a teenager and may cause them to become red, swollen and tender. The tubes may fill with pus. Tubal infection in a teenager may take away her gift of transmitting life to the next generation.

Herpes II is due to a virus which starts as a painful blister. There is no treatment for it. It may recur over and over again in life. If it is present at the time of delivery, Cesarean Section is the only safe method of delivery. If the baby is delivered normally and naturally the baby may get the disease and die from it.

There are several other sexually transmitted diseases most of which are not so lethal.

The moral of the story is this: the main value to teach is that the teaching of values is most important to teenagers. If so-called sex educators are brought into a school they teach sex without a value system. That lowers teenagers to less than an animal level. That is one of the biggest problems in our educational system today.

Boys should be told that some girls are just looking for a ticket to get out of the trap they call home. Other girls never had a doll and want a baby just because they never had anything which was totally theirs. Babies like dolls may soon be discarded.

Girls who become pregnant as teenagers are those with a confused or missing value system; they may come from disruptive families; they may have little or no self-esteem.

Some boys are totally selfish. They exploit girls for their own pleasure.

A total PRO-LIFE program must be taught. Mature-thinking boys do not want to produce a baby they cannot raise, a baby that may be destroyed by abortion or given to someone else in adoption. Nor do they want to cause a girl to lose her opportunity to produce and raise a baby sometime.

As virtue is the basis of all goodness, chastity is the basis of all sexual goodness. Teenagers learn that with maturity they learn to control their temper, their jealousy, as too they also must control their sexuality.

Whenever a teenage does what is right and good, he or she becomes a better person. With maturity a teenager becomes less and less selfish. The main value to teach teenagers is the value of teaching values.

CHRISTIAN SEXUALITY PROGRAM

Mercedes Wilson

The Christian Sexuality Program was prepared out of a response to the growing awareness of a tremendous need in our society for family involvement in sex education. Because of this need, Family of the Americas Foundation organized a Parent and Adolescent Program whose goal is to develop and disseminate an educational program based upon the teachings of the Catholic Church for which there is such a need today. The two-fold purpose of this program is to:

1. Assist parents to become more effective in providing sex education to their children, and;
2. Teach adolescents about their fertility, the importance of protecting their capability for procreation and encouraging them to accept responsibility for their sexual behavior.

The belief underlying the Parent and Adolescent Program is that sexuality should be dealt with in the wider context of love and marriage and should emphasize the teachings of the Church concerning the virtue of chastity. Children need to be taught how to grow into responsible and caring husbands and wives, mothers and fathers, and not just how to be satisfactory sex partners.

I was recently visiting a very dedicated priest in New York City, Fr. Morton Hill, who had taken it upon himself to enforce "Morality in Media". In other words, he is fighting the very powerful multi-million dollar industry of pornography. They profit from the most common of human weakness - the exploitation of the sexual drive by changing it to all kinds of imaginative perversions, publishing them in magazines, books, movies and now, the most threatening of all, directly into the homes through cable television. The laws are there to stop this invasion into the homes, but the powerful mafia that controls the industry of pornography makes sure that such laws are not enforced. This very courageous and holy priest had read

about our organization, and he wanted to know more about our work, particularly about our teenage programs. We informed him that our main service was to teach women around the world about natural family planning, to make them aware of their wonderful gift of their fertility, a power to be treasured and protected.

However, as the demand for our work increased, we found ourselves, not only teaching married couples about the damaging physical and moral consequences of artificial methods of birth control, but we realized the need to bring this information earlier to the young generation that are being exploited on the basis of their ignorance regarding the harm to their bodies and soul.

So, we have undertaken the task of challenging the pharmaceutical industry, governments and institutions who finance programs of birth control, sterilization, and abortion throughout the world. Worst of all, there are entities such as Planned Parenthood in this country and abroad who have invaded the minds of the young with a false idea of independence from traditional family values that have been protecting the young for generations in the past. They are telling our young people that they should feel free to fulfill their sexual desires, but to be protected and if this should fail, abortion can resolve their temporary indiscretion. They are teaching our children not to be free, but to become prostitutes and slaves of their sexual drives, because self-control and responsibility in sexual matters are 'unnatural'. They assume that young people are no better than animals, so they turn them into junkies for pills and devices to satisfy a few moments of sexual satisfaction. They then become unfeeling robots hurting the physical and emotional well-being of the young man or woman they use to satisfy their immediate desires.

How often in the past have we presented natural family planning to married college students and the question often arose: What do you do when you have an anniversary and you can't have sex? Our reply is: "What did you do when you were engaged?" There is laughter and they reply: "But that is different." People have

been conditioned to believe love can only be expressed through the sexual act. Often the greatest demonstration of love is their mutual continence for the well-being of the beloved. Love can be expressed in innumerable ways. As Mother Teresa says,

"Do not imagine that love to be true must be extraordinary. No, what we need in our love is the continuity to love the One we love. See how a lamp burns, by the continual consumption of the little drops of oil. If there are no more of these drops in the lamp, there will be no light, and the Bridegroom has a right to say: 'I do not know you'."

"My children, what are these drops of oil in our lamps? They are the little things of everyday life: fidelity, punctuality, little words of kindness, just a little thought for others, those little acts of silence, of look and thought, of word and deed. These are the very drops of love that make our religious life burn with so much light."

"Do not search for Jesus in far off lands; He is not there. He is in you. Just keep the lamp burning and you will always see Him."

It certainly is not expressed by asking your wife to take the pill because it is your anniversary and disregard the physical consequences to her physical well-being or to ask the husband to sterilize himself because their anniversary is coming.

A very intelligent lawyer with six lovely children and a wonderful wife told me a few days ago that he thinks that the only group truly in favor of love and pure conjugal relations is the Catholic Church. I think he is right. Planned Parenthood seems to hate love and sex; they want to dehumanize it and they want to convert the young into unfeeling robots that will never discover the magic of true love and happiness. True love can only be achieved when you love him or her more than you love yourself.

We know, as parents, how hard it is to discipline our children and to limit their activities according to their age and maturity. Especially today, when so many parents give in to their children's pressure for permissions that we know

may endanger their innocence. How often do we battle that question from our children, "How come everyone can go but me?" If we can convince them that it is our great love for them that restrains us from giving in, not only to their pressure on us, but the unnecessary liberties being given by other parents to their children.

Deep down, children know that there is something wrong in all that freedom from responsibility and deep emotional involvement. This is why our programs must be accurate, complete with scientific and medical references and we must give them a strong and logical alternative to the promoters of artificial birth control, sterilization and abortion, who tell them half truths and purposely avoid the fatal consequences of irresponsible behavior.

We as parents, must revive our values and teach them to our children; nobody can be a better teacher than us. We know exactly when our children are ready to receive a more detailed program on human sexuality. Don't fall for the new fashion that sex education must be taught in the schools without your careful screening. We must teach our young people that the greatest gift they can give their spouse is the gift of their virginity on their wedding day. These are the words of wisdom of Mother Teresa. John Paul II once said that "The strength and vitality of any nation depends on the strength and vitality of the family 'within that nation'." The only way to accomplish this strength is through education. Our programs must be precise, accurate and to the point, backed by theological, philosophical and scientific references when necessary. Keeping in mind the words of wisdom from St. Augustine.....

"an amateur teacher teaches everything he/she knows;
an experienced teacher teaches everything there is to know;
a good teacher teaches only what the student needs to know."

Family of the Americas Foundation has started a program for the Catholic

high schools and colleges that includes the following subjects:

1. How to prepare for a happy marriage
2. How to become responsible and mature adults
3. Reproductive anatomy and physiology and the concept of combined fertility
4. Responsible parenthood and the privilege of procreation
5. Physical and moral consequences of promiscuity
6. Process of achieving sexual maturity
7. Harmful effects of artificial contraception, sterilization, & abortion
8. The values of chastity and dangers of promiscuity

There will be no profitable business for the pornographers, or children to be exploited by the peddlers of prostitution, or pills or mechanical devices to be purchased by the young or married couples from the drug companies, or abortionists profiting by the killing of the unborn, if we parents give love, affection, education, and a good preparation of human and moral values to our children. If you love them, they will never want to disappoint you. They want you to be proud of them just as much as you want to be proud of them.

PSYCHOLOGY OF ABSTINENCE--DISCUSSION OUTLINE

Merrilyn Currie

1. First Assumption Governing Discussion

- Our code of morality is not a set of arbitrary rules which must be observed as a sort of test of worthiness to acquire salvation.
- Our code of morality is an attempt to define what makes man "tick," what makes him serene, fulfilled--a whole person.
- Therefore, this code is very practical and crucial to man's happiness. To act immorally is to damage the self in some way--physically, spiritually, emotionally, or psychologically.
- If we accept this assumption, we can talk about the psychological benefits of abstinence and thus observe the wisdom and practicality of the moral code governing our sexual behavior.

2. Second Assumption governing our Discussion

- Goal of our sexual nature is to achieve a healthy, completely permanent, committed relationship with another person and to have a family.
- Evidence for this comes from observing two dimensions to our sexual nature:
 - (a) We observe the creative dimension imbedded in the biological design of our sexuality; this means part of the fulfillment of our sexual nature comes in having children.
 - (b) We also observe the love dimension imbedded in the psychological and emotional design of our sexuality; this means part of the fulfillment of our sexual nature comes in being totally involved with another person. Both these dimensions are fulfilled in marriage and family; in fact,

you will notice that each backs up and reinforces the other.

--If we accept this assumption, then we should see how abstinence helps us psychologically to achieve the goals of our sexual nature, to achieve a successful marriage and family.

3. Abstinence

--Abstinence, which means not engaging in sexual intercourse before marriage, is a protective mechanism psychologically and emotionally, in forming and developing a successful relationship. It does the following:

- (a) Provides the emotional distance necessary to observe our relationships objectively;
- (b) Provides the emotional protection necessary to make really free decisions about our relationships;
- (c) Provides the psychological room to allow the other aspects of our relationships to develop;
- (d) Provides a safeguard to the integrity of our relationships; i.e., preserves the truth about the stage at which our relationships are;
- (e) In overall terms, abstinence represents the ability to be in control of one's life, to be able to make free, perceptive choices, to be able to order our priorities. Abstinence challenges our ability to manage our feelings in terms of what is truly good for our life.

EXAMPLES OF SOME EXISTING ADOLESCENT PROGRAMS:

SIXTH GRADE GIRLS AND THEIR MOTHERS

Kevin Hume, M. D.

Parents, or at least mothers, have a clear obligation to inform their daughters of some simple facts about menstruation when the time is approaching for the menarche. This means at about the age of 11. It is an injustice to a maturing girl to neglect to convey some information. Most mothers of course do speak to their daughters about it but my experience is that they are uniformly grateful for any help that can be given to them.

While it is clearly acknowledged that such information is at the discretion of the parent, there can be no objection to a presentation made in a mother-daughter situation. While it should be a primary aim to inform parents so that they can instruct their own children, an occasion like this offers the opportunity to inform both the mother and her child. In addition it sets the scene for an ongoing exchange between them, triggering off a communication that is especially valuable on the threshold of adolescence.

I took part in such a program for a number of years. It was a great success. A night was set aside near the end of the sixth grade year. Attendance was always 100%. The girls were usually accompanied by their mothers, some of whom returned year after year with younger daughters. Sometimes the mother delegated her attendance to an aunt or an older sister.

The night began with a suitable film produced and loaned free by a company that had a commercial interest in menstrual pads, tampons and similar female accessories. I found these quite well

produced and very informative although obviously intended to sell the firm's product.

Next a presentation was made of slides together with a cassette commentary, outlining the facts of human reproduction, with due emphasis on chastity, marriage and the family. This was prepared by a diocesan organization known as the Christian Maturity Program.

However, neither the film nor the slide-cassette set, while explaining ovulation and conception, made any reference to the cervical mucus symptom, displaying a peculiar and anomalous ignorance. Not that the object is to introduce any reference to family planning. Information about the mucus symptom and its relationship to fertility, ovulation and the ensuing menstruation is basic and should be given to every woman, young or old.

My object was to make good this deficiency, as well as reinforcing those aspects I considered important, which I did by showing a few slides of my own, highlighting the role of the cervix in fertility and the ease of recognition of the Peak Symptom as an indication of the imminence of ovulation, once cycling is established.

While keeping the information as basic as possible, I realized that eleven year olds could not be expected to absorb it all. However that did not deter me, as my contribution was aimed also at the mothers, many of whom were getting this information for the first time and who would be better able to answer their daughters' questions later on.

While the primary objective was to explain menstruation, this could not be done adequately without reference to the ovulatory cycle and indeed the overall control exercised by the higher brain

centres and the hypothalamic-pituitary unit. So while discussing menstruation, a unique opportunity was offered to concentrate attention on the more important event of ovulation. In brief, my message was that anyone who understood ovulation, and the events leading up to it, should never have any need to be concerned about menstruation, as identifying ovulation accurately predicted the time to expect menstruation. This could then explain the occurrence of cycles of varying lengths, as well as the significance of the intermenstrual discharge which some mothers and girls imagine to be abnormal.

Question time always brought surprisingly sophisticated requests for information that indicated to me how the girls were ready for this knowledge. I suppose it reflected the acceleration in the acquisition of knowledge due to modern teaching techniques. It also indicated how much the girls were absorbing from the treatment of current affairs in the media, especially T.V. and radio. I found myself explaining the causes of miscarriage and what was a caesarian section, how twins came about and how the sex of the baby was decided. No doubt many of the questions came about as a result of events that had happened in the family or in that of girl friends.

Then there were the Dorothy Dixers from the mothers, who were using me to supply expert answers to questions they felt they could not adequately answer themselves. Others used me to get points across to their daughters on the grounds that it was better coming from an outsider, especially one with the weight of authority of medical knowledge.

With such a captive audience and one so willing to learn, an occasion like this offers an excellent opportunity to get across not

only information but positive values, reinforcing the importance of the family, marriage, modesty and chastity. It is a poor speaker who cannot turn a question to his own advantage, as we know only too well from the performance of those promoting a philosophy alien to the Judaeo-Christian tradition.

In short a presentation to sixth grade girls in the presence of their mothers offers a unique opportunity to supply information important to them both, to correct misapprehensions, to instruct them in aspects of personal and public health, open up on-going communication and to underwrite and reinforce Christian values in regard to marriage and the family. Such a presentation is therefore of great assistance to parents and serves to lay a suitable foundation for a wider-ranging coverage of Christian sexuality in more senior years.

PARENT TO PARENT

Ruth Taylor, M.D.

Several years ago we attempted to initiate a series of lectures on human sexuality involving parents and adolescents in the parochial schools and CCD classes in Wichita. Ours is a conservative diocese and at the time we weren't able to accomplish the program. Therefore, we developed a human sexuality program, targeting only the parents and called it "Parent to Parent." Its purpose was to assist the parents in helping their adolescents to cope with their sexuality.

We obtained the cooperation of the best qualified professionals our community could offer--adolescent psychiatrists, psychologists, pediatricians, obstetricians, gynecologists, priests, lawyers, teachers, social workers who freely gave of their time to present such topics as femininity and masculinity, communicating with your teenager; human sexuality and fertility, public and peer pressures; the pregnant teenager; sex education programs in our schools and so forth.

Surprisingly, we were given excellent radio publicity. The lectures were held in the Educational Building of our Hospital and the attendance at each lecture averaged around fifty. The written evaluations which we requested after each session were very good. We had considerable amounts of literature that were available for them to buy or to have free after each session. Last year we changed our format by having outside guest speakers come to Wichita and present the program. One program was entitled, "A Christian View of Human Sexuality" presented by Don and Sylvia

Kramer of Minneapolis. Another special session was given by Father Tom O'Donnell. The title was "Christian Marriage and the Family" and finally a wind-up session was presented by Father Tom O'Donnell, Dr. William May from Washington, DC, and Father Lawler from Houston, Texas. Our attendance for that weekend was well over 200 parents.

This year a chain of events changed our format again and redirected our focus. In our previous series all of our audience was composed of middle-class parents, predominately white. As I have had the privilege of being on the Executive Board of the Wichita Urban League for several years, an opportunity opened to reach this group.

For those of you who may not know what the Urban League is, it is a national civic organization focusing on serving minority groups in many areas. They become involved in most of the social issues that affect minority groups but especially the black communities. There are local branches of the Urban League located in every major city in the United States and they are usually heavily supported by the United Fund. In 1983, three of the major thrusts that the National Urban League Organization branch Urban Leagues across the country became involved in programs for the Prevention of Teenage Pregnancy.

Knowing of my involvement in Natural Family Planning and Adolescent Sexuality programs I was appointed Chairman of the Teenage Pregnancy Committee. I agreed to serve at this capacity if I could set a program with the Christian philosophy. I found that indeed the Urban League was totally in agreement and felt that:

- a. Society's concern in their regards concerning abortion was tantamount to genocide;
- b. Black adolescents are targeted for sex education programs with contraceptive persuasion more than our other groups in society because society believes that blacks are all genitally active at an early age.

You and I know that the blacks are not coming to our Natural Family Planning Centers. I think like other minority groups we must go out to them. Therefore, we have set up the first series of Parents to Parents lectures this year in the Penecostal Church centrally located in the black community. The programs will begin in March. It is a two-edged sword to educate both parents and the adolescents in a pregnancy prevention program that will be a viable alternative to the contraceptives that have been pushed at them, and at the same time to teach them respect for their bodies, appreciation of their fertility, and help in understanding what family planning really means. We would, then, assist parents in helping their adolescent offspring to deal with and understand their sexuality.

Two members of the Urban League Teenage Pregnancy Committee are with me this meeting. I would like to introduce them: Mrs. Myrtle Triplett, who is a counselor in our Natural Family Planning Center and Mrs. Barbara Franklin who works in a school for retarded children. I am sure they would be glad to discuss any aspect of the adolescent program and need as they see it.

I strongly suggest to any of you who can do so, to contact the Urban League directly in their respective cities, let them know that you are aware that one of the thrusts of the Urban

League for this coming year is to set up programs for Teenage Pregnancy Prevention and care of Teenage Pregnant Mothers in the black population. I urge you to offer them a program with the good news of fertility awareness and fertility respect.

FERTILITY AWARENESS

Charles W. Norris, M.D.

Our Adolescent Program centers around our recently published book, Know Your Body - A Family Guide To Sexuality and Fertility (Our Sunday Visitor Press, Inc., Sept., 1982 - \$3.95).

Our belief that it is the parent who has the primary right, obligation, responsibility and yes, even privilege to instruct their own children in this most delicate and sensitive area of family life, served as the motivating force in the writing of the book. We also saw that adolescents were being misguided by the media, by so called "Sex Education" school programs and we wanted to provide the parents with a tool which they could use in fulfilling this responsibility.

We saw that it was primarily because of ignorance, embarrassment and/or even intimidation by the "helping professions" in addition to an underlying uncertainty as to precisely how to proceed which kept them at a distance while the schools, with their aggressive "Sex Education" programs which teach anything but a respect and reverence for the beauty and power of human fertility flooded the country's school districts.

Our book is designed to fulfill this need. Family oriented, after our introduction where we describe our motivation in some detail, we discuss the general subject of growing older and growing up (which we do not equate). Here we discuss some of the physical and emotional changes which occur in an adolescent as he/she goes through this period of life. These changes are inevitable as all youngsters grow. It is desirable and advisable to maintain a sense of humor during the process - it helps.

We define human sexuality as everything that makes a person masculine or feminine. This includes all the traits, feelings, values and characteristics which combine to make you the individual and unique male or female person you are. We point out that the brain is the primary sexual organ in our bodies, as it is the brain which enables us to appreciate the sexualness of every other person, and because of this our sexuality and our spirituality are inseparable.

Our fertility is the ability to become a parent which becomes a biologic fact with the onset of puberty. This ability - or power - places upon us all a very serious responsibility. The book describes reproductive anatomy and physiology in simple language and in sufficient detail for a clear understanding of reproductive function. We believe that if a person were just to understand the illustrations in the book, they would know as much reproductive physiology and more about the signs and symptoms of fertility in women than most doctors know. Because we believe that the key to the understanding of human fertility is the understanding of the function and behavior of cervical mucus, we stress heavily the hormonal relationships and sequences which govern its production and flow. We then devote two pages in chart form to dispelling some of the many myths and misconceptions surrounding women's fertility, as clearly and forcefully as possible.

Our chapter on reproductive hygiene treats the subjects of genital health, sexually transmitted diseases and the role that stress can play in normal reproductive function in sufficient detail to inform the reader of information which he/she should have in these

areas, not to create undue anxiety or fear, but to provide the reader with facts which can assist him or her to make informed choices regarding genital behavior.

The book defines our three responsibilities in this area: first, to learn everything we can about our fertility, second, to respect our own fertility and thirdly, to respect the fertility of all other people. Just for openers, if everyone were to start to live this way today, all of the abortion clinics would be closed within a year. There simply would be no business. The responsibilities are presented in the context of traditional Christian moral teachings and identified as such. A chart detailing the values of fertility awareness and of maintaining chastity until marriage is provided.

Our last chapter, on natural family planning, discusses more the values of NFP than anything else. In no way does it teach NFP or even charting, but it does assert that some of the values surrounding the practice of NFP (always within the committed relationship of marriage) is the experiential learning of patience, self control, generosity and sexual maturity. And when people learn to live these four virtues, more than they have for the last 2000 years, Christianity may have a better chance to work on the face of the earth.

In order to promote this viewpoint, we formed a non-profit, tax-exempt charitable trust in November, 1979. Fertility Awareness Instruction, Inc. The primary purpose of this corporation is the education in fertility and Christian sexuality of adolescents and their parents. Our Board consists of myself, a nurse educator, a clinical psychologist, and instructor/trainer in the Billings Ovulation Method, and the Dean of a School of Nursing.

We present to classes of students, to clubs, to parent groups, civic and fraternal groups and their wives, to family life fairs and gatherings--almost any place or group to which we are invited.

Naturally, we believe that understanding leads to knowledge, and knowledge to respect for that marvelous, irreplaceable value which we call human fertility. We promote self respect and respect for others in the exercise of loving chastity for adolescents as the only 100% effective method of not only avoiding pregnancy but also the ravages of sexually transmitted diseases and the side effects and complications of the medical methods of birth control.

Perhaps, just perhaps, respect for human life begins with respect for human fertility.

THE NEED FOR BASIC MORAL STANDARDS IN GOVERNMENT-FUNDED PROGRAMS

The Honorable Lindy Boggs

It is a pleasure to be here this evening before such a distinguished audience, especially the young people - my admiration for whom ensues from my involvement with my grandchildren and their friends. I wish to express my special appreciation to my dear friend, Mercedes Wilson, for her gracious invitation to participate in this seminar. It has been a joy for me to have been associated with Mercedes over the course of years to raise awareness within the government structure of natural family planning methods, and to secure recognition and funding of the programs through legislative and regulatory actions. I have specifically expressed my interest and concern as to the implementation of the natural family planning programs through the agency for international development, and contacted personally the Honorable George Schultz, Secretary of State, urging his fullest cooperation in this effort. I am delighted to learn that Mercedes is presently in Africa in connection with the A.I.D. Program. Another development of great importance and encouragement is the newly announced appointment of Margaret Heckler as the new Secretary of Health and Human Services. I look forward to a period of enlightened leadership under Peggy's wise and compassionate guidance.

The topic of this seminar "Adolescent Sexuality" is the subject of grave national concern in view of the harsh fact that over one million teenagers become pregnant each year. Half the resulting births are illegitimate. The social impact and the health risks to the young mothers and their babies are the cause of deep

concern for us all. What are the roots of this disturbing trend? What must we do to diminish the scope of this growing problem? What is the appropriate response of government to an issue with such complex moral and social implications?

As all of you are aware, there are no easy answers to the questions I have posed. The entire arena is packed with controversy, confusion, and heated reaction. Emotionalism is rampant, often laced with guilt. But we must pursue a course, and explore the avenues of possibility. We must do this because we love our children, and we need to find a way to help them in a positive, morally responsible manner.

How does a government such as ours which seeks to serve a diverse, pluralistic constituency, formulate a policy reflecting the moral values of that society?

I recently read an interesting commentary by Norman Jacobs entitled "Morality and the National Interest" from which I would like to quote:

"Our system of government conceives of the state as existing to serve the individual; it draws its moral outlook from a religious tradition that proclaims the dignity, worth and preciousness of every human being. With this heritage, it is not enough for our leaders to justify their conduct of policy by invoking the national interest; they have to show how policies designed to protect the way of life of the nation's populace are somehow compatible with the moral principles of the individuals who constitute the populace."

The moral values of a society are, however, not permanently fixed, and they change, although slowly, in response to changing conditions.

The involvement of the federal government in family planning is an example of a slow change of policy in response to shifting social attitudes within our society. In the late fifties and early sixties a growing concern over two problems - indigency and population - provided the impetus for the government's entrance into the area of family planning. Although there was a generally favorable public attitude toward subject of birth control at that time, public officials viewed this issue as a very personal one, and not fit for the arena of public debate. But public pressures were increasing: rising welfare costs; the need for equality of treatment and opportunity; the desire of families in the lower S.E.S. Group to control the size of their families; the post-war baby boom; the development of new methods of birth control. All these factors were coming into focus. A change in attitude among social, religious, scientific, and medical associations aided the developing consensus favoring governmental intervention, and it was no surprise that the Gallup Polls indicated by the mid-sixties that 63% of Americans favored the proposition that "The United States Government should give aid to states and cities for birth control programs if they request it." The social atmosphere was gradually being transformed, and the character of the legal response reflected this gradual evolution.

The first serious indication of change came with the recommendations of the Draper Commission appointed by President Eisenhower in 1958. This report, although dealing with foreign

policy, contained a recommendation favoring increased governmental attention to birth control. The government at that time, however, was not prepared to deal with the controversy, as was indicated by President Eisenhower's statement:

"I cannot imagine anything more emphatically a subject that is not a proper political or governmental activity or function or responsibility ... this government will not ... as long as I am here ... have a positive political doctrine in its program that has to do with this problem of birth control. That is not our business."

President Eisenhower later repudiated this stand, but at the time it was a clear reflection of the government's noninterventionist policy. What the Draper Commission's recommendations did do, however, was to bring the issue into open public debate.

In the ensuing years, there was an increased interest among Kennedy administration officials to formulate a family planning policy. But it was the Johnson administration that focused and expressed support for a more active program of publicly supported family planning: in the words of President Johnson in his Health and Welfare Message on March 1, 1966:

"We have a growing concern to foster the integrity of the family and the opportunity of each child. It is essential that all families have access to the information and services that will allow freedom to choose the number and spacing of their children within the dictates of conscience."

Policy directives were issued in this area by H.E.W. in 1966, and later reaffirmed in more detail in 1969. Government policy was thus set to provide family planning services, with the stipulation that the programs conducted or supported guarantee freedom from coercion or pressure of mind or conscience. At the same time, similar policies were being evolved at the local government level. In 1963, only thirteen states offered some type of tax-supported programs; but by 1966 over forty states had acted - although serving a very small number of clients. The number of publicly finance birth control clinics increased from 400 to 700.

President Nixon continued the federal commitment in this area in his message of July 18, 1969:

"In my first message to Congress on domestic affairs, I called for a national commitment to provide a healthy and stimulating environment for all children during their first five years of life. One of the ways in which we can promote that goal, is to provide assistance to more parents in effectively planning their families ... I believe, therefore, that we should establish as a national goal, provision of adequate family services with the next five years to all those who want them, but cannot afford them. This we have the capacity to do."

The Congress began to respond to the new public mood, although reluctantly, and eventually considered and passed the family planning services and population research act of 1970, creating an office of population affairs within H.E.W., placing a cap upon the formulation and acceptance of federal government policy in this area.

What did the seventies bring us? Heightened government intervention in a previously very private family issue of birth control, a Supreme Court decision allowing abortions, and a coming of age of the baby boom.

The impact upon our most vulnerable sector of the population, our youth, from the convergence of these factors, coupled with a general eroding of moral values within our society as reflected by the nature of the films, literature, comic strips and T.V. programs to which they have been exposed, may well be the crucial elements which have led to the very serious increase in the teenage pregnancy problem we are facing.

The family planning program established by the government in 1971 as Title X of the Public Health Service Act has been surrounded by controversy. One of the chief concerns has been that of providing birth control to teenagers. This practice has come under attack by some groups which feel that the policy implicitly condones teenage sexual activity. In addition, there is some question as to whether the provision of family planning services is the most appropriate or effective way to prevent teenage pregnancy in any case, in view of the fact that the teenage pregnancy rate has been steadily rising even since the advent of the family planning program.

Statistics reveal that during the seventies teenage sexual activity increased significantly, and with it any hope for a significant impact by governmental programs to contain the problem. Although the teenage birthrate has been decreasing slowly, the increase in the number of teenage women in the population has led to a larger number of teenage births. This trend, however, is on the wane as the population numbers are beginning to decline.

Concern over the growing problem of teenage pregnancy led to the adoption by Congress of the Adolescent Health Services and Pregnancy Prevention and Care Act of 1978 - Titles VI, VII, and VIII of the Health Services and Centers Amendments of 1978 (P. L. 95-626), a comprehensive approach to the overall needs of these young people. A special office of Adolescent Pregnancy Programs was created within the Office of the Assistant Secretary for Health to oversee the administration of funds for the program.

Appropriations for this program have grown from an F.Y. '79 supplemental request of one million, to F.Y. '80 figures of \$7.5 million (originally the Congress had approved \$17.5 million, but this was cut to \$7.5 million in a recession request). F.Y. '81 provided \$10 million. I might add that the House of Representatives voted to provide the entire \$16 million requested by the Reagan administration, but this figure was reduced by the Senate.

Within this accelerated interest, those of us committed to natural family planning must assert ourselves and make certain that the programs, such as WOOMB, receive the respect, the funding and the volunteer training necessary to their success.

Whether this program will have the effect it intends, i.e. the reduction of the teenage pregnancy problem, remains to be seen. In the meantime, it is our best effort to recognize the difficulty and cope with it.

Our children are in trouble, and we admit it - and we must do some national soul-searching to seek the cause and the cure.

Are we reaping what we have sown? The answer, I am afraid, is yes - and the seeds of that difficulty stem from the very heart

of our society. To find a cure, therefore, we have to look at ourselves, and examine our values, our attitudes, our beliefs.

I have been particularly impressed by the efforts of my dear friend, Eunice Kennedy Shriver, who has formed and guided a magnificent program "A Community of Caring" to help pregnant adolescents.

Allow me to quote from the forward to this exceptionally fine program:

"Adolescent pregnancy is as old as humanity, but today we often hear it described as an epidemic, a tragedy, a cause for alarm. To be sure, all these words of dismay contain elements of truth. But to the 600,000 teenagers who give birth each year, to the young men who father the babies, to the grandparents who are often called upon for understanding and support, to the teachers and providers of health care who must counsel and serve the families, such judgmental expressions are of little help.

- For whatever the age of the mother or father, whatever the nature of their commitment or the circumstances of conception, we are dealing with matters that are awesome: the bonding of a young woman to new life within her: the mystery of birth: the building of a family that will shelter and nurture the baby during the baby's childhood and development.

- What can we do as individuals, what can families do, what can society or government do to deal

constructively with these tangled and profound difficulties?

- I think none of us can do very much as individuals. Government is too distant, too remote, and too depersonalized to be of much help except with money. Society is likewise too vague a concept to be helpful. Instead of these abstractions, we need, I believe, a new community of caring."

The program encompasses total care and education, and seeks, in addition, to build up concepts of self worth, and ethical and family values. It focuses on the themes which give shape and deep meaning to family life ... and addresses as well the moral problems these young men and women face and the virtues required to cope - patience, love, and trust, and courage in the face of great odds.

In the face of economic reality, we know that we must teach young couples to parent their children and to share household responsibilities as they share the family economic burdens. Government, of course, cannot provide the personalized answers. It can, however, adopt a holistic view of the American family, and coordinate the established programs, and channel the future programs accordingly.

Government also has the responsibility to provide moral perimeters in its necessary quest farther and farther into the new technologies that result from and aid in the rapidly unfolding new scientific knowledge. In addition, it is the business of government to promote literacy in science because this generation will not otherwise be able to make valid moral, political or economic decisions.

If we desire basic moral standards in government, we must look to our society to be the seed of that standard. Our institutions are affected by prevailing attitudes and values, and over the course of time we change our institutions - although slowly and fitfully - to reflect these norms. If we look in the mirror, and do not like what we see, we must bear the responsibility.

FAMILY SEMINAR ON ADOLESCENT SEXUALITY
STRATEGIES FOR EFFECTIVE INSTRUCTION

Corrine McGuigan, M.D.

This morning I'm going to speak briefly to you on 'How do you teach the pieces of information that you want to get across either to your children, or to your students?' For those of you that are working with adults, what are some of the strategies that we can use as educators or as teachers that will help the adults learn just as effectively as the little first graders are learning to read their words in the first grade reader? The first thing I usually have to do when I'm meeting with a group of people, is to acknowledge that most people know teaching theory. Almost everybody in this room by this time has heard of Piaget. My very first task is to see if we can't arrive at some definition of what we mean by teaching. For example, let me ask you this, "Has a teacher taught the student to raise his hand, who from September to October has learned to shout out every time he or she wants to say an answer? Has the child learned anything? Yes. What has the child learned? How to shout out." So one of the very first things we have to acknowledge is that when behavior changes, whether it increases or decreases, that involves learning. That the child has learned to do this or that, if learning is occurring then we have to suppose that some place along the line, teaching took place.

Now, what we like to be as teachers, is in control of what we are teaching and not have learning be a by-product or an unexpected outcome of what we are doing. An example I can give to parents sometimes, is the story of a little child I worked with a couple

of years ago in Seattle. The parents came to me because, when the baby was about a year old, before they could put the baby to sleep, they had to walk the baby around the block. If you've been to Seattle, it's very hard, because it's raining there all the time. So we talked about how it started, and when the baby was about 4 or 5 months old, the baby started crying when they put the baby down into the crib and the baby would cry and fuss, so of course they would pick the baby up and hold it and cuddle it - it was a very nice little feeling - so as the baby grew older and they would put the baby down, the baby simply would cry and when they went to put him back again, the baby learned that if he would cry again, Mom and Dad would pick him up and cuddle and love him. Well, pretty soon, this little tyke had his parents into holding him for half an hour and then pretty soon, watching Johnny Carson at eleven o'clock together, then pretty soon walking around the block. Now, the child had learned that if he cried - Mom and Dad would pick him up and give him what he wanted - hence the parents had taught the child that if the child cried, we would pick him up. I use that illustration to show the very tight relationship between teaching and learning. If learning has occurred, it has been taught and conversely, if we teach in the best sense of the word, then people learn.

Now, some of the best teachers in our society right now happen to be the "Jordache Co., Sesame Street, true? Who else? - McDonalds is an excellent teacher. And why can we say they're good teachers? Because people do what THEY want people to do. They eat their hamburgers, they buy their jeans, and they talk about them. What you want in this conference is for people to engage in behaviors related to Adolescent-Adult Sexuality. So first, we have to find where we

want to go with that - that is, what do we want to teach so that when it happens we'll know we've gotten there. Okay - point number one. Now the second point about teaching is that despite all the different theorists, not a lot of people trained in education really get a lot out of educational theory. I don't mean to degrade Piaget. His work has a wonderful place, but if I go into a classroom and I ask "what stage of Piaget development is this little tyke at?" The teacher is not going to know. So in my work, what we've been trying to do for the last few years is try to look at how children learn and how can we identify that as when they really have learned in terms of developmental theory. What we did is coordinated a lot of our work with two researchers at the University of Washington who have been contracted to simply look at this issue in terms of how adults and children learn. The very first thing they found out is that if you learn something to 100% you haven't necessarily learned it. Okay? Now, most of you have been at Mass in the last two weeks, right? Two Sundays ago - what was the sermon about? Two Sundays ago - what was it about? How many remember? So, there is like four or five hands up. How many of you then today can say that you learned anything from that Sunday's homily? Just the four or five of you technically, that remember what it was about because to say we learned means that we have it in our heads and we can use that piece of information. So the first notion we have to dispel is that learning does not mean you know something at 100%.

Many of you took chemistry when you were in high school or college - or statistics, but you don't remember that now.. You might have learned it back then, but you can't say that you learned

it now, because you can't recall it, so the very first thing you want to dispell is that acquisition learning, something from 0% to 100% means that you have acquired a piece of information, but it does not mean that you have learned it. You have not learned a piece of information until you can remember it and use it. I often think that this is one of the reasons why, as teachers, we become very frustrated at the secondary level or at the college level when we present one or two lectures and expect our students to generalize and transfer that information to their home settings, because it doesn't work that way. What helps people remember information is the second stage called proficiency. That is, not only can the person recall the piece of information correctly, but they can recall it very quickly, or on a number of times very consistently and it's the second stage of learning that leads to remembering. So, the first notion we've dispelled this morning is that acquisition does not lead to remembering - proficiency leads to remembering. Now, if you ask a first grade teacher, they'll nod their head and say, "Yes, that is right." And we get that because we drill over and over and the kids become very good at it. It's called 'Over learning'. In the home, we do it by the same kind of situation coming up and finally the child learns it. McDonald's does it by how? Yes, by trying it over and over again. Jordache does it by having advertisements every place you look. That's why the name is so familiar to us. We've become proficient at that label, just as we were 20 years ago - proficient at the name Levi. So that we use what we remember and once we remember something then we can go to the higher stages. You can generalize or transfer the information. That is, I can take

it from the classroom or the learning situation that I'm in back to my environment and because I remember it, then I can engage in that behavior. Acquisition learning does not lead to learning and if you are going to teach and you are not going to take the time to go through proficiency building, then don't bother teaching. Quite frankly, if you simply teach to 100%, people aren't going to remember and you're wasting your time as a teacher and their time as a learner.

When we start out teaching a skill, we ought to know where we are starting with skill one and then we progress to skill two. Very often what happens, in terms of learning, is that people say, "okay, I'm going to teach my kids or I'm going to teach my group of adults some communication skills and I have three skills I'm going to teach them." I really want them to be able to generalize and use this because it's part of their overall program. I'm going to begin with skill number one, so I bring my group together and I realize that I have some very bright people in my group on skill number one. In fact, some of the people in my group have already acquired that skill, so that when I begin my instruction on that skill, they are really going to be moving into the second stage of learning - proficiency. It makes sense then, there's the most of us right here in the middle, we're about 50-60% acquisition - that's a good place to start teaching and there's some people down here who have never even heard of this concept, and so you go along and do your lectures or presentations or movies or roll playing and at the end of the first lesson, these people have by the extra instruction, become more proficient. This group of people has moved to either high acquisition or complete acquisition and this group down here is finally

getting about 40-50% of the information. So you, being the excellent teacher that you are, say, well, I'm not going to move on till we have everybody together and so on day two, you continue to present lesson number one, and this group, who has been proficient at it is going to either be very good and help you out with this group, who now is moving on to proficiency, or if you're with a group of kids and these kids are already proficient up here and you stay too long, they are going to become behavior problems. So, you try to match them up and then finally at the end of day two here, you bring this group all the way to complete acquisition. Now, what do most teachers do in this case? Everybody has gotten at 100% now, they move on to the next skill, don't they? Well, what that phenomenon does is keep these low learners at the low learning level and it keeps these people getting a lot of acquisition level material that they are not going to be able to remember because they were never given the opportunity to become proficient. So, even though we think we're only teaching well for two-thirds of the class, as important as this is for children, it is equally important for adults. We assume because people are older, that their learning styles change - there is no research to support that - in fact, most research on adult learning and how adults learn, mirrors how children learn. So, when you're working with a group of adults, make sure that you stick with your group on a topic long enough for them really to be able to become proficient at it. That's what we mean by teaching for learning.

The second thing I want to speak to you about is, 'How do you decide what you're going to teach?' The conference here has been on

Adolescent Sexuality - sexuality doesn't begin and end at adolescence. Sexuality is part of a human being that comes with them when they are born and that we grow into our sexuality and we don't outgrow our sexuality when we become twenty-one or when we're incapable of bearing children. We carry our sexuality all the way to our death. So, when we talk about teaching human sexuality - we have a lot of areas we can pick from in terms of how to approach that as an instructional program and I just want to show you a few pieces or topics that I brain-stormed yesterday afternoon. From the different talks that have been given, we could teach human sexuality if we took any of these topics. The Nature of Unconditional Love - when do we start teaching that? Do we start when the baby is 2 or 3, or do we start in terms of human sexuality or adolescent sexuality when the young man or young woman is 14 or 15. It's a question you have to answer. It depends on how you're going to approach it. Do we start teaching adolescent sexuality by focusing on the relationship between the Creator and the created? Or the purpose of each man and woman in the creation? Or do we start human sexuality by talking about ourselves as sexual beings? And one of the points I want to make here is that we need to make sure that our discussions of human sexuality aren't necessarily focused on marriage. There are other life styles - remember there are two other life styles not included if we just limit it to marriage. So, if you want to bring your children up and your students up with open minds about selecting life styles for themselves and talking about the single state or a clerical or religious state and a married state we have to see that human sexuality runs through all three of those. Let's

not forget that. Do we want to talk about in terms of sexual responsibility, life styles, decision making skills, communication skills or intimacy? These are just a few general ways that you can jump into the area of human sexuality.

Once you decide the major approach that you want to take, you're going to call this your general philosophy of approach and under that then you must begin to develop the specific skills that you want to teach. The development of those specific skills; for example, under the topic of decision making, become what is called your curriculum for instruction and those of you teaching should know what your curriculum is. Those of you who are simply teaching the method - the Billings Method of Ovulation - should know how the teaching of that method fits into an overall curriculum. Now, once you've identified your general focal area, and all the pieces of information that comes under that, then you begin to teach. And so the next question is, 'How do we most effectively teach?' And so here I tried to think of something that again you all would have in common, or many of you would have in common, a text book or a piece of information, and I tried to think of different teachers that you would have read.

I came up with one of the gospels, and so I looked through it and I said obviously we have learned from the gospel, so it must have been a good teaching instrument, so let's analyze it and look what it had in its development that helped us be good learners and this is what I came up with. If we ask ourselves, 'How did Christ teach through the authors of the different gospels?' The answer is, first thing He gave us as educators and its guideline for teachers is to teach in little steps. If you look at the gospel very carefully

in terms of teachers and how it works, you'll find that when He wanted to teach us that God came to earth to forgive sins, He didn't start out with a bombshell and say this is what you should know and this is how you should be able to believe it. He started out in very small steps in His curriculum. He started out with one of His first miracles being the water to the wine, where the only person who even knew about that was His mother. Remember that story? Good. And following that story in the gospel, Christ coming down from the desert and curing Martha's fever. Now you have to think - there is this woman and she just had a fever. It's not a real big miracle to cure a fever, but it helped us learn so we can believe in this Man. He only had his friends here. He didn't have a big crew around Him. In fact, He didn't have anybody He didn't already know, and from that He went into curing a little girl who was sick in her home. And again here we are not sure about how sick the little girl was, but again it was a very private type of setting where the miracle occurred. And then we progress from those miracles through the sick son, when the father came to Jesus. There he cured him from a distance. Again it's a small group of people still knowing about it. Let me move from illness into disease - a more severe disease - the progression getting more and more difficult to understand when we come to the story of the lepers. First there was one leper, and then there were nine lepers, and remember, they weren't supposed to tell anybody. But here we go again, a progression from the most believable progressing through least believable things, then into the public healings, then into the public feedings, then into raising somebody else from the dead, and finally to the

very resurrection. So what we can learn as teachers from the progression of the gospel in terms of strategy is that we have to help people believe in what we're doing and we do that by progressing in very small steps, very consistently. Once we decide that we're going to progress consistently - slowly - then we can take a teaching step and begin teaching it.

It is very important as teachers that we know if we are trying to increase a behavior or decrease a behavior, or simply maintain a behavior. And it is very important for every single learner to know why they're being taught something. That WHY is what we call a consequence. The consequence that Jordache uses is peer pressure and having a beautiful body and being liked by your friends. McDonalds uses food. Many of us teach in schools and in universities or other places because we like to teach, but also because we're paid. If they took away our pay, as much as we like doing what we are doing, we might do something else. So we are reinforced. When we teach things to people, we have to be able to reinforce them. I met a teacher once working with emotionally disturbed kids, who wanted the kids in the classroom to be good, simply because they should be good. And what we had to point out was that these children didn't know what being good was. And so to expect an abstract from somebody who is not capable of it simply was not very realistic. If we are going to talk about communication skills, we have to be able to give our learners a reason why it's nice to have fluent communication skills. We have to, in our teaching, make sure that they demonstrate the positive consequences of being able to say no, or being able to critically analyze an argument or to engage in

debate or to initiate conversation. Never teach without knowing why you are teaching, and never begin to teach by assuming that the people simply should want to learn this. It's not true and it won't work.

This brings me to a point in terms of sexuality - training in human sexuality. From my own experience that I think might be helpful to you, and that is if we looked at decision making skills and made that part of a curriculum that started way back in the first grade. If parents consciously started saying "That was a good argument" our children would start developing good decision making skills. "That was a good argument" and the children would learn to initiate in more types of discussions more often, and by the time they became the age 13 or 14, they would have become fluent at that skill and be able to engage in it. That just helps as we are going along. I'm trying to make the point here again that human sexuality is a long progression of and the interrelation of a lot of skills happening from very young in life and right up to death.

I'll tell you a good consequence story here. A lot of my work, I've been 13 years in special education, that's why I know a lot about teaching theory. But, we had this young man who was 21 years old in our classroom a few years ago, who was schizophrenic, in a very medical sense, the guy was crazy, koo-koo. He used to sit in the back of the classroom and he would say really bizarre things, like "I see a pound of flesh on the couch", or "A fire engine is coming through the window." And what we decided was that - Tom was feeling or imagining in his head, and what we wanted to do in terms of the ethics of teaching, was to let him be able to express that, but

in terms of his society, to be able to express that in an appropriate way. So we said to him, "Tom, that's not really very appropriate, that you keep saying these weird things and you keep breaking out in these weird laughs all the time." So we decided that the appropriate thing to do for Tom would be to give him a journal and teach him to write down the weird things that he was thinking, because then he had an outlet for it, and then we also tried to say, "Now Tom, don't laugh all the time because people will think you're weird (which you are), but you don't have to tell the world that you're weird. You'll get along better if they don't know." So we have put him on the journal so he can have an outlet for his weird thoughts, and when he laughed, we said, "Okay Tom, now when you have an appropriate laugh, we'll tell you. All right?" Then as we were teaching and something funny happened and Tom laughed, we would say, "Good Tom, that was a very appropriate laugh." And pretty soon his inappropriate laughter decreased and his appropriate laughter increased. Ingred and I patted ourselves on the shoulder and said, "Good teaching, you know - good planning up there." Until the day we took all the kids on a snow trip to the mountains and Tom, a big boy sitting in the innertube getting ready to go down the hill, said, "I think I'm going to have an appropriate laugh, Ha, Ha, Ha." I left teaching shortly after that.

Okay, I want to wrap up here. One more point. Curriculum is a huge thing, you're going to have to spend some time looking at it. You're going to have to know that you want to get all the way to generalization and transfer and that you're going to have to do it in small steps making sure that you understand your consequences.

Lastly, we had better take a minute and look at how long does it take for people to learn? It takes a very long time. I'm going to show you the diagram for how people learn. And that is, all learning starts by awareness. Awareness is what this conference has done here. It raises your awareness. It helps you to believe in something, but it's used to create a belief. But creating a belief does not mean that a person can go out and do what they believe in. So we use certain strategies to create belief, and we need to do that before we begin to teach. We need to have people believe that it's important that they learn about their sexual identity for themselves as sexual beings. Once they become aware of that, then they can move on to a stage called trial use. They can try out these different decision making styles. They can try out different ways of dressing or talking with people. Then they can move on, if they try it out and it works. Then they adopt it just as they've been taught, and a little bit longer, after they've adopted it, they make it more personal and that's called adaption. And pretty soon, those old things that they're doing now by adaption become habit and that's either called institutionalization, or habit, and that's how it happens.

The reason these stages here are very important, is because they each require different types of teaching strategies and more importantly, different amounts of support from the teachers themselves. When a person is in awareness, you have to be there with them all the time. When they're trying something out, you need to have a high level of support. You're there telling them when it's working and helping them out when it's not working. When they adopt it, you can withdraw some of your support, but you still have to be

there and as you go into adaption and habit or institutionalization, then of course, the support has been internalized by the person themselves. In terms of time, if we're looking at a change in an office and a lot of my training is with businesses, helping them to develop more efficient time management strategies, or what ever, we have learned that going from awareness to internalization or habit or institutionalization is guess how many years? Five years. But if you expect it to take that long, you're not disappointed. Awareness is almost a year if you're working with a group of people. So don't be discouraged. Trial use: someplace between three to six months, and then a year at adoption phasing into adaption and a latter year without support. That's how adult change differs a little bit from child changing classrooms. Because our steps are somewhat bigger, I hope that's helped you a little bit in terms of becoming somewhat better teachers and knowing what you can expect in terms of the people that are going to learn from you as you teach very well.

Dr. McGuigan elected to speak in an informal way. Therefore, she did not present a formal paper for this publication. Dr. McGuigan graciously consented to allow her paper to be published as it was taken from tapes. Any error or confusion should be considered an error in playback and not that of Dr. McGuigan.

We are indebted to Carolyn Underbrink for hours of listening and recording tapes for this paper and others.

GOOD NEWS ABOUT ADOLESCENT SEXUALITY

Michael Meaney, Ph.D.

We have all heard a great deal of bad news about sexually active teenagers. In this, as in other areas, it is the bad rather than the good news that makes the headlines: 1,000,000 teenage American girls become pregnant each year; around 300,000 of them "terminate" their pregnancies--or kill their babies. Some enter into pressured marriages, 90% of which fail; some form single-parent families. Upwards of 1,000,000 American teenagers run away from troubled homes every year--but soon get into much more trouble--as Fr. Bruce Ritter points out so well. 1,100 teenagers attempt suicide every day; in this age group, suicide is the third greatest cause of death. About 5,700,000 fourteen to seventeen year olds have serious drinking problems. A recent incoming group of Notre Dame University freshman answered a survey in which 23% admitted already having had blackouts due to alcohol. However striking such bad news may be, we need also to see the good news.

Where does one start in analyzing adolescent sexuality? One possible place, one key fact is that adolescents mature sexually and experience peak sexual drive years before they mature in other ways, years before they are ready for marriage. Everyone agrees that it would be ideal if they waited for marriage before becoming "sexually active." Yet with dismal uniformity, secular youth counsellors immediately despair of this, and therefore spend all their efforts trying to minimize some of the damage of years of inevitable premarital sexual activity and promiscuity. Their despair, contraceptive mentality, and abortion-referrals

are misleading mistakes which generate and compound rather than solve problems. In any event, the raging epidemic of incurable genital herpes (and many other problems) is rapidly making such counselling obsolete.

What we really need in order to solve adolescent sexual problems is to present premarital continence to them in a meaningful, attractive and positive way, but this is a large order. We cannot do it without re-examining our basic values and rediscovering our highest ideals. The values of western culture have gradually shifted away from future-oriented work and duty, sacrifice, and savings towards immediate leisure and recreation, comfort, pleasure, and consumption. Within the first type of culture, adolescents were socially encouraged towards the difficult preparation of maturity, whereas within the second, they naturally became interested in various forms of immediate enjoyment. It is certainly unrealistic to expect very many sexually mature boys and girls in a pleasure-oriented society to postpone becoming sexually active as a result of laws or regulations, fear, or customs. In fact, the only way we can sublimate the sexual drive effectively, positively, and creatively is through a higher and more powerful love. One of the ways this regularly occurs is through friendship or "falling in love." After years of experience with gangs, one New York social worker claimed that boys falling in love with girls whom they respect and want to marry accomplishes more good than all the social workers who ever lived. In any event, when "falling in love" is joined to the sexual drive, their union results in something quite different from pure sexual drive. Whereas a purely sexual relationship is an impersonal, brief, blind, genital pursuit

of pleasure with almost any sexual partner, a loving relationship is eminently personal, growing from mutual appreciation to a sharing of affection, friendship and love. Because it is our most fundamental response to persons, love is as far-reaching, as profound and as long-lasting as human life itself.

Everything, however, depends on what kind of love is involved; love affairs are as great or as mediocre, as positive or as destructive as the love which gives rise to them. Two false forms of love are particularly common and terribly destructive. Romantic love pictures love as a fantastic feeling which will happen to us when we finally meet the perfect object of love. Then and only then can we really begin to love. Such a yearning is impossible to achieve or sustain; it is an unlivable substitute for love based on a false view of man. The Playboy type of "love" is simply the selfish pursuit of pleasure as one's supreme good in life. It is carefully sterile and casually abortive of any life it may have accidentally generated. Since both romantic yearnings and Playboy pleasures are based on false sets of values and are in opposition to life, they frustrate our natural hunger for an authentic love which is in profound harmony with life and truth.

Authentic love means pursuing a good or ideal worthy of man. How much we need this might well be illustrated by the Ft. Wayne high school teacher who became so discouraged by student problems and behavior that he was seriously considering getting out of teaching and into some other, less depressing, form of work. But when the terrible flood of 1982 came, "Like thousands of others, I went downtown to help--and what did I see? Hundreds

of students whom I had written off as lazy, irresponsible goof-offs. They had come as volunteers to work in the sandbag lines, haul rubble and trash, help evacuate the elderly and the stranded, do whatever needed to be done. Some were even ready to risk their lives if necessary. And they were having a great time--the best ever."

This was the first time that these students had ever been effectively challenged by a great need, a worthwhile goal, a great opportunity to serve, a high ideal.

How did we come to this point--that it takes spectacular, catastrophic needs to get many of us to pursue ideals? Throughout history from antiquity to modern times, our cultural heritage and ideals have been passed on from one generation to the next largely by liberal education. Plato even went so far as to define the poet--such as Homer, "the great educator of Greece"--as a person who "clothes all the great deeds accomplished by the men of old with glory, and thus educates those who come after." This was prophetic, for Greco-Roman classics became the creative sources of much of western liberal education, culture and ideals for two thousand years.

Times have changed, however. Liberal education has largely been replaced by scientific, technological and commercial courses which have impressively demonstrated their value without concerning themselves with honor or beauty, courage, or sacrifice, and whereas technology merely diverts attention from heroic values, much contemporary literature, journalism, movies, and philosophy has actively set about denouncing ideals and dethroning heroes. For heroic values are incompatible with pragmatism, relativism,

and skepticism. They cannot survive in an atmosphere of pessimism, cynicism, and despair. They wither away in self-centered people who love themselves and their pleasures.

In a post-ideology age of the anti-hero, where can the impetus to rededicate ourselves to greatness come from? We are not likely to get it from scientists who speak of man as "the naked ape," from literary figures who speak of man "the trousered ape," from philosophers who speak of men as "wolves to other men," or from businessmen who assure us that "what is good for General Motors is good for the country."

Ideals are proposed to us not only in schools but also at home and in church as well as by various social and political groups. But how many of these prestigious groups always offer as much full participation to the teenager as gangs do? Gangs offer full acceptance, mutual appreciation, warm fellowship, active involvement, leadership roles to play and responsibilities to fulfill. Is it surprising if many teenagers find this better than the adult world which often leaves them idle, but lectures them in school, scolds them at home, preaches at them in church, refuses them jobs, excludes them from politics and discourages them from marriage?

We have too often preached at young people without giving them enough real opportunity to share in the action. We have failed to realize that "unless you live as you believe, you will soon believe as you live." Adolescents are especially critical of hypocrites who do not practice what they preach. We adults have often given them a generous dose of preaching--and sometimes much good example as well--but little real opportunity for them

to follow or join us in practicing what we preach. The many exceptions to this, such as President Kennedy's Peace Corps, or Youth Cursillos or SearchWeekends, have almost always aroused much enthusiasm and been highly successful.

Freely choosing and actively working towards a major goal or main ideal in life is not only indispensable to success but is crucially important to our mental and even physical well being. Victor Frankl, for example, found that the most significant difference between World War II concentration camp inmates was not age, health or sex, but the fact that some succeeded in having a goal in life despite their situation and some did not. Those who did not lived in the pleasant past rather than in the valueless, pointless present. They withdrew into themselves, stopped working or putting out any effort, grew apathetic and listless, and eventually declined and died of contagious diseases from which the others recovered. In a similar way, adolescents who are not actively pursuing meaningful goals soon find themselves going from alcohol and drugs towards apathy, promiscuity, delinquency or suicide.

Even though everyone learns, to a great extent, by doing, this is especially true of adolescents, whose strong need to be active, moving, and expending energy is a major, although not always fully appreciated, source of their growth towards maturity. Whereas a child spends much of his time playing, an adolescent begins to participate in sports, which soon becomes a major element in his life and an important part of his passage from childhood to maturity. Sports are midway between play and work: they are enjoyable and yet demand maximum, sustained effort, voluntary,

and yet require long, difficult training. They are interesting ways of spending leisure time, but also involve major sacrifices and persistent discipline. They combine competition and cooperation in the pursuit of individual and above all team achievements which are rewarded by honor rather than money. By accomplishing something difficult through considerable effort, by reaching a goal through perseverance, an adolescent begins to discover what he is capable of doing and of being. In rural environments, this happens naturally through work, which prepares a maturity filled with vigorous self-reliance and self-confidence. But in urban societies, where there is little opportunity for them to work, adolescents remain idle, often receiving as gifts not only necessities but also luxuries as well. Even at home, parents too often do for them what they would be better off doing for themselves. Adolescence becomes a no-man's land of self-destructive idleness situated between school and work.

The impetus to re-dedicate ourselves to greatness can come only from a profound re-discovery of what we are and what we can become. These have been perennial concerns of mankind--explored by poets, philosophers, historians, sociologists, psychologists, psychiatrists, and countless others. With all due respect to them, the most profound description as well as the highest praise of man ever made was the first statement by God about man. God said: "Let us make man in our own image, in the likeness of ourselves" (Gen. 1, 26). Created in the image of the Trinity, we are also destined by God to share in the inner life of the triune God: we participate in the infinite wisdom, life, and love of God, the Father, Son, and Holy Spirit above all through

faith, hope, and charity. God founded the Church and the family in order to give us two divine schools of love for life, two sacred societies in which love will be in harmony with truth and life. The love of God and neighbor is powerful enough to transform our lives and spirit, powerful enough to transcend and control, guide and permeate sexual experience. The New Testament presents this not as a utopian ideal, but as a realistic prescription for ordinary Christian life. History confirms it as a fact. It has been and is being lived in two main ways. Many, following Jesus, have given up marriage and inspire us with their lives of total dedication to God. And fervent laypeople have shown that pre-marital continence leading to enduring, unfailing fidelity to one's partner in a happy marriage is thoroughly normal.

Many married couples have found that the Billings ovulation method of natural family planning is not only an important scientific discovery but is, in its own way, a harmony of love, life, and truth. It teaches us about ourselves as sexual beings in a way that is essentially open to life, showing us when and how we can generate new life. It fosters not only knowledge but also love and authentic respect for the other person, for it demands that self-control, self-discipline, and spirit of sacrifice that we all greatly need to love rightly. It presupposes that love is greater than pleasure, and is inherently incompatible with instinctive sex or roving promiscuity. It is most compatible with "love-making" that is thoroughly human: that involves knowledge and freedom, personal love and responsibility in enduring marriage.

In order to live and mature peacefully in today's world, adolescents need all of the help and inspiration that the family

and the church have to offer. Without that help and inspiration, they will be in deep, even desperate trouble. For, while adolescence is naturally an age of hope, it can also be one of despair. Adolescents are susceptible to despair for many reasons. They have great expectations--which are hard to fulfill. They are full of potential, but empty of achievement. They are idealists in a graveyard of ideals. They are hero-worshippers in an age of the anti-hero. They have rigorous, high standards of perfection, but cannot see how anyone can rise to those standards. They are in pursuit of honesty and authenticity in an age of propaganda, advertising and ideology. They want peace, but are unstable, simmering cauldrons of conflicting emotions and drives in a world at war. They want to be where the action is, but are too often passive spectators. They must be themselves, and yet cannot survive outside of their group. They want their satisfactions now, but are unwilling to sacrifice their future, and unhappy with compromise. They disguise their fear and anxiety with bluff and bravado. They want guidance, but are afraid to ask for it. They are looking for unity of truth and life, but are pulled in all directions. They can be seduced by easy pleasure, but unconsciously realize that that is the death of both effort and hope. They are capable of dreaming great dreams but may settle for drugs. They hunger for hope in a world of despair. If that is life, they may think that death is better.

What we really need to prevent and to solve these life-threatening and life-crippling problems is a profound and lifelong renewal of Christian family life. This is what God offers us. Through the family, through the church, through the Gospel, Jesus

transcendently meets the greatest needs and aspirations of each stage of our lives. Our first contact with God is one in which the Trinity creates and infuses the soul into our tiny bodies, thus preparing us for an eternity of beatitude. Our coming into being is best prepared by a stable marriage. The Gospel is "Good News" even to the unborn, not only in safeguarding and respecting that new life, but also in fostering its well-being as well. Many fascinating scientific studies have shown that chronic and severe anxiety, aggressivity, frustration, or depression in both animal and human mothers regularly sends massive amounts of stress hormones into the maternal and fetal bloodstreams creating a wide range of fetal problems. One common result is a hyperactive fetus who is underweight and "neurotic at birth"--fussy, constantly crying, needing to be fed and changed too often, anxious, startling too easily, regurgitating food too often, etc.--the baby difficult to love and easy to abuse. Since such stress often comes from the absence of a husband or from unfaithful, abusive, or threatening husbands, we effectively avoid such problems to the extent we live the Gospel. What the helpless newborn needs above all is a great deal of tender loving care; even the best of hygienic care without personal warmth results in very high infant mortality as well as severe, long-lasting problems for the survivors.

The fact that we need the enduring, dependable presence and warm love of a mother throughout infancy and into childhood if we are to survive and develop normally is now well known. What is not so well known is the relationship between such early love and prayer. Baptism has already brought God's grace, life, and love to the infant. A mother who tells her 2½ or 3-year old about God

and his love for him will find that, because of his experience of being loved, he will believe that God loves him far more readily and fully than an adult will. Anyone who believes that God really and personally loves him responds by loving, trusting, hoping, and believing in him. Since this is what simple affective or "mental" prayer is all about, it is not surprising that experts on teaching mental prayer agree that the best period in the entire human lifespan to learn mental prayer is from 3 to 6 or 7 years. We find this confirmed over and over again by the first-hand witnesses whose testimony is the heart of the beatification procedure materials leading to the canonization of recent saints. It has been affirmed and explained by some of the greatest theologians of the 20th century: by the great Carmelite theologian Bruno de Jesus-Marie, by the great Dominican theologian Reginald Garrigou-Lagrange, by the great Jesuit theologian Karl Rahner, and by many others. Studies show that most 3 or 4 year olds respond very well if they receive a minimum of parental instruction, example, and encouragement. My wife and I have found this to be true by teaching catechism to small groups of 3-year olds, and we have had it confirmed in our own home as well.

One day at breakfast some time ago, our youngest 4-year old girl said "Mommy, I love you." Francette gave her a little hug and said, "I love you, too, Elizabeth. But what do you think love is?" "Love is making other people happy." We then turned to our 6-year-old Mary and asked her. "Love is doing something for somebody." Then our 8-year-old Joseph said that "Love is doing something you don't like for somebody." If that is love, what is sacrifice? "Sacrifice is doing something you don't like for

somebody you like a lot." Shortly after this at our family night prayer, a question came up and has been recurring ever since:

"What have I done for somebody else today?" If you want to keep prayers for other people from becoming a list of names, try that one!

Learning to please, help, and obey parents and others helps children appreciate the fact that they can please, serve, and obey God. This introduces them to the heart of Christian life. St. Therese of Lisieux, "the greatest saint of modern times," wrote "If you want to be a saint, that will be easy for you . . . have only one goal: to please Jesus and unite yourself more closely to him." A little child of 3 can understand that; a little child of 3 can begin to live it also. Such a young child is incapable of moral virtue in the strict sense of the term, too childish for social and political virtues, too young for science or art, work, or wisdom. And yet Jesus offers him a share in the inner life of God the Father, Son, and Holy Spirit!

Since the child of today is the adolescent of tomorrow, such formation has lasting consequences for adolescence, youth, and maturity. Of course, it evolves to meet the needs and aspirations of each new stage in life. One of the most distinctive characteristics of adolescents is a need and enthusiasm for heroes and heroines. Their reaction to heroes merits its common description: hero-worship. Adolescents naturally want their heroes to be as great, as admirable as possible. But they also want to imitate and follow them, to identify with them and share in their greatness. But these are largely unrealistic desires for the more admirable a hero is, the less imitable he is; and the more imitable

he is, the less admirable he is. The greatest heros are almost impossible to imitate or follow. On the other hand, the person next door may be easy enough to follow but is there any point to it? The only exception to this general rule is the greatest of all heros, Jesus Christ. For he is great, admirable, perfect, as only a God-Man can be. And yet he is also the most perfectly and fully imitable person who ever walked the face of the earth--for he shared his divine nature with us through grace. In the words of St. Thomas Aquinas, "We can become through grace what Jesus Christ is by nature."

No less than children and adolescents, we all need a Savior, we all need Jesus Christ. He alone is our tremendous lover and best friend. He alone is our greatest hero, our highest and most realizable ideal. He alone is the leader, teacher, and personal absolute we are all, in each stage of our lives, hungering for, from the innermost depths of our being.

ADOLESCENT SEXUALITY - A HISPANIC PERSPECTIVE

Maria Hilda Pinon and Fernando Pinon

We developed this topic on the contention that the problems of all adolescents are similar by nature of their maturation process; but while biologically this process is similar, it is manifested differently because of cultural, social, moral and environmental conditions.

Accordingly, we'll talk about how this maturation process is influenced by the combination of traits, customs, traditions and experiences commonly ascribed to "Hispanics."

Understanding these traits and customs that shape the Hispanic adolescent can help us in helping them with the expression of their sexuality.

Why is there a need to focus on Hispanic adolescents?

Simply because of our numbers, our age, our common experiences. For the first time in history, we can consider the U.S. Catholic Church a Hispanic church. In 1980, the Hispanic population of the United States increased 61 percent over the previous decade. We are now 14,608,673. Hispanics make up 37 percent of the population of New Mexico, 21 percent of Texas, 19 percent of California, 16 percent of Arizona, 12 percent of Colorado and 7 percent of New York, Florida, Hawaii, Nevada and New Jersey.

It is estimated that 85 percent of all Hispanics in the United States consider themselves Catholics, even though only one-third attend church regularly. They make up 40 percent of the U.S. Catholic church and by the end of the decade should increase to 60 percent.

Besides its numerical strength, the Hispanic population - and thus the Catholic Hispanic population - possesses other social characteristics that sets them apart from other groups.

Overall, it is economically poorer and less educated than the majority of the population. The median income for the total U.S. population is \$15,000 per year. That of the Hispanics is \$10,000. Unemployment for Hispanics is much higher; overall it is 10 percent, although with the present policies of the Reagan Administration it is much higher than this.

In education, the Hispanics fare just as bad. Seventy percent of the U.S. population finished high school while only 40 percent of the Hispanic population did so. And their percentage drops significantly at the college level.

These statistics are relevant because there is no denying that the Hispanic population is poor. Unfortunately, many who are not familiar with the Hispanic base its concept of them primarily on the socio-economic criteria. The Hispanic is much more than this because their poverty - while cyclical in many respects - has not deprived them of a strong sense of attachment to religion and to a faith that has allowed them to survive generations of cataclysmic events.

Que sea lo que Dios quiera! (May God's will be done) is more than a resignation of the will. It is an acknowledgement that in this world God's will does determine events. Contrast this with John F. Kennedy's inaugural address: "In this world, God's work must really be our own.

And so, looking at the Hispanic population within the Catholic Church, we see that it is increasing in numbers to the point that it will make up the majority of church membership, that it makes up the poorest of her flock, that it is the less educated, that it is by far the youngest and that, because of its deprivations, is the most vulnerable.

All of these factors provides the Catholic Church - and the WOOMB (World Organization of Ovulation Method Billings), a great challenge.

To understand the Hispanic adolescent of today, we have to look back three generations to better appreciate the struggles made in trying to integrate and uphold their values and attitudes.

While it is true that everybody is influenced by former generations, the Hispanic adolescent of today is more a product of his descendants than any other group that has been able to integrate much better into the overall American society.

The grandparents of today's adolescents grew up prior to World War II. The majority were immigrants from Mexico who came to the United States after the Mexican Revolution. They were mostly rural and uneducated and traveled in family clusters. They migrated within the United States in search of agricultural work and isolated themselves within their own communities.

They settled mostly in rural areas, working in the fields. Later on, after the war, they began migrating into the urban centers to work in the factories and created their own "Mexican" barrio communities.

Within the social environment in which they lived, the role of the women was strictly that of wife and mother and for the man that of provider and father. These were the values of their rural upbringing which they retained.

Under this upbringing, boys grew with the double standard where moral deviations were socially acceptable simply because of their sex. They idolized the epitome of masculinity in figures like the Charro, which in Mexico represented the ultimate in male chauvinism. The charro is the embodiment of the Mexican macho psyche, a carefree womanizer who spends his days drinking and playing.

Interestingly enough, in a personal interview, former Mexican President Luis Echeverria told me that if Mexico wanted to industrialize and get ahead economically, it first had to kill the image of the charro.

A girl who deviated morally not only shamed the family but was socially stigmatized. This in itself was psychologically traumatic as the girl had to remain within the family group and in the area. She could not pack up and go someplace as might be the case today.

The purpose of dating was to find a husband, a provider, and it was frowned upon to date several men at the same time. Dating was not to have fun or as a means of growing and maturing sexually or as a means of understanding oneself better. The men were to find wives from among these girls. If men wanted to have "fun" they dated "looser" girls, those who had been stigmatized, not the decent type.

Sex was solely for procreation. To have it any other way was considered sinful.

It needs to be understood that these values were enforced upon the children much more because they interacted closely among

themselves, not with the majority of the community. They lived in clusters in specific Mexican barrios, and in this setting obedience and acceptance was deeper engrained in them.

Not all the values transmitted by the Hispanics of this generation were negative. They had a strong sense of family unity, of togetherness, that kept the family in a strong mold. They had a strong sense of joy of life, despite their economic and social handicaps. Theirs was a cosmic existence. Life meant death, family and friends, joys and sorrows and was seen as a gift from God which unfolds mysteriously and brings with it both joy and sorrow. They had a profound respect for the person, not the institution nor materialism. Above all, they had a deep love for children, whom they saw as God's special gift.

Characteristically, the Hispanics have a tendency to communicate indirectly. Parents resorted to sayings in providing social value guidelines for upbringing. Often, these sayings had double meanings which were never really clarified as to the intent.

For example, Date a desear (make yourself desirable) meant "don't make yourself so available, play hard to get." At face value, however, the saying could also be interpreted as "become desirable, in a teasing and provocative way."

Since the intent was never clarified, many girls grew up with some confusion about aspects of their own sexuality.

Adolescents did not discuss problems of growing up, or raised questions. They just obeyed. They respected authority and the person, especially older ones. Opinions were kept to themselves. The parents lacked the education, the information and the experiences to act otherwise. The church to them was mostly ritualistic and

and they related to it mostly through symbols. Ninety percent of the Hispanics of this generation identified themselves as Catholic.

Obedience was pretty much a part of their existence. Obedience to their parents, obedience to the church and the priest, obedience to the patron. They were victims of catastrophic changes - the Mexican Revolution, the breakdown of the hacienda system in Mexico, the clash of cultures as they migrated to the United States. In their plight, they sought refuge within their family, their friends and their church.

When the parents of today's adolescents were themselves adolescents, during the mid 1950s, they followed through on the ascribed traditions with all the moral overtones passed on to them from their parents. Although World War II created a surge in education for Hispanics, the vast majority of them still remained pretty much under-educated, although they spoke much better English than their parents. They still lived in their own sections of town, still followed the crops as migrants and still remained in the lower echelon service jobs.

However, they did have more access to information, and because of this they were aware and could understand better some of the setbacks and impracticalities of strict upbringing. The period of their adolescence from the mid to the late 1950s was pretty stable.

Even though the adolescents of this time faced greater peer pressure than their own parents, who because of overt discrimination kept to themselves, they still were able to conform to their value system because of their deep respect and obedience to authority.

However, their need was greater to integrate themselves into the American culture and were thus more susceptible to peer pressure.

The social mood of the times was beginning to change dramatically, peaking by the mid 1960s, at which time these adolescents were by then married. Being unable to adapt their attitudes to fit the demands of the changing times, and once their understanding of events and circumstances reached their limits, they began to search for answers, looking in all directions, especially the Catholic Church.

These social changes that were occurring mainly involved the upper middle class white Anglo Saxon. Since the Hispanic was still at the lower echelon of education and economics, they could not relate to or identify with the crisis. They were, nonetheless, affected by the attitudes of the issues like civil rights, equal opportunity, planned parenthood, draft, abortion, Vietnam.

Not feeling part of any of these movements, they sought answers within their own ethnicity, at times manifesting itself in movements such as La Raza Unida, Chicano Power, etc.

It was even more obvious to these young families that their resources of experience and knowledge with their upbringing were not compatible with the new moral standards surging out of these changes: free love, drugs, sex for recreation, abortions, breakdown of authority and responsibility for own actions often disguised as "people's rights."

The sexual revolution was seen everywhere: on television, in movies, in books, in school. Sex education left out the morality. Instead of being responsible for one's actions, the new morality talked about rights, often on a very selfish and self-serving manner.

Women had a right to do whatever they wanted to do with their bodies. Abortion was given legal sanction. The family could no longer direct their children. Teachers could not discipline without getting slapped with a civil rights violation.

The biggest problem was then to find answers to, "How are we going to educate our own children?" The parents could not turn to the government, as it had responded by funding clinics and programs which left out morality in its attempt to meet the demands of a clamoring constituency.

The Hispanics turned toward the church, who they felt would bring stability and unity to the family, as its foundation was being shaken by the turmoil of the period. While the church was not fully prepared to provide immediate solutions, especially those needed to be geared to the ethnic consciousness of the Hispanic, it did mobilize to bring about greater family strength and unity, as evidenced by programs such as marriage encounter, engaged encounter, family encounters, etc.

While the church mobilized, it wasn't fast enough or perhaps relevant enough for many Hispanics, as they turned away from their Catholicism.

* Houston Mormons, have increased 150 percent in Hispanic membership just during the latter part of the 1970s.

* The Atlanta-based Southern Baptist Convention has 1,500 Hispanic churches, and it adds at least 150 new churches each year.

* Jehova's Witnesses have 45,000 Hispanic members. The fundamentalist Church of God has 10 Iglesias de Dios in Washington, D. C. alone, and many more among Puerto Rican communities in New York.

It became very common during this time for many Hispanics to trade off some of their ethnic identity and values in order to Anglicize and belong to the "American way of life". In spite of this, they still found themselves on the outside looking in.

By the beginning of the 1980s, their children had grown to the adolescents of today. Overall, the Hispanics of today are much better educated and integrated into the general community, most of them being bilingual. Their attitudes are not as regimented as those of their parents, but they still retain a healthier attitude on obedience, morality and sexuality.

For once, parents and adolescents are not adversaries as in the 1960s. They're more willing to listen and compromise. They have a better chance to make sounder choices, as social pressures are not as slanted as in the 1960s. There are, however, many more pressures and choices.

Major social issues are manifested in parallel movements such as pro-life versus pro-abortion, homosexuality versus moral majority. The pendulum has swung from the pre-war sex-for-procreation to the sex-for-recreation of the 1960s to the sex for both recreation and procreation.

But the struggle remains for the adolescent to find a healthy balance between these two extremes and within himself. Integrating his personality with social responsibility, emancipating his dependence from his parents, creating new patterns of relating to the opposite sex, accepting new images of the body and choosing the vocations he will follow.

The challenge will be to form a movement to counteract and offset the prevailing mood of sex without morality which is

commercialized and pervasive and taken out of the context of sexuality. This damaging attitude is exemplified in the reaction of Planned Parenthood to the government's attempt to force them to notify at least one of the parents of any youth under 18 years of age that receives birth control prescriptions.

Their argument in opposing the government's proposal is that teenage pregnancies will dramatically increase because "many young people will not discuss contraceptives with their parents out of fear or embarrassment," and "the regulation won't keep teenagers from having sex because once somebody starts having sex nothing is going to stop that."

This type of attitude does not take into account the adolescent of today but assumes sexuality as being amoral and promiscuous, a carryover of the 1960's attitude. Adolescents today, we feel, are different than those of the 1960s when they were more antagonistic to parental authority and more rebellious. The adolescent of today is more conciliatory and more willing to communicate. The hostility of the 1960s and the 1970s isn't there. We need to give them credit. Our attitudes that anticipate that adolescence is a period to fear and not one to enjoy with them and that premarital sex is to be expected may well turn out to be a self-fulfilling prophesy.

To conclude, we feel that the Hispanic adolescent is at the crossroads of his social development. He still retains the value system stressing family unity, love of children, obedience to parental authority, religious faith and a humanistic outlook on life. Regardless of ethnicity, we think we all recognize that in order to uphold values to pass on, we must live them. We need to worry about

ourselves and what we're trying to do, which is to become examples of those truths and values to our children.

Unless these values are reinforced, the possibility exists that we may lose them. We feel that the Hispanic adolescent today is in a stage where he will be most receptive to developing a healthier attitude toward his sexuality and we need to mobilize our efforts in this regard.

INVOLVING ADOLESCENTS - ADOLESCENT CONCERNS:

DO NOT STIR UP LOVE BEFORE ITS TIME

Fr. William D. Virtue

The chart which accompanies what I am going to say is based on the Treatise on Emotions in St. Thomas Aquinas' Summa Theologica, with additional insights from two contemporary Catholic psychiatrists, Dr. Anna A. Terruwe, and Dr. Conrad W. Baars. Much of what I give you today is a sharing with you of the wisdom of these teachers.

Our teacher and shepherd, Pope Paul II, once said, "The truth owed to man is, first of all, the truth about man." That is what we are going to consider today: the truth about our human nature, about our human emotions, about our human personality - as St. Thomas Aquinas and these psychiatrists have explained it in their teachings.

I have asked one of the teens to tell you about the chart that we are following, and so in Janet's own words: "The human person has two sides, or dimensions. On the one side is the Heart - not the muscle of your body that pumps blood - but your very soul. And on the other side is the Mind. The Heart is the side of affection - a more feminine quality, for girls are more touched by emotions than men. The definition of this affectivity is: to be moved. On the other side, the mind has a very masculine quality of effectivity. It means to act, to move. Men are more assertive. However, God gives us all both qualities in different degrees."

"Next on your chart, below the intellectual level, is the cognitive, or learning powers. On the side of the Heart are the five external senses and the imagination. These are instruments not only of learning but also enjoyment. On the other side, going

with the Mind, are memory and the usefulness judgment--which are instruments of survival and self-assertion."

"The next level is the emotional dimension, divided into pleasure and utility (or usefulness). There are specific emotions of pleasure and of utility. All the emotions are good and important for living. You can see on the chart how each basic emotion has an opposite one."

"The lowest level of the chart is about emotional disorders (neuroses). Deprivation is felt when pleasure is not adequately fulfilled. Repression acts through the assertiveness drive, and happens when a child is taught that one emotion is evil, and then fear prohibits that forbidden feeling."

Thank you, Janet. You've received your first lesson in thomistic psychology well, and given it back to us. Today we are going to focus on only two emotions on that chart: desire and joy. But we needed to see the chart in order to appreciate the whole perspective from which we will understand these two emotions.

First of all we will consider the developmental psychology of the emotion of desire. As an infant and small child, your emotions were like your muscles. You know an infant cannot walk at first because the muscles are not developed. First they crawl and develop the muscles by exercise. So it is with the emotions: when we are born we feel pleasure and rage. As we grow we differentiate and enrich our emotions by exercising all kinds of different feelings in response to the varied emotional life of the people who raise us.

Our emotion of desire grows throughout our childhood and youth. How does it grow? What exercises help desire develop? Let me tell

you a story which illustrates the growth of desire. There were two fellows, Dennis and Mark, who went to the same high school. Dennis all his life wanted to own a car. He loved cars: his room was cluttered with models of every model of car, even a working plastic model engine. When he got his driver's license he got an old junk car but his heart was set on owning a Trans-Am. His dad said he could buy one if he worked to earn the downpayment and kept up the insurance, and his dad, who was well off, would help with the payments. Dennis couldn't wait till he graduated and could work full time and make more money to buy his Trans-Am. Each day he went past the dealer's lot and anxiously looked to see if the Trans-Am he had his eye on was still there. The dealer let him test drive it a few times, and those rides fired Dennis' anticipation for the day when the one he had picked out would be his very own. Finally, two months into the summer after graduation, he had the money and bought the Trans-Am. Boy, did he take care of that car: polishing it and keeping the interior clean. He was always under the hood too. He had waited a long time to realize his dream, and he enjoyed every time he got into his Trans-Am, and it remained a thrill for him to drive it for many years.

Now in the meantime, the other fellow, Mark, who likewise came from a well-to-do family, had heard Dennis singing the praise of Trans-Ams, and he got interested as graduation approached. He mentioned it to his dad, managing to give just the right impression to him: "Hey, dad, Dennis is going to get a Trans-Am for his graduation!" Well, Mark's parents thought: "wouldn't it be a surprise for Mark if we bought him a Trans-Am for his graduation; after all, Dennis' dad is getting him one." And so on graduation day Mark was

handed the keys to a Trans-Am which he enjoyed that summer - the same summer Dennis was still working to earn his own. Of course, Mark didn't take the best care of his car: there were scratches; and McDonald's shakes spilled on the interior; and Mark seldom looked under the hood. By the end of that summer, Mark had heard some fellows talking about how great Corvettes are. So he traded in his Trans-Am for a new Corvette. He lost interest in the first car, and wanted another.

Let me interrupt this story for Tim to tell us something about a friend of his and a car: "I have a friend who's crazy about cars. He got a part-time job to pay for his Trans-Am. And like Fr. Bill said, my friend is always under the hood; he put new high-performance parts in it because he likes to race. He's real, real proud of it, and since he was young he always wanted a nice car, and so this Trans-Am is important to him."

What do we see happening here? The experience of wanting something very much - that is what builds us up and prepares us to enjoy it when we finally do get it. Let us listen to Tom, who had a similar experience: "I'm a football player; I started out in 8th grade, and by junior year I was on the varsity. But junior year the seniors were all ahead of me and they played and I had to sit on the bench all that year. I didn't play at all. Sitting on the bench in Minnesota where I live is a lot worse than sitting on the bench down here in Corpus Christi - 'cause it's cold up north. You can always tell who's gonna be sitting on the bench; when they come through the gate, the guys who aren't gonna play wear mittens. Well, my junior year, I was one of the guys who wore mittens.

"So, over the summer before my senior year, I worked out a lot, and I ran every day to get in shape. Finally, I got to start in my senior year. It was great. It was such a transition from sitting on the bench to playing; now I felt so much involved and it was a lot of fun. This shows that when you wait and want something, then you really enjoy it when you finally get it. I remember the first day I ran out into the field and I was going to play in the game: it was such a thrill to hear them call my name out that day."

Linda also has something to tell us about the growth of desire: "Ever since I was a little girl I loved to dance. My parents never had to ask me twice to dance in front of company or relatives. But at the age of 10 I got a terrible disease which weakened my arm and leg muscles. Then it was very hard for me to do the things I liked. I had an operation and afterwards I had to stay still; during that time I couldn't dance, or go skating with my friends. I had to be very careful how and where I stepped, and what kind of shoes I wore, and I missed the activities I loved. When I got to high school there was a dance group I wanted to get involved in, but my parents felt it would be a risk. They were afraid I might hurt an ankle and then we would have to go through the whole thing again. I understood the concern, but by my junior year I was determined to go ahead and try out for the dance group. We had to wait a week to find out if we made it; I was so impatient that week! When I found out that I made the dance group it meant so much to me because of how long and how much I had wanted it, and now I had it. And when I hear the other girls complaining, 'Why do we have to practice so early in the morning!', I just think to myself, I'm so grateful and glad I'm in this dance group and finally get to dance!"

Thank you, Linda, Tom, and Tim, for your examples which have in common the realization that when we don't have something that we want, we are flexing a particular muscle, as it were, really an emotion. What emotion is being exercised every day that we don't have what we want? The emotion that is developing then is the emotion of desire. Desire is only exercised when we don't have the object we want. Once we get the thing, once we possess it, then we have reached another feeling; the emotion of joy.

There is a sequence of feelings we go through: first we see the good in this thing or person, then we want it, and finally we possess it, and we rest in the joy of having the thing or person we have loved. But when we finally have it, we are no longer waiting or wanting. The desire is past. Now we have joy.

One of the important requirements for the emotion of desire to develop is that time must pass. The same is true of muscular development. If I lift weights for three months - do the curls - my biceps will improve a little. But if I lift weights for two years, then I'll have biceps like the Hulk! So, time must pass for the development, because there is in our bodily and emotional growth a 'law of gradualness.' Living organisms do not mature in an instant. Our muscles grow gradually; our emotions grow gradually. And our emotion of desire can only grow when we do not have what we want, when we are in a time of waiting and looking forward to the day.

The opposite of this gradual process of ripening is when people in our life, in a mistaken idea of trying to benefit us, to be good to us, always give us the good thing immediately. They don't let us have the time, the chance, to gradually grow in a desire proportionate to the greatness of the gift. They mean well,

perhaps, but they prevent us from desiring. This happened to a famous woman Ethel Barrymore, whose life became a wreck, because from childhood her wealthy parents gave her everything right away. When she finally got herself together she wrote her autobiography and entitled the book with four words that define exactly what occurs when we are not raised allowing our emotion of desire to grow. The name of her life story is: "Too Much, Too Soon." This is the definition of the opposite of the gradual growth of desire. It is the definition of 'to be spoilt'. What has been spoilt? The emotion of desire, and the capacity for joy.

Linda is going to tell us about spoilt children: "I have some cousins between the ages of 8 and 10. They have everything they want, right away. They ask for something, and it's there at the snap of the fingers. It's a pity, because they are very selfish. When I babysit, or when I'm over at their house for lunch, I can see how they pick up a toy for five minutes, and then they leave it. They are not happy with anything. They are never satisfied or content with what they have."

Milissa is going to tell us about the effects of spoiling when we grow up to be a teen: "It's hard when you're 16 and when you've always had it your way and been spoilt, and now you find out you can't always get in life what you want right away. It's pretty bad when you're 16 and throwing a tantrum like a baby. And then after you get it, you don't seem to want it anyway, or take care of it. You become greedy too, because you realize you can get whatever you ask for."

Mauro also had an experience with a spoilt person in teen years: "I used to have a friend - if you could call him one. He

had everything. Not just material things, but popularity came to him easily. We had got along in high school: we studied and went out and played sports together. But when we went to the same college things began to change. The fraternities wanted him. I would get phone calls, and the girls were asking about him! One year when school started and we came together in the car and got to the dorm to unload our stuff, everybody came out right away to help him get his things out of the trunk of the car. I had a lot to carry too, but no one came, and my friend just ignored me. I began to see that our friendship was really on the surface, it was a convenience for him which he didn't need anymore; I was no longer useful to him." Mauro's friend took him for granted because he had been given so much attention and didn't appreciate what he had. Not having gone without, never having lacked popularity, he was somewhat spoilt because he disregarded a longtime friend for new faces. Maybe if he had suffered some loneliness, he would desire and appreciate a true and lasting friendship.

Not everybody has been spoiled. There are many teenagers who have been waiting for the good things in life. Their parents, even those who may have been wealthy, were rich in wisdom too. These parents wished their children to have good things, but when the child is ready! They didn't drag the child by the ear, screaming, to the symphony - because 'my child is going to have culture!' Instead, they first let them experience the pleasure of music for many years and when the child had some appreciation of fine music, and a desire to hear the marvel of the symphony, then they take the child to orchestral hall.

The person who is spoiled only thinks of gratifying himself or herself. But because they have never developed the emotion of desire, they cannot actually have much pleasure. They cannot deeply enjoy things. This is because joy follows desire. Joy depends on the intensity of desire. The measure of joy, is the measure that we have desired. The more we have desired something, the more we will enjoy having it. But some people never learn this, and are never satisfied with anything because they have no capacity for joy - not having ever desired enough.

This is one good reason for waiting till marriage before having sexual union. We allow our desire to grow before we receive the joy of possessing our beloved. We wait because it is good to first desire; this is the law God Himself has placed in our nature, in our hearts, and that is why He made it His law in the 10 Commandments - which simply express how to live true to our real nature as created by God. And this waiting is not only a respect for God's law and our own nature, but it also is a sign of respect for the good of the other person who also must develop gradually and also is called to obey God's law in his or her own life.

What can a young person do about the desire for sexual union, a desire which is growing stronger, yet which should not be satisfied until the time of marriage? How can we react to our emotions when it seems that the urge is so strong and intense? Let us presume you have allowed the desire to grow with time, gradually, and you have waited for many months in a very intimate relationship. How do we find the control to wait until marriage when our love and desire have ripened but circumstances are not present for getting married?

In order to respond to this situation, we should consider what we learn from the chart which was explained earlier. We see the side of the Heart, which has the feminine quality of being moved, of receiving, as distinct from the side of the Mind with the masculine quality of doing and giving. Responding with self-control over our desire does not mean only a sort of masculine effort over our feelings. There can also be a feminine way of internally receiving the desire, affirming it, saying within ourselves, 'it is a wonderful feeling I now experience; it is very good for me to desire the person I love in every way; I may be attracted to and aroused by this person - but it is not necessary for me to do anything about this feeling. I do not have to let it proceed to an outward act'!

If we respond to our emotions, our desire, in this fashion, gradually we will become more capable of internally acknowledging and receiving our feelings, however intense, but not necessarily giving them outward expression unless it is the appropriate time and place and person for the act that naturally unfolds from the feeling. To experience the feeling, but not always complete this in an act.

In the recent past, in what was called the Victorian era, people were trained that to be good you had to repress the very feeling itself, internally fight it, thinking, 'I must not feel this desire.' This led to problems. A boy raised this way might defend his upbringing by saying, 'But my parents never said sex was evil'. No, they may not have condemned sex, but the fact that they never talked about it and didn't explain it to the youth may have been because it was absolutely taboo. And the boy picked this up. He sensed, he got the message that you should fear sex as something evil and sinful. In this way the emotion of fear led young people

to repress the emotion of desire every time it was felt. What this leads to is an obsession with the very thing forbidden. Adolescent masturbation turns into a compulsion that doesn't stop, and an occasional adolescent curiosity in a pornographic movie or magazine, later on becomes a constant preoccupation. The stifled emotion is buried but still alive and protesting by drawing attention all the time. Desire becomes a source of private shame and guilt.

On the other extreme from these results of the repressive training of the past, there is the way things are going today in our permissive era. After the 'sexual revolution', youths are growing up with parents who openly encourage promiscuity. A father boasts that his son has 'proven his virility' by seducing a girl. And when the boy is only a sophomore and hasn't dated yet, then the dad says, 'what's the matter with you, are you queer?' This prompted one boy to go on a binge of promiscuity to prove what a man he was. Such youths get in the habit of having sex as the goal of each new 'conquest.' A real relationship is not the thing: and maybe such a youth will enter a longer friendship just for convenience because it's easier to have a regular partner than to have to go out cruising and looking for a new one all the time. But even these relationships wear thin. I talked to a girl after she had broken up with her boyfriend whom she went to bed with very often for a year and a half. She feels used and is brokenhearted and bitter. She never realized, or refused to believe, that from the very beginning the guy knew he didn't love her enough to ever marry her, but she was useful for a few years for his pleasure. All that time she was becoming more involved. But for him every act of sex altogether could be summed up as one act, for none had a deep meaning each time. But for her, each

act was a special moment of love. For the boy the carelessness was harmful to spoil him. But for her it was a wound that hasn't healed, a heartbreak because women are more committed if they have a true womanly heart. The harm to the boy is that he has gone on to young manhood with the attitude that women are to be used; a selfishness has set in, and his relationship to other people remains on the surface. He doesn't allow his depths, his heart and feelings to become involved with the girls. That would mean to care about them, and would place limits on his freedom.

In a sense, the fellow who has been somewhat spoilt is better off than the one who repressed, because at least this fellow has a more natural and spontaneous expression of feelings of desire, whereas the repressed individual is somewhat rigid, even business-like in regard to feelings. But the one who is overcontrolled can always loosen up, while the one who has never learned self-control--how can he, in a society like ours which constantly awakens desire and provides the opportunities for improper gratification?

Meanwhile, there's a third fellow, who is kind of in the middle of the two extremes I've mentioned. He's not repressed and he's not permissive. This youth dated, but he didn't have sex. He had a good relationship with his girlfriend in high school but when they went away to college, they decided each should have freedom to date others. In college, the guy found that there were girls who wanted to go to bed right away. But his attitude was not to get involved with such girls. He sees that those girls don't realize what they are like, or what happened to them, probably in high school, when they lost something precious. Some of them regret

how casually they took sex, and wish they could erase their past. Now that they are older they realize sex is part of a much more serious and bigger picture in our lives, and not a plaything for partying. They wish they could start over, and he's glad he never got on that track. He plans to continue his self-control, and he hopes that when the day comes for him to marry the girl he loves, that then he will be truly ready to give his whole self to her.

All that I have said is to explain how we can respect the 'law of gradualness' which God has placed in our nature, and also how we can respect this need for growth in other persons. There is a book in the Bible, the Song of Songs, in which it says: "O daughters of Jerusalem, (and it applies to the sons as well!) do not stir up love before its time!" Give the love time to develop. Let the desire grow stronger and more intense. And when you feel it passionately, do not repress it nor prematurely express it. Instead, inwardly recognize that you may feel it, but you don't have to act upon the feeling. You can wait until you are married.

This will take on a new importance in your marriage, too, because in marriage the same principle will apply. Desire will still need to develop in order for pleasure and joy to be great. You have heard the other speakers mention Natural Family Planning, about the married couple having times when they say 'no' to the sexual act during the fertile days, if they are for a 'good reason avoiding another pregnancy'. How can a young couple who are so deeply in love have the ability to say 'no' for the days they are fertile? How can they wait? Only if they have learned to do this from the beginning of their lives by having exercised and developed

the emotion of desire along with inner control. Natural Family Planning doesn't work too well if the only way a man can control his sex drive is by running away from his wife during the fertile time, and sleeping downstairs on the couch. This denial of the affection she needs will make the whole thing miserable. The man who is afraid of getting aroused has never learned to internally receive his feelings and let them subside without an act. The man or woman who has genuine self-control can enjoy a feeling and an intimacy and the natural arousal, yet refrain from placing an act if there is reason to wait.

The persons who have this balance of feminine and masculine qualities, of Heart and Mind, of being and doing, are able to live a rich and full emotional life. They have reached a true integration within their personality. There is a time for the more feminine inwardly receiving, and a time for the more masculine outwardly giving. Here is the integration of our emotional dimension under the guidance of our intellectual power of soul. It's not a matter of forcing the issue over our passions; it's not a matter of giving in to them permissively. Rather, we accept our feelings, we allow them to gradually grow to their natural intensity in the situation, and let them be felt internally, within our own body, and then if the time and place and person is appropriate, we may at times follow through into the complete act, but at other times it is necessary to say to our passion a very firm but kind 'no'. The emotions will readily obey the proper guidance of our intellect and willpower. St. Thomas teaches us that our emotions have two goals in view: they want the object they seek (or desire) and, secondly, they also

want and need the guidance of our reason and will. This is our nature, to be intelligent beings and rule ourselves. If we let our feelings rule us, then our lives become chaotic. And so it's perfectly alright for us at times to say 'no' to our emotions; they will be at peace because they are content to be guided, they are more secure in this role. They feel thus integrated, part of a larger whole: our personality with our entire life on earth leading to God.

Let me tell you one more story. It's about desire. It's about how waiting can make you want something, and make you appreciate and cherish it. Unless you wait, you will not have the desire develop, and without sufficient desire, you lack joy.

A farmer friend of mine who grows corn was out along the field one day when I was with him. It was the end of summer, and it had been a very dry month. The corn stalks were yellow instead of green. I asked him if the dry spell had meant he would have a poor crop this year. He told me he wasn't worried, because at the beginning of the season when he planted the corn, during the two week period when the corn stalks develop their root system, during that time there was a dry spell. Then there followed regular rainfall through the middle of the summer until another dry spell at the end before harvest. He told me that during that first dry spell when the roots were starting there was no water on the surface of the ground because there was no rain. As a result, the tap roots had to go down deep to the subsoil to find water. Now, at the end of the season, when there is another dry spell, with no water on the surface, those corn plants have deep roots and so they can reach the water deep down. And they will survive and bear fruit.

Likewise, a young person should allow his or her whole emotional dimension and Heart to develop first, so that later in life there will be a richness of desire and love, and joy. If you allow desire to grow deeper and stronger by not quenching it at the surface immediately, by not spoiling it, if you wait for the good thing until you are truly ready, then in marriage you will be mature and able to practice Natural Family Planning. You will be able to wait for the duration of the time to abstain, until the time to come together again in sexual union. The times of waiting, you will realize, renew your desire through wanting and expectation, and make the time of sex and the joy of union more perfect. The couple who has shallow roots, on the other hand, can be plucked out so easily and lose their home, because of their ties are weak, because they never had to desire strongly.

We should let ourselves have something left untouched, something we have not yet had before marriage. We don't take everything ahead of time. We wait. If you take all beforehand, there is nothing left to wait for, to look forward to, for you've had it all. If there is not more desiring, then the desire is not deepening. It has stopped developing. They are already satisfied, perhaps at a much more shallow level than will be needed for true happiness and stability in marriage.

But if before marriage they were engaged and remained chaste as unmarried people should; if they spent this time as a sort of sexual dry spell because no satisfaction of this desire, then they are driven to go deeper into their relationship and make other bonds the ties that bring them closer. Then later in life when there will be the inevitable dry spells of married troubles, or just the

monthly period of abstinence, then they will have the depth of desire, the capacity, the exercised and strengthened muscle or power to wait and want. They realize their joy will be fulfilled in time and in great measure, for the measure of our joy is how much we have desired.

God made us to be fulfilled in joy. We cannot take this happiness on our own, though, for it is a gift. God will give us the gift if we wait. But when we try to take it wrongly or too soon, then we spoil ourselves and perhaps miss the gift altogether because we deprive ourselves of the ability to enjoy the gift. We should let ourselves grow in readiness and expectation. This is why in the larger picture of life, God is hidden and we have only Faith. This is why God is silent - so that in this life we do not possess him entirely and therefore our desire can grow in proportion to the tremendous gift of being with Him forever. When we are ready, then He gives Himself to us. This is what Purgatory is all about, too, for some people when they die are still not ready to appreciate God, and God respects the law of gradualness in their nature and gives them more time to learn to desire Him above all things. Let us too respect our nature, our God-given nature, and we will be happier for doing so.

Chart of the
DIMENSIONS OF THE HUMAN PERSON

Spiritual powers
Dimension of Intellect & Will

HEART

Intuition
Receiving
Being

MIND

Problem-solving
Giving
Doing

- - - - -

Cognitive powers

5 SENSES
MEMORY

IMAGINATION
USEFULNESS
JUDGMENT

- - - - -

Emotional powers

PLEASURE

Love - Hate
Hope - Despair
Anger

UTILITY

Desire - Aversion
Courage - Fear
Joy - Sorrow

- - - - -

Emotional disorder
(neuroses)

DEPRIVATION

REPRESSION

Chart based on Summa Theologica, and
writings of Anna Terruwe & Conrad Baars

BEYOND KNOWLEDGE

A YOUNG MARRIED COUPLE'S EXPERIENCE IN WORKING WITH ADOLESCENTS

Anne Trufant

As a former adolescent, youth director, teacher, and camp counselor, and presently a social worker, I have had some experience with young people...I claim no expertise, but do claim experience. This I will share.

When I think of the title "beyond knowledge", I think of four things that I think are needed to serve as roots for information already given to young people. If this information does not take root, the young have no reason not to simply use the Billings method or the awareness of their fertility as another contraceptive.

The first thing I see as essential is PRESENCE. Young people don't want adults with pat answers - they want someone to be willing to share him/her self ... someone who is present - really listening, giving the teen's thoughts and feelings equal time and consideration, not just judging their feelings. They want adults who are willing to be vulnerable and honest. They want role models and boundaries, and they expect their role models to live up to a great deal. This was a fabulous experience for me, because no one can call you forth like an adolescent.

Adolescents have a tremendous amount of energy and imagination. They are capable and willing to take on incredible challenges. No one can be more of a skeptic, but once something passes an adolescent's scrutiny and finds acceptance, no one can embrace a cause or a belief with greater fervor.

What do I think causes roots once the knowledge has been given? No. 1 - Presence and No. 2 - Humor.

Once I decided my youth group needed a fund raising project. We went all over town from house to house. At the first house we would ask for a donation of an egg for our youth group. We would get strange looks, but most often we'd also get an egg! At the next house we'd ask if they'd buy an egg for our youth group! We made \$150.00 in an hour. The kids thought I was nuts, but they jumped in and really carried it off. (Unending enthusiasm). They used to tell me they'd come to my youth group just to see what I'd come up with next!

We want our young people to be great and wonderful people. To be committed to high principles and values - to shine like beacon lights amidst the darkness ... Ahhh! What are we showing? David talked about the bombardment of advertising. Think about it. Ten years ago the Supreme Court legalized abortion. What message does that give? So often we think that what is legal is right - what kind of powerful messages are we giving?

I worked for one year at a counseling center at Louisiana State University. I remember one group therapy situation. I was co-leading the group with a psychologist. One female member of the group was having difficulty with her boyfriend. He wanted sex and she didn't. The psychologist brought the situation up to the group and asked each person his/her opinion. Each group member, male and female, recounted his or her decision to be sexually active. The message to this one girl was, "maybe one day you'll be big enough and mature enough to handle it." I was appalled. I jumped right

in telling this girl that she had every right to say no, etc. etc. Soon after that I was no longer the co-leader of this group!!

Again, what are we as adults showing? Of adulthood and of marriage? Many kids have told me that they dread adulthood. All they think of is bills, boring jobs, soured relationships with spouses, screaming kids. Where do they get this? Do you think this would be implanted in them if their parents embraced life and family as a gift to be cherished and enjoyed? If there were affection displayed, if parents hugged and kissed, laughed and played with each other and their children, their children would feel differently about approaching adulthood. Then too, things aren't always marvelous, and dealing realistically and openly with life allows the children to learn the same.

We don't know how to play anymore. We often let our creativity run dry. We don't play together, and consequently we are such a somber and serious generation.

I propose that we learn to laugh and play again. That we put the element of surprise back in our lives. We are the TEACHERS. Now, if we want the kids to be able to have a well rounded life and be able to have fun doing lots of things, we have to do it. If we paint a dismal portrait of adulthood, is it any surprise that kids would try to get all the kicks in before they feel "descended upon" by adulthood?

Commitment should be added to humor and presence as the third requirement necessary to root significant knowledge in young people. No, we cannot stop the wars or the entire teen pregnancy problem, for that matter, but we can change our own individual little worlds.

We can touch people's lives. It has never been a call for a chosen few - rather, it's an on-going call for anyone who will be quiet long enough to hear it above the din.

Commitment takes believing in more than what you see. It means that we have to be IALAC builders. IALAC's are invisible signs we each wear every day. It means, I am lovable and capable. So many people thoughtlessly crunch other's IALACs as days go by, but I want to be an IALAC builder ... and you?

Commitment - believing past the problem into the person, and what he/she can become. The modern day resurrection. We have the capacity to call people into being more. I know this works because David does this for me in a thousand little ways, we can all do it. Lift each other up. Love is a decision.

LOVE. Love is my fourth necessity. The number one problem underlying every other presentive problems in therapy centers around a poor self-esteem. This has been my experience. Young people live in a society that says anything goes - until you get caught. "Go on - screw around - but, if you come up pregnant you're still an outcast."

Confusion and mixed messages make it terribly tough to figure things out. But, love is easily recognized. Commitment is too as is a true, caring presence and a light heart. Life and God and you don't have to be dull!

So what is the legacy I want to leave? To my husband, child, future children, to my little world? I want to laugh and love and lift - simple in some ways - a life challenge to be sure. But, this is my commitment. I believe in people and our capacity to love hard enough to call others forth too. We can change the world, but we have to start with ourselves.

I'll close with this reading, from the book of Habukkuk.

"Look around and be amazed! You will be astounded at what I am about to do. For I am about to do something in your own lifetime that you will have to see to believe, but these things I plan won't happen right away. Slowly, steadily, surely the time approaches when the vision will be fulfilled. If it seems slow, don't despair, for these things will surely come to pass. Yes, be patient. They will not be overdue a single day."

BEYOND KNOWLEDGE

A YOUNG MARRIED COUPLE'S EXPERIENCE IN WORKING WITH ADOLESCENTS

David Trufant

There are more forces than ever affecting teens today. Today's higher density cities, technological advances and today's advertising industry have put stronger pressure than ever on the teen to act in certain ways that may not be true to his/her own heart.

The teen of today may watch hours of television each week. Most shows are filled with typecast "machos" who are rich and good looking, often taking the law into their own hands, and who have one form of recreation - scoring with women.

Today's teen has sexually oriented advertising to face - everywhere! Bus benches, public transit, radio, billboards, magazines, etc. This bombards him/her constantly with the theme of "if you're with-it, you'll buy my product and be successful." Of course, they insinuate that the only way to be successful is to be escorted by several beautiful women with whom you are obviously sexually active (and the women obviously love it!)

Today's teen is also confronted with large schools. There are often thousands of students and an inadequate staff. In the schools, information travels fast. Social systems evolve in which the cool guys are often the rude guys.

As a teen I really didn't start dating much until I was a Junior or Senior. The guys that I was mostly associated with were boys in my own class. Those who were sexual hotshots in ninth grade were on the football team and talked a lot about their dates. They insinuated even more. Whether what they said was true or not

doesn't matter. They were looked up to as popular. So it's no surprise that when I started dating I had certain goals in mind. These goals weren't the goals my heart would have chosen. A lot had to happen to get me to finally change my goals and my life.

There is a need for adults to be "real" with their children. There is a need to be close, involved in their lives, and vulnerable, willing to share histories and feelings as well as experiences. In this way, the teen is offered a security found in knowledge and wisdom. And when the time comes to be more involved with peers than parents, the teen has roots from which to grow.

NATURAL FAMILY PLANNING PROGRAMS AND TEENS

Adolescent Fertility Awareness Report of Work in Progress

Hanna Klaus, M.D.

Introduction

In spite of massive public and private sector funding, teen pregnancy is increasing yearly in the U.S. (1,2,3). The predominant approach is to provide sex education and contraceptive services. The results have been far from rewarding. Diamond summarizes the current status (4). Between 1971 and 1977 45 percent more girls experienced pre-marital pregnancy, 41 percent more engaged in pre-marital intercourse and that there were 18 percent more out-of-wedlock births. The rate of pre-marital pregnancy among girls who are sexually active increased 4 percent and 30 percent more pre-marital pregnancies ended in abortion. Between 1972 and 1980 well over \$1.5 billion was expended under Titles V, X, XIX and XX for family planning services with the result that only one-third of sexually active teenagers used contraceptives with every act of intercourse, 65 percent had used contraceptives for the last intercourse prior to interview and one-third used a "effective" contraceptive-pill or IUD. The overall unintended pregnancy rate for 1976 was 9.3 percent. It was 11.2 percent among girls using the pill all the time.

As an obstetrician working in the fields of teen pregnancy and clinical research in natural family planning for several years, I obtained funding support from the Joseph P. Kennedy, Jr., Foundation to offer Fertility Awareness/Natural Family Planning to adolescents and their parents. The goals of this study were as follows:

1. Evaluate the acceptability of fertility awareness/natural family planning instructions to adolescents via the Billings Ovulation Method (6,7,8) after obtaining parental permission.

2. Evaluate the effectiveness of instructions on a) consistency in observation and charting of fertility signs; b) the employment of this information in sexual decision-making where sexual activity was occurring; c) to monitor personality growth through human figure drawing¹ and Loevinger sentence completion tests² given at intake, at 12 weeks--after the intensive initial instruction period--and at 12 months; d) to evaluate personality growth and the integration of the instructional material into social behavioral choices as surfaced in group discussion, with analysis of the group process.

Results

The initial results are summarized in the Table: parental involvement in all research groups appears to exert a protective action in terms of sexual activity of the study group. Group D was not part of the formal protocol. There was no change in the rate of the girls' sexual activity--their teacher had elected not to contact the girls' parents.

Currently 200 girls are in the program, data collection is complete on 68, and is still in progress for the remainder.

Discussion

Our program differs from public school sex education programs currently offered in our area in that it asserts that there is value to human sexual behavior. In public sector the expectation has been that human sexuality will

¹Human figure drawing is a good approach for non-verbal people, exploration of drawing and painting yields ratings of global interpretations which can be scored similarly to the Rorschach system of interpretation. (9) Human figure drawing has been used in pinpointing the function of menarche in body image. (10)

²Loevinger ego strength scale is an open-ended projective test (11) which measures development of ability to make more reflective responses, shows changes in cognitive complexity, and reflect morality as an aspect of ego development. It is an open-ended projective test.

be taught in a "value free" setting in order to allow the students to arrive at their own values based generally on the exclusion of parents. See Ref. Diamond. Our position is that a human act always has a value, that the sexual act is always a personal act as well as a biological one which cannot be discussed without teaching values.

I believe that one of the tasks of adolescence is to integrate one's gender identity into one's total person. One's emerging fertility plays a pivotal role in the attaining of gender identity. The widely advocated use of fertility rejecting contraceptives is going contrary to the developmental and integrative thrust, and this may well be the reason for their widespread irregular use or nonuse by sexually active girls. Among adolescents classical denial still often operates but for many youngsters there may be a need to find out whether the body "real" -- if the girl can really become a mother if this boy is really capable of being a father. On the other hand fertility awareness approach when used has been found to give the girl a sense of power and control -- not one of dominating the male, but of being on an equal basis with him.

Our approach differs from all the others because it joins the didactic and the physical by inviting the participants to actually learn the language of their body in regard to their cyclic fertility and then to engage the girls in a discussion of what this means. At this time values are indeed surfaced; parental prerogative and presence is assured by approaching the parents initially, inviting their written consent to the girls' participation in the program and meeting with the parents during the course of the study to invite their questions and feedback. The confidentiality of the girls' charting and discussions is assured but even with this constraint, parents have been open about speaking with the teachers and expressing their approval of the project. The fact that sexual activity has diminished and that (fortunately) there have been no pregnancies are seen as positive outcomes.

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TABLE

ADOLESCENT FERTILITY AWARENESS/NFP STUDY

Report of work in progress **

Number enrolled to date: 207

| | | | |
|--------------------------|-----|-------------|------|
| No. Complete: | 59 | Use cycles: | 1177 |
| No. in Process: | 148 | Use cycles: | 1339 |
| AGE (at entry): 15 to 17 | | | |

SEXUALLY ACTIVE

| | Study Group | Special Group (no parental permit) |
|-----------|-------------|---------------------------------------|
| At entry: | 16 (12%) | 7 (30%) |
| At exit: | 8 (6%) | 7 (30%) |

PREGNANCIES

Method Failures: 0

Informed Choice: 0

Extended Use Effectiveness: 1 pregnancy begun 3 months after discontinuation from program.

Overall Pearl Rate: 0.85

** Figures as of September 30, 1983

ZELNICK & KANTNER'S STUDY

| Age | Sexually Active | Pregnancies/1000 wm. yr. |
|-----|-----------------|--------------------------|
| 15 | 22.5% | 30.2 |
| 17 | 48.5% | 22.0 |
| 18 | 56.9% | 13 |

Expected rates for sexual activity are taken from Melvin Zelnik and John F. Kantner, "Sexual Activity, Contraceptive Use and Pregnancy and Metropolitan-Area Teenagers: 1971-1979, "Family Planning Perspectives 12:5: Sept/Oct 1980.

Expected pregnancy rates are taken from Laurie Schwab Zabin, John F. Kantner and Melvin Zelnik, "The Risk of Adolescent Pregnancy in the First Months of Intercourse," Family Planning Perspectives 11:4:215, 1979

"FOR THE LOVE OF YOUR LOVE" ST. AUGUSTINE

Evelyn L. Billings, M.D.

Love is the rightful destiny of every human being and its rightful companion on the road through life. If what is rightfully his is given to him, the Creator's plan for him will have the best chance of being fulfilled and he will surely make his way to Heaven, where there is a place prepared. Every child is lovingly conceived by an Almighty, all loving God, in his own image and for himself. His plan is for the parents, no less than for the child, to travel through life accompanied and sustained by the love that will ensure the heavenly goal. On this journey, parents, children, neighbors and strangers meet for a while and travel together, each at a different stage of development or fulfillment of an individual destiny, but each influenced and dependent on each other.

We can think of this as something like a garden where we can see everything together - seedlings, unopened buds and full-blown flowers already dropping their perfumed petals, performing as designated at different stages of development, each stage having its own place and importance and each having an interdependence on previous stages and other plants and an overall dependence on the gardener, who cultivates the garden, feeding, pruning, planting and picking. No flower blooms in isolation. Nothing is independent.

We know the Gardener well enough. We know that His nurture of us is His Holy Spirit which is Love, and that He expects from us a harvest of flowers.

But it is because of the divine nurturing love that we are set apart from plants which respond to seasons and animals which follow instincts.

Human love is an interdependent and therefore vulnerable relationship. It is demanding of effort and even suffering in order to survive. The way was made clear in God's response to man's spoiling. God so loved the world that He gave His only son, and the son so loved the world, He died in human sorrow, physical anguish, and great human love. God made Himself available in His Incarnation to be abused because He wanted from men a perfect love. "You must be perfect as your Heavenly Father is perfect" Jesus told His people. It is only perfect love that can lay itself open totally to be used shamefully. Of love G. K. Chesterton said: "Love means to love that which is unlovable, or it's no virtue at all." Divine love shows us how human love should be and provides the sustenance necessary for its preservation. The divine part of love is not fragile. The human part is fragile. For survival human love depends on both indestructible divine love and also on fragile human love.

So much has been spoken and written about love. It is on everybody's lips at one time and another, in one form or another. It has never become stale in its purest form and is the greatest natural desire of every human soul. Even though the world with its satanic circumstances has done much to spoil and twist its truth and beauty, love is the one thing that everyone understands instinctively because it is essential to happiness and life.

It is of this interdependence of love that I wish to speak, because that is why we are here today. We have recognized it as our most solemn duty as well as our joy and our innate urge to give our love to our children and to teach them how to love. How fortunate is the child who is conceived with love and acceptance by his

biological parents, by a biological union which used to be called and ought to be "an act of love." How fortunate the parents who accept the challenge of caring for and who are able to love the child. They cannot possibly know in advance how the child will draw goodness from them.

How important it is for young people to see that the attraction they have for each other which they call love is just the beginnings of love and so only a part of love. It will only become true love when it is prepared to acknowledge that the consequences of the union of bodies in the physical component of love may initiate another human life which needs human love, that within true love there is a need, a demand. They must ask themselves if their ears are ready for this cry of survival, for the incessant demand for their love. To silence this needful cry will be a denial of their own thirst deep down in the soul, because this love will be incomplete. Love demands completion. Like the few loaves and fishes that fed so many and the never failing jug of oil in the famished land of Old Testament times, love responds to need and must be given in order to survive. If there is no human loving response, famine and hunger prevail and love itself dries up and dies. Death of human love is possible and represents the ultimate human sadness and the worst frustration known to man.

Because youth is headstrong and carefree, often misguided by the fantasies of the world around them, they are often persuaded to think of love as purely superficial and physical, and here boys and girls have tended to become alike in their thinking of late. It is still the case, however, that a young woman generally takes these romantic episodes more seriously - romantically it is true, but

somehow trustingly as well. She knows she is the Christopher - the Christ bearer. She knows it because she is - however it is expressed. When the affair is over, it is not only the end of the affair but the end of total trust. A desolation creeps into the heart, and next time, there is not the same trust, the same wholeness in the giving. The boy is not there with his loaves and fishes or the woman with her jug of oil. The gift is withheld. The philosophy of separation is born. Contraception becomes the order of the day. It is when the willingness to give life is denied that the opportunity to be fully humanly loved is denied. Being denied, frustrated and stifled is not acceptable to human beings, least of all to young ones. We must teach them the reality - to extract reality from imaginings and show them the beauty of the practicalities of both divine and human love.

Physical pleasure is part of Providence. So is love for the child. It is only by acceptance of human and divine love that these two acts of Providence are seen to be in happy bondage. When separated, Satanic laughter and physical pain are the payments. And what of the child? How many young people see their elders as spoil-sports and the Church as rigid and unfeeling? Many feel as did the poet Francis Thompson: "For, though I knew his love who followed, Yet was I sore adread. Lest, having him, I must have nought beside."

It is because woman is entrusted with motherhood, that a great deal is required of her. The lofty calling that is hers must be recognized by those of us who have the welfare of adolescents at heart, so that young women will come to see their own self-worth,

and so that respect and reverence for women and the union of love and body will be engendered and developed in the young men.

A list of prohibitions serves very little good purpose unless inspired by the real wonder of the man-woman-child-creator unity of our fundamental belief - a belief which is not a monopoly of catholics or christians but of everyone. It is simply an acknowledgment of the natural law.

Thus we can talk to everybody. What we have to say will inspire and find acceptance in every human heart and mind that is not totally despoiled and we can never make that judgment.

So we who are Christian never give up. Having our own source of strength, knowing where to go for constant replenishment - the Cross and Eucharist, we can teach practicalities confidently. When so inspired, the "facts of life" - so often received with levity and derision now presented freshly and with authority and kindness, will find acceptance because truth and kindness are always recognizable, especially by the young. Christ has bidden us to seek, to ask, to knock in order to have, and he has told us as well that "In so far as you did this to one of the least of these brothers of mine, you did it to me." Mother Teresa has shown us how the sustenance of Christ for us, and the practicalities of the cup of cold water in His name come together in a wonderful example of the interdependence of divine and human love.

Human love must be risked, but once betrayed, is reluctant to be risked again. Many of the young people we will talk to have been hurt. Their solace, as is ours, is that divine love which, though often betrayed, will never betray.

Because human love is vulnerable, there are those who would stifle it within themselves, fearing the possibility of being rebuffed, belittled or frozen. To deny love is to remove both the purpose and the means of living in the expanded form that we were intended to enjoy in this world. Or to confine one's love to God and refuse to get involved or trust one's neighbors is to live in confusion and disharmony with oneself. The neighbor, the patient, the client, the parents, the husband, wife, child are all objects of our love and our visible demand from God to pour out love to Him. They are essential to our destiny in love - the human part of the interdependence of divine and human love. There is no having one without the other. When Francis Thompson said "Lest having him, I must have nought beside" the "nought" is seen as something purely self-directed - pleasure and gain for self. Learning that self gratification lies in the making happy of the beloved, removes the choice between good and greed. It becomes all good and the frustration has vanished into this wonderful reality discovered in the joy of the other. Teaching this well to children will result in happy marriages later on.

A little child, more so an adolescent who is unsure of himself and looking for satisfaction and happiness for himself, will sometimes be gloomy - often even. The best way to help him to dispel the gloom is to get him to do something good for someone else. Carried into adult life and marriage, this recommendation is invaluable. What trouble we see as NFP teachers when things become one sided, when demands are not balanced by appreciation, or the gifts of love and self are received only as due. Constant reminders are necessary, and pride seizes up the smooth running marriage. Bottling

up injuries, fancied or real, is destructive. True love can talk, and talk we must and early in the piece. Before we can teach this to our children, we must become expert in it ourselves. Many of us, many miles ahead of our children on the journey, are still having trouble with exposing the truth by talking. "Let not the sun set on your anger or else you will give the devil a foothold" is sometimes a hard saying, yet we cannot advise this until we have taken the good advice.

We know only too well that many assaults are being made on the marriage bond. Today's living offers many distractions. In the Gospels we read that if our eye offends us, to pluck it out, or that if we are choked by riches, to get rid of them. We know that even things like discouragement, lack of appreciation, shock or even sorrow may cause an individual to want to "go it alone." Self pity is one of the most potent devices of the devil. Its other name is separation.

It has been said that we should live each day as though it is our last. Rather should we say we should live each day as though it is the last day in the life of the beloved. This essentially means that we should develop a loving communication in our marriages. We should not presume always that it "goes without saying." Loving ears never mind hearing it all again.

Loving hearts can accept criticism given lovingly. How easy it should be to accept criticism from our beloved ones, but is it? How do we offer criticism? We must analyse that, if we are to teach the young, particularly when our subject is education in sexuality. The most desirable a certain line of behavior is, especially when

it has been offered persuasively as good, acceptable and natural by some others, the more resistance of the criticism there is, because there is greater frustration in its denial. We are dealing with tender and growing minds and bodies - not mature ones. Their response will be great if they can be led to see for themselves the wonder of the object of their love, more so if they see those who teach them are lovable.

The roles of parents, teachers, neighbors doesn't differ very much. We have to "make it right". That must begin with ourselves. We have to recognize in the children that naughtiness comes from unhappiness. Unhappiness very often comes from personal dissatisfaction. If this is so we can sense that this child is caught up in a vicious circle. Maybe love is dying in his home or he is suffering disappointment and disillusionment because the objects of his love are not loving towards each other. Perhaps the biological union which brought him into existence was not an act of love. And perhaps here we can recognize that as part of God's loving plan for him, we have been chosen to come into his life. We can see very clearly now how interdependence works. We cannot help that child unless we have tried to perfect ourselves. We cannot slake his thirst unless we have asked, knocked and sought. We cannot do this unless we have made ourselves totally vulnerable in our own marriages. Thus we can see how we are dependent to a great extent on the frail and unhappy - the least in God's kingdom, those who demand good of us. There is a very old picture hanging in the Vatican Museum by the painter Giotto where he depicts a beggar at the rich man's door asking for food. It is the beggar who wears the nimbus. In helping them we will experience the outpouring of divine love.

We will not see the end of many of the things we do or ask of the children. We must ask as we ask each other in marriage. Love responds to demand. Let it be our aim to set in motion many beginnings in love. Let us remove from their paths as many obstacles as we can and replace them with truth and wisdom. Let us inspire them with such goodness as we have ourselves. If we do this we are entitled to hope. Because we are human, created in the image of God, lovingly for Himself, because we believe that it is God's will that we should all reach our destined end, we should have a firm and serene hope that not only will we be able to give these children a true sense of their own worth, but that also they will take back to their wounded families the influence of that happiness. We can hope that seeing and hearing us they will be inspired to make a good choice and a good marriage and we in turn will have been helped along the way by the effort we have made to use our human gifts. If we look for them, we can see in the people around us many good results from beginnings made by other people long ago, by people who did not see the end of their good work.

It is not too much for our human intelligence to acknowledge that the tiny cell which is a fertilized human ovum that we can see, is filled with a mysterious biological impetus which, given the right circumstances will reach a biological goal - an adult human being. That is a matter of fact. Nor is it too much for our intelligence to acknowledge that the love which we can all recognize just as surely as the cell has also a mysterious impetus which given the right circumstances will reach maturity. That too is fact.

We know that not only is love a continuous thread because it is the Spirit of God recognizable by us at every point in our lives, but we know that human life is also a continuum. It is a scientific fact that the genetic material of our own germ cells is rearranged in one generation to ensure human individuality in the next. This makes us custodians of life. It should not be too much for our intelligence to acknowledge that there could be no natural break in the continuity between body and love since we believe that the spirit of love created the genes and their continuity. This makes us custodians of love.

Since Eden, God ordained that instead of creating man like Adam, his cataclysmic beginning would be physically small, and dependent, yet so demanding of love that he would be impelled to realize his stupendous destiny in heaven. Such is the vitality of man! What a going concern! Stepping in anywhere to redirect, set things right, and protect the bond between body and love, is something we know will be assured of success because it was meant to be successful. This is where our hope lies.

It is not a mysterious and overwhelming moment when we realize that at the beginning of every human life the indestructible Spirit of Love asks for an act of human will - asks fragile man that this should be an act of love? Are we not seeing the drawing together of all the mysteries of love and life, when man, eternally born with hunger, not with food, is asked to participate in creation, and accept his mandate as custodian of body and love, to answer the demand to give life, to feed the hungry, and so be fed in an interdependence of love?

Carefully, truthfully, patiently and persistently, this is the message to be delivered to the children. We may not find it as difficult as we think. We may find that they are nearer to the realization than we are. Perhaps in the trying, we will find for ourselves some of the likeness to the little children that Our Lord tells us is necessary for entrance into His Kingdom. Perhaps, like the cell of man's beginning and the love which gives it power, any small gift we make may also be another cataclysmic beginning.

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PROGRAM COMMITTEE

**Marge Harrigan and
Sula Hurley, Chairpersons**

| | |
|-----------------------|-----------------|
| Charles & Beth Balsam | Charles Norris |
| Joan Brennan | Ann O'Donnell |
| Kay Ek | Ruth Taylor |
| Hanna Klaus | Mary Thormann |
| Margaret McGauley | Mercedes Wilson |

PROGRAM

FRIDAY, JANUARY 14, 1983

4:00 - Registration (La Quinta Royale)
7:00 P.M.

EVENING SESSION

MODERATOR - MERCEDES WILSON

7:00 Dinner and Welcome
Bishop Thomas J. Drury, D.D., LL.D., Corpus Christi

8:00 "Facing Up To Peer Pressure"
Maggie Flood & Tom Ek

8:30 "When Love Is Lacking"
Fr. Bruce Ritter

9:00 "Learning To Love"
Drs. John & Evelyn Billings

9:45 "Adolescent Sexuality: The Assumptions - Are They Valid?
The Importance Of Adequate Research"
Dr. Robert E. Cooke (Videotape)

SATURDAY, JANUARY 15, 1983

MORNING SESSION

MODERATORS - JOAN AND JOHN BRENNAN

8:30 Coffee, Juice and Rolls

9:00 "The Adolescent's Right To The Whole Truth"
Dr. Margaret White

9:30 "Adolescent Psychological Development and Its Interaction with Adult
Stages of Development: Implications for Responsibilities in Parenthood"
Dr. Mary Thormann

10:00 "Communications Skills: Parent to Parent; Parent to Adolescent"
Dr. Donald Conroy

10:30 **Break**

Continuation of Program

- 10:45 "Life and Love, Sex and Death - What I Learned from the Kindergarten Carpool"
Prudence Mackintosh
- 11:15 "The Family: The Safeguard of the Adolescent"
Dr. Herbert Ratner
- 12:00-2:00 **Bay Cruise and Lunch - \$6.00 (Optional)**

AFTERNOON SESSION

MODERATOR - ANN O'DONNELL

- 2:00 "The Billings Method: The Scientific Basis and Its Relevance to Adolescents"
Drs. John and Evelyn Billings
- 3:00 "The Value of Fertility"
Dr. Kevin Hume
- 3:30 **Break**
- 3:45 "Knowledge is Power" - Ovulation Method Teachers Present Fertility Awareness to Adolescents
Mercedes Wilson and Dr. John Brennan with students
- 4:45 "The Psychology of Abstinence" - Panel Discussion With Young Men
Merrilyn Curry
- 5:15 "Examples Of Some Existing Adolescent Programs"
Dr. Ruth Taylor - Parent to Parent
Dr. Kevin Hume - Sixth Grade Girls and their Mothers
Dr. Hanna Klaus - Adolescents
Dr. Charles Norris - Fertility Awareness
- 6:15-8:00 **Dinner**

EVENING SESSION

MODERATOR - DR. HERBERT RATNER

- 8:00 "The Need for Basic Moral Standards in Government - Funded Programs"
Rep. Lindy (Mrs. Hale) Boggs

Continuation of Program

8:30 "Panel of Today's Speakers With Audience Participation"

Entire faculty will be available until 10:00 P.M. to answer questions of participants

Drs. John & Evelyn Billings
Dr. John Brennan
Dr. Donald Conroy
Merrilyn Curry
Dr. Kevin Hume
Dr. Hanna Klaus

Dr. Charles Norris
Dr. Herbert Ratner
Dr. Ruth Taylor
Dr. Mary Thormann
Dr. Margaret White
Mercedes Wilson

10:00 Gathering for Adolescents - Plans to be Announced

SUNDAY, JANUARY 16, 1983

MORNING SESSION

MODERATOR - H. ROSS. GARZA

8:30 Coffee, Juice and Rolls

9:00 "Strategies for Effective Instruction"
Dr. Corrine McGuigan

9:30 "Good News About Adolescent Sexuality"
Dr. Michael Meaney

10:00 "Rite of Passage"
Margaret McGauley

10:15 "Adolescent Sexuality: A Hispanic Culture Perspective"
Maria Hilda & Fernando Pinon

10:45 **Break**

11:00 "Involving Adolescents"-Adolescents' Concerns, Panel of Teens
Rev. William Virtue

11:45 "Judeo-Christian Responsibility: To Light the Path for Teens"
Bishop John J. Sullivan, D.D., Diocese Kansas City - St. Joseph

12:00 **Lunch**

Knowledge - Communication - Responsibility

Continuation of Program

AFTERNOON SESSION

MODERATOR - KAY EK

- 1:00 "Teenagers Ask Physicians"
All Physicians on the faculty will be available to answer questions from adolescents
- 1:30 "Beyond Knowledge" - A Young Married Couple's Experience in working with Adolescents
Anne and David Trufant
- 2:00 "WOOMB'S Commitment to Young People"
Drs. John and Evelyn Billings
Dr. Kevin Hume

The remainder of the afternoon will be open to participants to see additional demonstrations not presented in the program as well as videotape available in the Research Theater

Bus trip to Padre Island will also be available

"The future of humanity passes by way
of the family."

*John Paul II - The Role of the Christian Family
in the Modern World (Familiaris Consortio)*



Dr. John Billings



Dr. Evelyn Billings

Knowledge - Communication - Responsibility