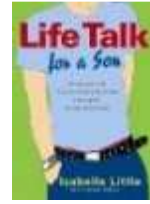


Life Talk Forum Parents' News3



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FORUM BACKGROUND

The **PARENTS' FORUM** provides parents with information and the opportunity to discuss issues and challenges that affect teenagers' lives.

Author of the *Life Talk* books, Izabella Little, co-ordinates the Forum, and the format is primarily electronic, with input from parents, teenagers, and a network of experts comprising counsellors, psychologists, principals, teachers, experts in drugs and alcohol, and others that may be required. (See panel members below)

TALK ON 31 JAN 2007: "Teen reality; feedback; parenting"

Izabella Little is giving a talk covering: The reality, challenges and problems being faced by teenagers and their parents, as well as feedback of other issues shared with the Forum. All Forum subscribers (and anyone else who may be interested) are welcome, the venue is Beaulieu College in Kyalami on 31 January, time probably 19h00 (still to be confirmed). If you're interested in attending, RSVP to us on forum@lifetalk.co.za and we'll confirm the details.

ISSUES RAISED:

Newsletters 1 & 2 covered issues such as: teenage drinking; clubs; drugs; cell phones; porn; pocket money; communication; discipline & boundaries; depression; Grade 8 hiccups; sexual activity; self-mutilation; eating disorders; self-esteem; and helpful reading. (If you didn't get the newsletter/s, [email us](#) for a copy.)

In this issue, specific questions are answered under Q&A, whilst general topics requested are summarised as follows:

BULLYING

Bullying is becoming a huge problem. Among girls and boys, it's making many lives very miserable and often leads to depression and desperation. Liz Norman has researched bullying extensively and writes: "No matter which form the bullying takes, for those on the receiving end (the ones that are teased, talked about, ignored, punched, written about in letters, getting rude phone calls, sms's etc.) – it is extremely painful."

"Bullying in its most simple definition is an act of 'violence'. This means that, no matter what the form, it **hurts** either emotionally, physically or both. According to the experts, most bullies usually have low self-esteem and poorly developed skills at dealing with the pressures of life. They try and hide this by appearing to be powerful and get this power from hurting others."

"Bullies identified by the age of 8 are 6 times more likely to end up with serious criminal records by the age of 30. They're also at risk of getting involved in relationships that can become physically and emotionally abusive. Children that have a history of bullying **and** parents that allow them to make excuses for this behaviour, tend to develop into adults that do not take responsibility for their own actions. It is important to note that when a child has parents who try and **stop** bullying behaviour, although this might be uncomfortable for the family, it does help the child learn more positive ways of dealing with issues. As bullies tend to have low self-esteem, one way of improving self-esteem is to learn new problem solving, decision making and communication skills. In order for children to do this.

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they need parents to be involved in the process.”

“In life the possibility of meeting a bully is always present. Bullies come in many forms: big strong boys/girls/adults, small quiet people with the knack of saying hurtful things, clever/devious people who know when to say things that make others feel humiliated etc. Bullies are found in schools, companies, universities, i.e. everywhere. There are three important skills to help you cope with a bully:

“**Name** the person. If you experience anything that makes you feel as though you are a victim in some way, tell a caring adult about this experience. Don’t let the bully remain un-named - this gives them power to continue tormenting you and others. By naming them (and your experience), help can be organised for both yourself and the bully. Naming takes courage, but is the most important step in stopping the bully and helping you gain control of your own experiences.

This is called **taming** your feelings. Detach yourself from the bully. You need to find ways of not being in the same company as the bully. If he/she is one of your “friends” – end the friendship. If the bully is an older pupil, once you have named him/her, say you don’t want to be in the same place as that person. If the bully is a family member, it might not be physically possible to avoid the person, but you can detach emotionally and remind yourself you do not deserve to be a victim. In family bullying sometimes professional help might be required to change the pattern.

By detaching yourself you become able to take control of the situation. This is called **claiming** – you have claimed your life for yourself!”

“Learning to Name, Tame and Claim are three very important life skills. They will help you deal effectively with most problems that come your way. If you would like to know more about this, read a book called *NIP Beyond The Barrier*. This book shows how you can deal with issues as serious as depression and drug addiction using the Name, Claim, Tame steps.”

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STUDY CHOICES & ASSESSMENTS – KEY STAGES TO DO THEM

Prof Zak Nel: “Three critical stages exist for learners making study & career choices:

1. The first stage is in **June/July of the Grade 7 year** – the last year of primary school. The reason is that a learner with her/his parents should make a decision about which high school to attend. This is not in all cases an obvious choice, and where there is uncertainty of which high school to attend, assessment is required. There are wide choices nowadays between provincial, private, boarding, agricultural, technical etc, high schools, and even the option of home schooling.

2. The second stage where assessment is recommended for **all learners** is in **June/July of the Grade 9 year**. At this stage a learner is required to make the final subject choices for the last three years of the high school phase. In many cases the subject choices determine the type of tertiary education, university entrance, further study direction and career entry point of a person. There is also research evidence that indicates that the right subject combination motivates a learner to achieve well, whilst the wrong choice of subjects can result in under-achievement and even problematic behaviour.

3. The third critical stage is in **July/August of the Grade 11 year**. Parents should not wait until the Grade 12 year for an assessment because in many cases university admission will be based on the final Grade 11 mark. The Grade 11 marks are nowadays just as important as the Grade 12 marks. At this stage it is important to establish if a learner is emotionally mature enough to handle the demands of university study or if a gap year is recommended.”

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SEXUAL ABUSE

Written by Liz Norman (panel) and Jane Richardson (social worker in private practice & former manager of the Liberty Life Sexual Abuse Unit of Child Welfare).

“Sexual abuse is a topic that fills many people with dread and fear. When we experience these feelings many of us react by shutting off, saying we would rather not know about such ‘awful things’. Unfortunately, we **do need to hear**, we **do need to talk** and, perhaps most of all, we need to learn **to understand** how to

deal with this issue. Sexual abuse occurs in **all** communities, **all** economic groups, **all** religions, to children of **all** ages and **both** sexes and to far more children than the adults would like to believe. As caring adults (parents and teachers) and friends (classmates, cousins, sisters, brothers) we need to understand what sexual abuse is and where to go for help if we know of somebody that is affected by it.”

What is Child Sexual Abuse?

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“One of the most accepted international definitions of sexual abuse is ‘the involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent, or that violate the sexual taboos of family roles’. This includes a wide range of ‘acts’ from as simple as ‘flirting sexually’, to fondling, mutual masturbation, inviting or allowing a child to watch pornography or participate in pornographic acts, allowing a child to be present during sexual activities with others, or involving the child in these activities. Even where a child ‘consents’ to involvement in such acts, this ‘consent’ is regarded as uninformed. In the eyes of the law, a child **never** consents if the other party in the sexual activity is over the age of 18. Obviously, when a young girl has a boyfriend and the relationship becomes sexual, the element of consent needs further exploration.”

“At present, the universally accepted stats indicate that by the age of 18, one out of every four (4) girls would have been molested and one out of every seven (7) boys. In certain communities these statistics may vary, with some communities reporting a higher percentage and others reporting a lower average. Regardless of these variations, we cannot keep children isolated from meeting others – they are going to interact with sexually abused children at some point in their lives. Some of them will themselves be ‘those children’ – a frightening thought. Others may marry somebody who has been a victim of this type of abuse.”

“Myths about child sexual abuse:

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1. Some people believe that children will make up stories about being sexually abused in order to get attention. There is **no** recognised research anywhere in the world to support this view. Children do not lie about sexual abuse. (In the VERY RARE case of a child fabricating details of abuse, there will always be some other extremely distressing emotional trauma occurring in the child’s life – i.e. emotionally healthy children do not fabricate such events).”

2. A very common myth is that sexual abuse is committed by strangers. This is NOT true. Most sexual abuse is committed by adults the child KNOWS and TRUSTS. This is why it is often so hard to detect. The child may feel guilty about the event and not want to get the ‘perpetrator’ into trouble (because the person is trusted and loved) or may be scared that nobody would believe them. In most instances the perpetrators of sexual abuse live among us: aunts, uncles, grandparents, step-grandparents, parents, step-parents, cousins, siblings, teachers, friends, doctors etc. Perpetrators often ‘groom’ their victims – they lead them to believe that their relationship is a special one and one that needs to be protected from the knowledge of others. The grooming process can involve the child being bought presents and being made to feel very lucky, or it might involve fear and threats (e.g. if you tell your mother I will kill her). One way of protecting children against the grooming process, is to discourage ‘secrets’ of any sort. The more openness and honesty there is in a child’s life, the less likely a child will be able to ‘keep a secret’ – secrecy is what the grooming process encourages.”

3. Another myth is that sexual abusers are mostly males. Although there are many more males that sexually abuse children, females can also be involved. In many instances females are supporters of the abuse, either by protecting the perpetrator or by ‘recruiting’ the victims. Some women know their children are being sexually abused and prefer to deny it (or blame their children), rather than confront the abuser. In some cases the females are solely responsible for the abusive acts.”

4. Perhaps the most damaging myth is that ‘children will forget’ – they **never** do! The subconscious mind never forgets ANYTHING, although the conscious mind may block active memory of abuse. As a result, children may repress memories of abuse, not understand what the abuse actually means, deny abuse, fabricate the event into some other type of experience but the event (even if only ONE

experience) will remain in their memory forever. Certain other experiences in life may trigger these memories to resurface, resulting in additional trauma to the victim. Often the development of adult sexual relationships is then an area filled with anxiety and dread, resulting in unsatisfactory relationships and marital difficulties. The sexually abused child's ability to function, at some future point, as a parent may also be seriously compromised." [<<back to menu>>](#)

“Myths the victim believes (or members of the child’s family):

a. ‘It will never happen again’. If a child is molested ONCE by somebody, the chances of that person attempting to commit further acts of abuse is very great. Sexual abuse is NEVER an accident. Children need to know that if anybody has abused them, they have to tell a trusted adult about the abuser. This adult then needs to take action. The child then needs to be protected from having any unsupervised contact with the abuser. Ideally the perpetrator needs to be reported to the authorities, but if this is not done other protective actions MUST be taken. If the abuser is a close family member (dad/mum), the child may be terrified that this person would be removed from their lives. Whatever actions are taken, the well-being of the child must be the deciding factor. Parents are advised to **always seek professional help**, regardless of who the abuser might be.

b. ‘I must have done something to deserve this’. Many young people who have been sexually molested or abused believe that certain of their own actions invited the abuse. Other adults and children sometimes confirm this belief by asking judgmental questions such as ‘what were you wearing?’, ‘did you say NO?’, ‘why didn’t you scream?’, ‘had you been drinking?’ etc. There are **NO** reasons or actions giving a person the ‘right’ to sexually abuse a child. No matter what the child said, did, implied and no matter how they were dressed or undressed – sexual abuse is NEVER DESERVED OR ASKED FOR. Children who have been molested need to find an adult to talk to who will NOT JUDGE them in this fashion.

c. ‘If I tell my parents, my father/mother will kill the abuser’. Very often parents (with the best intentions) have told their children that if anybody ever hurt them, they would ‘kill them’. Children take these words very literally. They keep quiet about the abuse to protect their parents from going to jail for murder or some equally horrific fate. Parents need to find other ways of describing their desire to protect their children and to be clear of what their children have understood.

d. ‘I must be a bad parent because my child was molested’. Although most molestations result from actions of trusted friends/family members – parents do NOT always know. Parents who discover that their child has been molested need to refrain from blaming themselves or feeling sorry for themselves and need to think about their children. Instead of feeling overwhelmed and alone – GET HELP!

In the next issue we’ll cover:

- **How to recognise the signs of sexual abuse.**
- **Long term effects of child sexual abuse.**
- **Long term effects of UNRESOLVED sexual abuse trauma.**
- **The cycle of loss.**
- **Steps to follow if you think your child has been sexually abused.**
- **Contacts for further information or help.**

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END-OF-MATRIC “RAVE” WEEK: FUN OR LUNACY?

Every November many parents face the dilemma of whether to allow their matrics to go on the popular “rave” weeks, usually at a coastal resort. Many kids return saying they’ve had the best week of their lives. Some return traumatised by some mishap – and some never return. Fights and car accidents occur, hotel rooms are trashed, girls are sometimes raped, and some kids drown.

Quotes from participants include: “Every activity involves large quantities of alcohol; As you walk past many rooms the smell of weed/dagga is strong; If you don’t take part in the drinking games you don’t fit in; Most of the guys and many girls try weed on rave; Rave is a good time to lose your virginity;”

We’ve been approached by many concerned parents who would like to put brakes on this ‘tradition’. Probably the best time to address this is when your children are in Gr 10 or 11. as by Gr 12 everyone is already planning the week.

making bookings etc. Schools regularly plead for parents not to support the raves, but to no avail. What are your thoughts? How could this issue be best addressed?

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ADHD, RITALIN, & NATURAL ALTERNATIVES

ADHD (attention deficit hyperactive disorder) triggers many debates so we examine some of the aspects, solutions and alternatives. **Tom Burkhalter (psychologist):** "The core features are inappropriate restlessness, hyperactivity, attentional difficulties and impulsivity. Some children have ADD, which is similar but without the hyperactive component.

"Is ADHD real? It is real in that the symptoms occur together, but research is inconclusive regarding a clear single cause. What causes it and how one intervenes varies between individuals, and causes are often multi determined. There is a group of children who have ADHD that has a genetic link, often evident in the child's parent, usually the father (boys are more affected by ADHD). There are cases of soft neurological damage from birth trauma, usually related to oxygen deprivation, that often develop ADHD. Children born at full term but with low birth weight are also vulnerable. There are children with ADHD that seems due to problems in the sensory motor area, and often presents with low muscle tone. In these cases Occupational therapy and physiotherapy are recommended (horse riding and swimming are helpful too).

"There is a biochemical theory of ADHD that associates the condition with problems in brain neurotransmitter function. This, and psychological and environmental causes, are in my opinion, the most common.

"Some children have a clear food allergy, particularly for colourants and additives, and are sensitive to sugars. In these cases the child should be appropriately assessed, and the food should be avoided. There is evidence of some children presenting with ADHD and having high lead content in their blood, and testing for blood lead levels is sensible.

"So, what to do? I think that diet should be part of any intervention. Avoid colourants, preservatives, additives and sugars as much as possible (there is a high sugar content in fast-food burgers). Supplementing with minerals and vitamins is important, and the Omega 3, 6 and 9's are worth taking in any case.

"Very common in ADHD are psychological and familial causes. Symptoms can manifest from stress, anxiety, trauma, developmental delay, epilepsy and autism. Children with emotional distress can present with ADHD and exploring this is very important. Disorganized and unstable families are also prone to producing ADHD symptoms in children.

"In my opinion, too many teachers are diagnosing and too many GP's prescribing. I am unfair to some of them because a teacher's input is vital in diagnosing, and some GP's are very cautious in their assessment. But the key is a thorough assessment, usually by a psychologist who can try to tease out the possible causal connections to the symptoms the child manifests.

"If medication is part of the intervention, a psychiatrist should make that judgement. Many of the problems with inappropriate use of Ritalin can thus be avoided. The psychiatrist is able to assess if there is anxiety at play, or an underlying depression for example. The psychologist's assessment should include a teacher's report and an evaluation of the child's environment, especially school and family dynamics.

"Once this assessment establishes what the problem may be, the course of intervention can be explored. Unless it is a clear cut and debilitating form of ADHD, Ritalin (and its related meds), would not be my first call. Regarding medication generally, there are homeopaths and practitioners of Chinese medicine who report to have had success, and they are worth consulting, but they will not tend to be successful in the majority of cases, in my opinion.

"In most cases, some form of psychotherapy or counselling is recommended. First for the child, to help him deal with the effects of ADHD on his life, relationships, self esteem etc, and to help him understand and manage his difficulties better. Secondly for the parents to help them understand the child's struggle to manage their parenting appropriately. This is crucial. Even if medication

is considered, such counselling is invaluable, and will help negotiate the time when the child is not on medication, ie weekends, afternoons/evenings, holidays.

"By all means **explore alternatives (see Q&A 3 below)**, but I would caution against leaving the situation untreated for too long. The consequences of failing to attend to ADHD can be very damaging for the child. The child underperforms/fails, gets negative attention from teachers and parents, is always in trouble, feels worthless and useless, self esteem plummets, is then at huge risk for teenage problems such as substance abuse, truancy, delinquency etc. I have been referred too many adolescents who were assessed in primary school, diagnosed with ADHD, and for a variety of familial issues, failed to deal with the issues, and are now faced with problems that will be very difficult to address effectively or at all.

"Ritalin? In my experience, for every parent who has had a negative experience of Ritalin, there are many more who see it as hugely beneficial (especially if handled responsibly), and quite a few who have discontinued because it hasn't made much of a difference. We should also distinguish between temperamental inattentiveness or over-activity vs ADHD. St John's Wort may be helpful with slight depressed moods, but will be ineffective with clinical depression (by the way, there are bad side effects from overdosing on herbal remedies too).

"There is an organisation called ADHASA, they have a site and a magazine that is very holistic and has useful information on dealing with ADHD."

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Q & A: QUESTIONS ANSWERED BY PANEL MEMBERS

(Questions are submitted on the understanding that all advice given is given in good faith and the advisors/panel members take no responsibility for any consequent actions arising therefrom.)

1. Q: Re family life and values, are parents abdicating their role and hoping schools will do the work for them? What advice can you give?

A: LIZ NORMAN: In many instances the sad reality here is YES - many parents are abdicating responsibility and expecting schools to "parent" their children. Schools across the board, from impoverished communities to exclusive private areas, are experiencing an increased demand from parents that **teachers** be responsible for teaching life skills, sex education, moral beliefs, setting limits etc.

Many schools are expected to set rules for behaviour at functions that don't take place on school property and are called on by both parents and the media to explain bad behaviour of pupils on weekends and at parties. Parents seem to be held increasingly less responsible. Schools are expected to accommodate pupils from early in the morning until very late in the afternoon because of the parents' employment demands. Effectively this means many schools are not only educating the children, but disciplining and baby-sitting them too! For many children the only real adult relationships they have are with their teachers. Some parents are just occasional visitors in their lives. This is a tragedy and is playing a very real role in the breakdown of traditional family roles, family discipline etc.

Parents need to remember the reasons why they had children in the first place and resume taking responsibility for them. Schools need to insist that parents be held responsible for the behaviour and discipline of their children, both while at school and while away from school. Some schools have programmes where parents need to attend detention with their children in order for the parents to understand the important role they play in teaching their children important values. Perhaps more schools should follow this step and "force" parents back into their parenting role? Perhaps "motherhood" should become a paid career and stay-at-home mums valued for the truly remarkable creatures they are and the service they offer the community?

2. Q: What can parents do to slow down our kids' sexual experimentation?

A: LIZ: Tell them the truth about all the consequences of sex: AIDS/HIV, sexually transmitted infections (of which there are many), pregnancy, other consequences, a reputation! **Show** them what an STI looks like - there are very good

photographs of these illnesses on the internet. Explain how they catch them, what the cures are (many of them have none and cause infertility, cancer etc). Explain the risks connected to oral and anal sex. Many sexually transmitted infections are spread orally and anally and have very serious consequences.

Have control over where they go, who they are with and how much unsupervised time they have. Too many parents are so involved in their own lives that they haven't got a clue about how their children spend their free time. Get them involved in some sort of community work - with AIDS babies or in an orphanage. Explain how those babies got there.

You have to assume your children know a lot more about sex than you think they know. Provide them with enough information that they understand this is not just a "fun activity" - it has very serious consequences and, as such, should take place in a very serious, trusting relationship. Limit their access to unsupervised TV and the internet. The erotica the media shows is a source of great fascination and interest and many a young person is using this as their "role-model".

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3. Q: My son has been diagnosed with ADHD. I'm nervous of Ritalin. What nutrition and other factors could play an important role?

A: CHAMILLA SANUA: Other factors worth looking at include:

Sugar in a child can act like alcohol, and can be addictive, with symptoms including: Poor concentration & memory, getting confused; Depression, anxiety, irritability, aggression, mood swings, PMT; Craving something sweet, tea, coffee, bread, cereal, pasta, alcohol or cigarettes; Rarely wide awake within 20 mins of waking; Tired, dizzy, light headed, blurred vision, fainting spells, headaches, night sweats or insomnia; Overweight and cannot lose weight; Regular times of energy dives or energy pick-ups after eating.

Eating frequency: Have at least 5 meals/day, no more than 4hrs between meals. Sometimes this may need to be increased to eating every 2hrs. Will need breakfast (very NB), lunch, supper and two snacks.

Foods to eat: Low Glycaemic Index (GLI) foods. Use small quantities of fructose as a sweetener (better than sugar, sucrose or honey). If the problem is severe then avoid fruit completely until it has settled. Decrease refined carbohydrates and increase protein content. Increase amounts of fresh fruit, vegetables, nuts, seeds, fibre and olive/flax seed oil.

Fruit: grapes, oranges, apples, plums, pears, grapefruit and cherries are good (bananas, pawpaws etc have a high glycaemic index and should be avoided).

Grains: 100% rye bread, rye vita and oats are best. (Rice has a high GLL.)

Dairy: yoghurt, skimmed milk (organic if possible), soya milk.

Avoid: Refined, canned, fatty & processed foods, salt, sugar, certain fruit juice, wheat flour, tea, coffee, fizzy drinks, sweets, colourants, flavourings, preservatives

Heavy metal poisoning may also play a part:

Copper pipes and fillings can cause: anxiety, phobias, hyperactivity, depressed iron levels in the blood causing tiredness.

Lead-petrol fumes, water pipes, industrial pollution can cause: hyperactivity, aggression, memory impairment or poor attention span.

Aluminium poisoning (aluminium found in some cooking utensils, canned drinks, moisturizers, anti-perspirants) can cause hyperactivity and memory loss.

Vitamins and supplements to consider: Choline, Inositol, Lecithin, Vit B1, B2, B3, B5, B6, chromium, vanadium, and DMAE (Dimethylaminoethanol) is a Choline derivative, is found in small amounts in sardines, and research indicates that it: Improves intelligence, learning ability, concentration and memory; Elevates mood; Reduces the amount of sleep required; Increases muscle tone and alertness; Alleviates anxiety; Decreases apathy and increases motivation and assertiveness. DMAE does not produce dependency and there are no side-effects when given in the correct dosage. **(Also see Tom Burkhalter's above section on ADHD.)**

4. Q: I'm a single parent. What insight and tips can you give me?

A: TOM: What the single parent primarily struggles with is the impact of having less support - **practical** and **emotional** support. Both are interlinked.

Practical support: Parent does not have a partner to help with the day to day demands of parenting (lifts, homework, discipline, housework etc). This requires two things. Firstly that support structures need to be created and maintained, and secondly that the single parent needs to be particularly well organised. He/she needs to develop reliable networks of people who can be called upon and used as support. Family is preferable, but also friends. What is important is to firstly recognise help needed and plan for it.

Emotional support: This is more complex. Here, it is vital to understand oneself, and therefore, what one needs. A single parent obviously means the absence of the other, either father or mother. **Absent father/mother:** The father is important to the child's development, particularly for the symbolic cutting of the 'umbilical cord' – helping child and mother separate (This is especially true for many single mothers). It's also important for the child to experience that there is another person to claim mom's time and love, and that this same person also loves and claims the child. This is important in developing an independent autonomous self, and also in forming solid relationships later. An absent mother is a lot more problematic, especially earlier on. That is not to say that fathers cannot take on a maternal role, but it is much more complicated for the child – and for the father for that matter. [<<back to menu>>](#)

Regarding **mother's needs:** A loving adult relationship serves many emotional needs. The absence of this can put pressure on the parent child relationship, and care needs to be taken that the child does not substitute for those unmet needs (ie. sometimes having a child in your bed has more to do with the parent's needs than the child's). It's important for the mother to feel there is an intimate relationship that separates her from her child. (None of this is crucial, and many mothers do well without, but it is important to recognise these things, acknowledge the needs and how they play out, and address them if they are there.)

On another level, the single mother does not have someone there in a similar situation to her. Friends and family can help, but it is invaluable for there to be a person there who is invested and can share the tasks daily, can share parental anxieties and worries, can share the joys. Children can bring up very extreme and primitive anxieties in parents. There are times that we have feelings of hatred and not just anger, deep pain and anxiety, and those are difficult to process on one's own. I am aware that one can also be a co-parent and still feel like a single parent.

It is important that parents, especially single parents, take care of themselves and set up structures to meet some of their own needs. A happier mom is a better mom. A single parent **father** would have similar needs and may need more practical support to deal with absent maternal input. More generally, fathers tend to be the part-time parent and that brings its own issues: guilt, overcompensation, aloneness, anger, rejection...

It's also important to recognise difficulties that would benefit from seeking **professional advice**. If you're feeling overwhelmed and not coping, help from psychologists and other child care specialists can be very useful. Being able to share anxieties and concerns can alleviate a lot of pressure. There is no manual to rearing children. All we can do is actively think about it. Single parents often don't have the space to think, and that is crucial.

Regarding **access**, decisions need to be made with all parties involved being considered. The temperament of the child, its relationship with the absent parent, the age of the child, etc all have to be thought about. There is no fixed rule to access. The key to managing access and co-parenting as single parents is dependent on the ability of the parents to have a good working relationship with each other. There are often resentments, regrets, hurts or slights between the parents and these often get played out between the parents, through the child. It is **very** important to address these and to minimize them where possible. [<<back to menu>>](#)

5. Q: What contributes towards healthy self-esteem in our teenagers?

A: SALLY THORP: Most parents do a great job and all do the best they can at the time. As a parent, your self-esteem is inextricably linked to your child's self-esteem. Building self-esteem is a process and involves awareness, consistency,

patience and commitment. Instilling and establishing feelings of love, value and competence is ongoing.

Being role models. As parents to adolescents, it is very important that we endeavour as far as possible, to be the adults we would like our children to become – actions speak louder than words. They observe, learn from and emulate how we handle conflict, approach challenges and difficulties, relate to and treat others as well as our general attitude towards life. This by no means points to being ‘perfect’ – quite the contrary. If children see us making mistakes, this gives them permission to do the same without feeling a failure. What is important, is that we show them failure is part of life and is an opportunity to learn and do things differently next time. Although at this stage of our children’s development, the peer group appears to take ‘centre stage’, having a loving, consistent and predictable home environment provides them with a feeling of stability, security and a solid base to which they can return when hurt and feeling vulnerable.

Establishing family values and principles. Values are the invisible threads holding the fabric of family and society together – without them we are like ships without a navigation system. We will be going somewhere, but where we end up may be very far away from where we want to be! Decide on the values that will drive your family’s behaviour and decisions. Involve your adolescents in this process. Ask them what they value and why. Choose the family’s top 5 values and commit to each other to live your lives as far as possible by these values. Discuss what this would look like and how you would treat yourself and others.

Applying these principles makes decision-making for our teens easier as they are clearer on what is important to them and why (e.g. if respect were a chosen value), it would apply to self and others. Should our teen find himself in a position that may compromise his self-respect, it would be easier for him to assert himself and avoid the situation. In addition, he is able to “respect” the decision of his peers without losing face or feeling pressurized. This is empowering and gives our teens an opportunity to take control over and have responsibility for their own lives.

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6. Q: Is the Forum for parents only or can teachers/others be involved? What is the Form’s ultimate aim - and could it become a representative voice and information centre for concerned parents in SA?

A: IZABELLA: Anyone who is interested is most welcome. Our subscriber and input base currently includes parents, teenagers, school principals, teachers, counsellors, organisations who deal with troubled youth, and others with an interest in youth and parenting aspects. In addition to our regular panel members we always welcome any relevant input from anyone who would like to contribute.

The Forum aims to provide expert information and advice, is passionate about creating awareness and providing a communication tool for parents and youth that will make a positive difference in their lives and will help create happy, successful and fulfilled youth guided by sound values.

To become a truly representative voice we need to further expand our base. This can be done if all subscribers actively promote the Forum to their contacts (friends, schools, media and others). All suggestions will be gladly considered.

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7. Q: What age are the *Life Talk* books suitable for, and what topics do they cover?

A: IZABELLA: Most of the content is aimed at the 13–20 year age group, and some could also be of interest to adults. Each book covers 60 topics including: Communication, Honesty, How to succeed, Relationships, Falling in love, Sexuality, Breaking up, Family & grandparents, Wanting to be liked, When temptation knocks, Manners, When you’re angry, Bullying, Drinking & drugs, When you’ve made a mistake, Coping with change, Making a difficult choice, Being a leader, Peer pressure, Choosing a career, Preparing for an interview, and others.

GOOD READING

Suggestions received from our subscribers include:

- Smacked - a harrowing true story of addiction and survival. Melinda Ferguson

- The Choice - the Gayton McKenzie story. Charles Cilliers
- Dr James Dobson's books on parenting, families and marriage
- Boundaries with kids. When to say yes, when to say no, to help your children gain control of their lives. Drs H. Cloud and J. Townsend
- The plug-in drug. Television, computers and family life. M.Winn
- Stress and your child. Helping kids cope with the strains and pressures of life. B. Youngs
- Teen brain, Teen mind - what parents need to know to survive the adolescent years. Dr R. Clavier
- The shelter of each other. Rebuilding our families. M. Pipher
- The bully, the bullied and the bystander. Barbara Coloroso
- Overcoming anorexia nervosa, a self help guide. C. Freeman
- Whole child/Whole parent. P. Berends
- Life Talk for a Daughter, Life Talk for a Son, Lewenspraatjies met 'n Dogter. A tool-kit of life's tips & guidelines for teenagers. Izabella Little

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TOPICS REQUESTED FOR THE NEXT ISSUE:

- Enhancing communication with teenagers
- What aspects should parents of younger children focus on to avoid some of the teen-related problems and challenges?
- Teen rebelliousness
- Pocket money: guidelines, peers etc
- Keeping teen values intact when surrounded by dubious mates
- Minimizing the impact of divorce
- Sexual abuse contd. (recognizing the signs, effects of abuse, steps to take)

Email us on forum@lifetalk.co.za with any questions, comments or suggestions you may have. Topics already covered are also open for further debate or input.

Let us know what you think of the Forum and the newsletter.

TO SUBSCRIBE (FREE):

If you would like to receive your own copy of the Forum News, go to www.lifetalk.co.za click on the FORUM icon and fill in your name and email. You can also download copies of the newsletter off the website.

If you would like to be involved in the Forum and help in any way, all input is relevant and appreciated.

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PANEL MEMBERS

Our panel of contributors includes:

Thomas Burkhalter. A leading psychologist, Thomas has two practices, one focusing on parents and young children, and one involving adult psychotherapy, older adolescents, parent work and couples therapy. He also does private clinical supervision and is case conference consultant at the Parent And Child Counselling Centre, an NGO.

Liz Norman. Clinical social worker with 22 years experience in the field of child and family welfare, specialising in group dynamics and adolescent mental health.

Izabella Little (Gates). Author of *Life Talk for a Daughter* and *Life Talk for a Son* (with P. Wilson) and the newly translated *Lewenspraatjies met 'n Dogter*. Each book covers 60 topics and is a tool-kit of tips, guidelines and values for teenagers and young adults. Prior to writing, Izabella was in the IT industry where she established and ran a leading resourcing/contracting company. She now writes, runs the Forum, handles queries from parents and teenagers, and works on helping the youth to focus on life skills and values.

Sharon Kalinko. Psychologist. Sharon's main fields of expertise include: adult therapy, integrative therapy, hypnotherapy and teaching TA (transactional analysis).

Prof Zak Nel. Former Head of the Dept of Counselling Psychology at the Univ of Johannesburg (ex-RAU). Registered counselling psychologist with 30+years experience in career counselling research and practice. He does skills and

aptitude profiling; subject choices (Gr 10 & 12); university course selection and entry requirements; preparing for a career, drafting a CV and job-hunting skills.

Margaret Logan. Runs a remedial school in the Cape. Her expertise includes children with emotional and learning problems, addictions, obsessive compulsive disorder, Aspergers Syndrome, pervasive developmental disorder, Tourettes and others. She also spent five years as an assistant facilitator with Tough Love, an organisation attempting to re-empower parents of addicted children.

Sally Thorp. Works with parents and children in the area of building healthy self-esteem and equipping them with tools to face life with optimism, self-reliance and self-respect. She also runs parent/child workshops where the focus is on equipping parents to become competent parents.

Melinda Ferguson Author of ***Smacked** - a harrowing true story of addiction and survival.* Through her own traumatic experience Melinda is able to offer insight and advice on a range of drug-related aspects.

Chamilla Sanua. A practicing pharmacist, qualified as a homeopath, works extensively with all forms of natural treatments and therapies, has a special interest in children, ADHD, and problems relating to women, recently gave a paper at the ADHASA National Conference, and has had excellent results with many children in avoiding Ritalin.

Esha Brijmohan. Former university student and currently a journalist, Esha provides insight into some of the challenges faced by school-leavers and students, and she also raises awareness among her readers regarding important issues.

Phillip Lowe. Business consultant and father of teenagers, now assisting with the Forum and available to coordinate: involvement from schools, interested organisations and media, as well as Life Talk parent & teen workshops/talks.

If you would like to utilise the professional services of any of the panel members, please contact Izabella on the Forum email address for details.

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PLEASE FORWARD TO ANYONE WHO MIGHT BE INTERESTED IN THIS NEWSLETTER

The FORUM email address is: forum@lifetalk.co.za

The Life Talk Forum is endorsed by:

FAMSA, CIE, Khulisa, Johannesburg Parent and Child Counselling Centre

For more about the *Life Talk* books or about the Forum visit:

www.lifetalk.co.za

All the books are also available in Afrikaans (see Lewenspraatjies ...)

Life Talk for a Daughter, Life Talk for a Son & Lewenspraatjies met 'n Dogter are a tool-kit of life's tips and guidelines for teenagers. They're a great gift and are available at leading bookstores. * * Proceeds fund the Forum. * *