

Amy Rothenberg

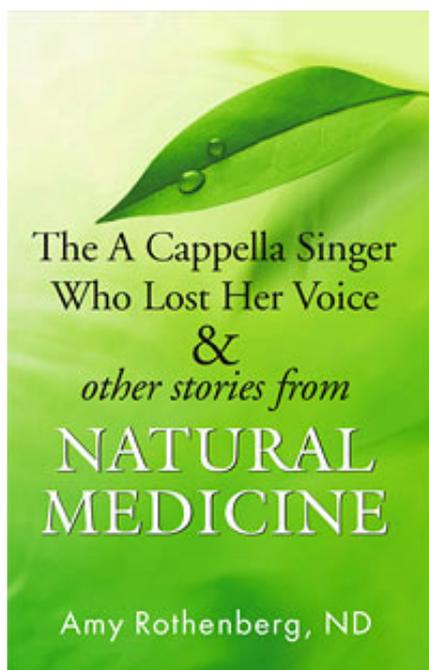
The A Cappella Singer Who Lost Her Voice & Other Stories from Natural Medicine

Extrait du livre

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de [Amy Rothenberg](#)

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For Teenagers

Teenagers, Gotta Love 'Em'

Once when my children were 4,5 and 7 a woman was watching me at the playground trying to round up my children who were dashing off in three different directions just as we were trying to leave. She said something like, 'Oh honey, you think you have your hands full now, just wait 10 years!' One blessing of several children close in age, is that I seldom had time or leisure to project out that far; it was hard enough getting dinner on the table. As it was, I had good kids who evolved into energetic, engaged and thoughtful teens. But it might not have been that way. I see in my work and in my community, families who have seemingly done most everything right, yet teens have veered into self-destructive behavior, unhealthy relationships, substance abuse, school failure and any other number of things we try to guard against. Then there are those who simply do not engage, do not seem to take responsibility for their lives, who 'fail to launch.' Parents bring in all kinds of teenagers with all kinds of issues for me to treat. Those with physical body ailments like acne or menstrual cramps, PMS

or juvenile arthritis, IBS or headaches show up at my door. Also at the clinic are adolescents with cognitive challenges, ADD/ADHD and behavior problems. Some in this age group struggle with anxiety and/or depression, eating disorders or issues around self-esteem. Many are excessively stressed.

For some of these patients, it is a natural evolution from a challenging childhood filled with a history of many doctors, therapies and treatments; for others, the added stress of hormones and heightened expectations both at school and at home, seems to push the system in such a way, that symptoms begin to arise. There is not a significant difference in what I offer to this population, but there are ways of interacting, ways of communicating and ways of being supportive that draw on experience and skill. One thing I love about my work is coming into contact with people of all ages. But it is with teenagers that I feel I do my most creative work, gaining trust, speaking a particular language and consciously creating a unique relationship that can help this patient to get through whatever might be troubling them at the time of our visit. I also know that our time and work together may well influence a career choice and the way such a patient might think about medicine and healing for many years to come. I do not take this challenge lightly.

Like any group, teens come in all shapes, sizes and constitutional types, with all manner of chief complaints. I will share some general thoughts about treating teens based on my experience in practice and then offer up some patient examples from my work. I recently brought one of my own teens to a college campus for an elongated stay. As I helped him set up his room, he didn't really need the help, but he

humored me by giving me jobs to hang up clothing and bring things in from the car. I saw at once how fleeting childhood is and how elements of adulthood are present from an early age. One child shows early the tendency to be organized or confident, one has an artistic bent or athleticism, another is exquisitely sensitive to people and surroundings. The small seed-like children grow in these in between years and further embody their natural tendencies. It seems the parents' main purpose in these teenagers' lives is to support them in the only *real* job they have: to figure out who they are and how they may best share their uniqueness and gifts with the world. And as they figure that out, to encourage the young adult to steadfastly stay true to that course and to know how to create a path to that truth and stick to it through years of experience, work, disappointments, the stuff of life. This narrow strip of adolescence offers medical providers a rare chance at helping steer young people in positive directions while offering a supportive ear to the sometimes overwhelmed parents. We ought never waste the chance.

Unless I believe that a teen's behavior is truly dangerous to themselves or others, I keep all information shared in the interview private; this includes drug/alcohol use and sexuality. If I feel that it might help the teen to talk about these issues with parents or other adults, I may give that advice or ask permission to share certain information. If I believe that the patient is in imminent danger, however, then I will share this information. I tell parents and teens about my confidentiality policy *before* we begin treatment so that we are all clear from the start. If they cannot abide by this policy, I have turned patients away, much as I've hated to do so.

Just as I wrote about earlier, the importance of parenting support is paramount. Issues such as limit setting and then shifting, offering privileges tied to responsibility taking, being firm but showing flexibility and raising the expectations around communication are all essential roles of parents of teenagers. Parents worry about many things; indeed, the stakes are higher now-a-days with regard to some of the dire consequences that loom, should a teen choose to engage in certain behaviors. With fewer community supports in place for parents of teens, worries mount. Some parents are working more, some are newly single, the camaraderie once felt at preschool drop-off or spontaneous playground conversations is gone; parents may no longer know who their teen is spending time with. Parenting can become a delicate dance parents do with their teens, while feeling clueless and isolated. Hopefully, the doctor's office can be one place parents turn for support, recommendations, appropriate referrals and especially, encouragement.

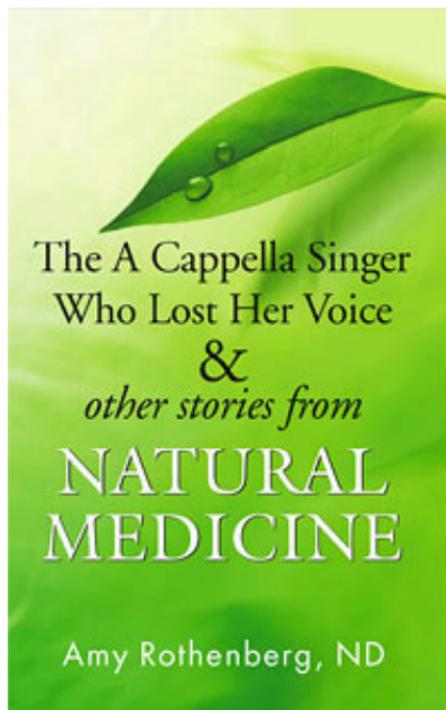
Younger teens often still want to have their parents join them in the visit. Older teens who are close with parents or who need help retelling medical histories may also prefer this. I do tell them that I might like a little time alone with each of them; there may be something one party wants to say without the other's presence. If the teen seems interested, I often take a minute or two to explain a little about my work and how I am most interested in the details of their illness and how they experience it. Most will not have heard many of the types of questions I pose and at the first visit, unless they are very extroverted, their answers may be brief or even unhelpful. Perhaps by the second or third visit, they will be better able to articulate specifics and particulars, because by then they understand what kind of information I am interested in.

Here are some things I look for when I see teen patients in the waiting room and in my office, which inform my understanding of them:

Interaction with parents. Some teens are still very much attached to parents, sitting close by, chatting with them; they may seem insecure or still quite child-like. If I see this in a 13 year old, it doesn't mean as much as if I see it in a 17 year old. When I see an overly insecure older teen, a handful of homeopathic remedies come to mind like *Pulsatilla* and *Baryta carbonica*. I would not prescribe such a remedy strictly on observation alone, but it might lead me to ask further questions about independence and confidence during my intake, when we get to the sections about temperament.

Interaction with siblings. Some teens totally disengage from younger siblings, some become automatic caregivers, some use siblings as constant sources of conflict expression, some are reluctant babysitters. Sometimes the teen is the younger sibling and I can see them looking up to a brother or sister; or they may ignore each other completely.

Interaction with office staff. An older teenage male might be flirting with my receptionist or another patient in the office, another teen might be chatting up the UPS delivery person, while another might be letting the parent do all the interacting with other adults in the waiting room. Some older teens come in by themselves and handle intake forms, payment. Because I have the pleasure of working in a small office, where I bring my own patients back from the waiting room, I am privy to some of these instances of potential social interaction. Sometimes these interactions are worth a lot in my understanding of the patient at hand. All of these sorts of observations give me clues



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