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Primum Non Nocere

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Confidentiality where adolescents are concerned is a two edged sword poised on a thread over the head of any outside *Other* who wants to live dangerously. There are two aspects of the problem; one is confidentiality from the parents about the whole relationship and the other includes them in, for better or for worse, more or less.

Dr. Starr is in the private practice of psychiatry in Washington, D. C., and is a member of the Mental Health Commission. Her article questions the value of confidentiality as it applies to the adolescent-therapist relationship. She examines the effect that "secrets" have on family life.

My particular concern is the confidentiality between adolescents and unselected *Others* without parental knowledge, without parental approval, without any due process to set aside the existing guardianship rights and often in defiance of known parental objections, opinions or religious convictions. For our purposes, we are excluding those special relationships, such as the confessional and analytic psychotherapy, in which parents, knowing that they will not be advised as to what transpires, freely consent to and voluntarily promote in order to achieve long range goals. Unfortunately, analysts have sometimes not been entirely successful in making these ground rules clear to the parents. Many physicians have learned this when parents react to their exclusion with anger, vehement criticism of psychiatry in general, and threats to treat the bills as *that doctor* treats their inquiries.

Considering the rapid proliferation of publicly and privately supported programs to provide a variety of services to individuals under the age of 18, on their own recognizance, without the knowledge, much less the consent, of a parent or guardian, and without judicial review, there is a dearth of validation of the need, desir-

ability and long range effects of such intervention in the parent-child relationship. These measures are an intrusion into one of the basic functions of the family — the protection and education of its children — and go significantly beyond the older laws regulating child labor and school attendance. The older laws were publicly mandated and publicly enforced — in fact told the parent what he had to do, not the child what he could or should do, and involved no element of confidentiality. It is interesting that these changes come not thirty years after the end of the Hitler holacaust and a full decade before 1984.

The rationale for waiving parental knowledge or consent is that the adolescent is alleged to be unable and/or unwilling to involve the parent or guardian, and the need for free access to the services outweighs any other considerations. Implied in this is the presumption that the services to be rendered, and the secrecy surrounding them, will be in the best interests of the individual concerned. All of these premises are worthy of examination.

First, to define our subject, adolescents are individuals in the stage of development from the beginning of puberty to the attainment of legal majority. Unfortunately, the beginning age varies and the end is a subject of legal controversy. Coming of age varies from one jurisdiction and purpose to another. To be more specific, I will use the term adolescents to mean individuals who have passed their twelfth birthday and/or manifested obvious physical signs of puberty, have not attained a locally recognized legal status of emancipated minor, or their 18th birthday. In today's world, 18, 19 and 20 year-olds are not routinely self sufficient adults. Many are still financially dependent, many are emotionally dependent. But the range of maturity is a continuum and the legal status ambiguous, so I have excluded them.

Privileged Communication

Defining confidentiality is reminiscent of Humpty Dumpty's comment to Alice: "When I use a word it means just what I choose it to mean — neither more nor less." The legal definition of privileged communication is one between parties to a confidential relationship such that the recipient can not be legally compelled to disclose it in court proceedings. The law spells out the parties and specifies the relationships in this privilege. Lawyers advise that this has become so watered down in practice that specific measures are needed to delineate a special psychotherapist-patient privilege. To my knowledge, no one has addressed the question of who has the authority to waive privilege for an unemancipated minor in a confidential relationship from which the parents have been excluded. Customary usage has required parental permission for release of medical information on a child patient — a quandary if in fact the parent is ignorant of the ex-

istence as well as the content of such information.

Confidentiality *per se* is the quality of being confidential, private or secret; not for disclosure to unauthorized/outside persons; not for publication. The Hippocratic Oath binds physicians to hold confidential that which they learn in the course of their medical practice but it does not put it under the seal of the confessional. Physicians have interpreted the confidentiality with judgement and discretion, they have decided when and what to tell relatives and when circumstances warranted release of some or all medical information to another physician without a formal authorization; always with judicious concern for the well being of the individual concerned. Physicians have also recognized and respected the right of an adult patient to keep secret from anyone even the existence of the consultation(s) but custom, until recently, precluded even entering into a doctor-patient relationship with a child without parental authorization.

Dealing with adolescents in secret tends to transfer the privilege to the recipient, to waive or not as the recipient sees fit because adolescents are not independent adults, able to assume full responsibility, pay their own way, act unilaterally on their own decisions. In these confidential relationships with an unknown *Other*, not a chosen agent of the parent, we have an outsider assuming guardianship, authority and discretion to a greater or lesser extent, without judicial process, in secret, at his own discretion, with or without legislative sanction and with or without any defined professional qualifications or license.

Parental consent is still routinely sought for such momentous decisions as "Mary may/may not have milk at lunch." The school that requires a parental permission slip to transfer from Spanish to French requires nothing for a counselor to embark on a quasi-therapy program. Failing grades and undone homework are referred to parents, emotional problems to the guidance counselor. A dental examination requires approval, a pelvic examination does not. The emergency treatment of a severely injured unidentified adolescent requires the convening of a court of proper jurisdiction, the harboring of a runaway child is at the discretion of the child. Suturing a small laceration requires the parental presence, insertion of an IUD is none of the parent's business. These are endless and surely there are inconsistencies in this state of affairs. Implicit in the rationale and justification is first the premise that the adolescent is unable or unwilling to involve the parents. Adolescents themselves say so, frequently. "My mother would kill me if she knew." "My father would beat me up, again." "I'll kill myself if you tell them." "They don't care what I do, they hate me." "They treat me like a baby. They never let me do anything." "I'm on my own, I ran

away from home." These statements are not significantly altered if prefaced by a bland request for the services. The situation is not significantly altered if a bland request for services is followed by a psuedo sophisticated explanation such as "I've abandoned out-dated middle-class morality." "This is not their decision but mine to make." "I'm mature for my age and need privacy to find myself."

Conflict Between Generations

All of the above, no matter how expressed, reflects the essence of the adolescent problem, the conflict between the generations. The major work of this period is emancipation from parental control and delineation of one's own ego with control of instinctual impulses and sublimation and postponement of gratification. Indulgence and immediate gratification belong in the nursery. The very fact that the adolescent is unable or unwilling to work through a resolution of the conflicts with the parents is the problem. The need for secrecy is the problem and a pacifier; pablum when the individual needs help cracking the tough nuts. Secrecy thus evades the issue, is in the nature of yielding to threats and appeasing demands and as such tends to foster regression rather than maturation.

If, of course, these statements about abusive, unfeeling, uncaring parents are taken literally, the recipient would be well advised to consider reporting this case of child abuse. Under the impact of the recent federal legislation this will soon be reportable by anyone having knowledge.

The other question is the effect of secrets in the family system. Extensive work with families reported by such widely respected family therapists as Ackerman, Bowen, and others, does not support the thesis that secrets are helpful or desirable in families but rather the reverse. Secrets further impede communications and aggravate problems. In my own work, I have never been successful when I erroneously got into the role of confidante to one or the other of the spouses or the adolescent. As to the adolescent's contention that he is unable or unwilling to divulge this matter except in strict confidence, few of them even pause when I interject a disclaimer before they go on to spill the super secrets. In fact, the profuse documentation of all these secrets, in and on copy books, endless notes carelessly left in pants pockets, the numerous clues discarded in waste baskets and other secure repositories, leave me quite dubious of the allegation that adolescents want their parents in the dark. If in fact, the purpose of the acting out is to precipitate interaction with the parents, the secrecy only forces the adolescent to move on to something more conspicuous.

The evidence on which legislation is promulgated is to be found in legislative hearings. Being resident in the District of Columbia, our town council is the congress

of the United States and I have reviewed a number of committee reports and congressional hearings. The evidence consists largely of lengthy statements by the advocates of the program, such as directors of runaway houses, population control enthusiasts, program planners, some qualified child psychiatrists, less often opponents (unless there is organized opposition), and often quite moving anecdotal accounts of a few individual case histories validating the need for legislation. Since all elected officials are in favor of child services, there is a tendency to confuse the worth of children and the worth of the particular services. There is also a tendency to confuse the need to do something with the need to do *this*. Read in their entirety, few of these documents would be sufficient basis for a professional prescription for a standard treatment.

There is always an element of self-fulfilling prophesy. The more services are offered with guarantees of absolute confidence, the more adolescents are programed to the implicit assumption that parents must not know, and the more likely they withdraw from parent - adolescent communication, and the more impaired the communications and so on round the circle.

If there was some evidence that secrets were good for families, if there was some evidence that this served the adolescent well in achieving maturity, if all these confidential relationships with outside adults promoted the adolescent process or simplified it, then child rearing should be left to the state experts.

If we assume that secrecy or confidentiality is mandatory for the services to be used, and they are in themselves essential to the well being, growth and development of adolescents, then perhaps the end justifies the means which may only be indifferent. What are these so essential and constructive services? Access to free clinics, psychotherapy of various persuasions, contraception and abortion, treatment of venereal disease and drug reactions or complications, provision of food and shelter to runaways and information about all these facilities and services. None of these is inherently bad in a pluralistic society with honorable differences about those which are controversial. If we assume that these programs and services are essential and beneficial, it seems reasonable to look for results.

Significant Questions

Has the steady increase in school counseling services decreased quantitatively or qualitatively the emotional problems and drop-outs, or increased the academic performance or adjustment of the population? Have drug education programs, hot lines, and crash pads reduced the percentage of adolescents experimenting with drugs and alcohol, or reduced the severity? Has the free and confidential provision of contraception and abortion decreased unwanted pregnancies proportion-

ate to the increased number of sexually active adolescents? Is sexual activity, under fifteen, under eighteen, developmentally desirable?

The answers are harder to come by than the questions. School counseling is difficult to evaluate. Psychiatrists see only the failures, but there is no reported decreased need for other services. Drug education programs are currently suspected of being how-to-do-it courses. Sex education and birth control clinics must be credited with changing the terminology from "sexual acting-out" to "sexually active," and, I would add, deleting the use of the term "girl," as in "sexually active teen-age woman." Contraceptives are now pushed in adolescence as if this group had had the highest incidence of illegitimate pregancy. In fact, 1969 statistics indicated that the 15 to 19 year-old cohort had only half the incidence of pregnancy per thousand to that found in either the 20 to 24 year group or the 25 to 29 year group. Thanks to the post-war baby boom however, there were so many teenagers as to increase their percentage in the population. If early sexual intercourse is good in itself then it may be wise to provide these services and the encouragement. The major thrust of the rationale has been rather, that either adolescents are going to anyway, or want to begin sexual activity, and that the only problem is population control. This does not address itself to what is developmentally desirable. If it can be documented that most, or many, adolescents would be benefited by having free access to any services without parental knowledge or approval and that it is beneficial to remove parental controls — then that problem should be faced and the parental role in adolescence clarified.

I have not addressed the problems of confidentiality involving the whole triangle, adolescent, parent and *Other* because of its ambiguity unless used in the sense of keeping private, not for disclosure to outsiders. If it means that the adolescent is deceived by the *Other* who promises secrecy, then relays information to the parent, it is simply dishonest and not likely to be sustained. If this works the other way and the parent confides in the *Other* who reveals it to the adolescent, it is also likely to be a short lived relationship. When any two people exchange secrets about a third, it affects their relations with each other and with the third in ways not likely to increase trust and communication. With an adolescent in skillful therapy the various pitfalls may be avoided. The experienced therapist makes explicit his ground rules to both adolescent and parent and is prepared to work through the complications. This is quite different from transferring some of the ground rules to a myriad of other situations. Some therapists are able to function as the repository for everyone's secrets in what

amounts to simultaneous therapy with two family members separately; this is generally regarded as technically difficult and usually foolhardy. Acting out adolescents are rarely considered suitable candidates for such classic therapy on an outpatient basis and the more problems the adolescent and the family have, the more likely they are to be in less experienced hands, where confidentiality really will be a two edged sword. When this confidentiality is used to conceal from the parent that which he is known or likely to object to, the confidante deliberately or accidently has joined forces with the adolescent against the parent, and become a chum.

Advocates of rebellion may be popular but the question should be, "Are they doing more harm than good?"