



ICPCM Newsletter

February 2022

Is the promotion of Self-Care in Children and Adolescents too prescriptive to be helpful for those who would need it most?

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The problem raised by self-care promotion in children and adolescents is not related to its intention but to its practical implementation. More than in its application to adults, it can be seen as too good to be genuinely more than a set of prescriptions disseminating the globalized model of education that any family should ideally provide to their children in its common place ambition to promote their well-being.

A paper under the title "Self-Care for Youth and Families " (1) provides an example of this approach when it lists several self-care "strategies to get started"; to such extent that it becomes a sort of treatise on good living, designed for functional families.

Indeed, as the authors underline it in the caveat introducing their paper, these are only suggestions of common sense, which cannot be dangerous and are undoubtedly the object of a broad consensus in most populations. That is, at least in those who are doing well enough to have mainly positive behaviors and who are integrated or globalized sufficient to share the same type of representation of what is positive. However, most clinicians of the old continent (Europe) would be undoubtedly surprised to see such a paper published without releasing sharp contestation, either for its normativity or for the cultural or social biases underlying its content.

However, criticism exists, but exclusively in clinical publications involving health professionals dealing with self-care in children and adolescents. Some of these publications wonder if self-care in children and adolescents is not, above all, a sign of their neglect: Very

representative of this current is the article entitled "Should we care about Adolescents Who Care for Themselves? What we have learned and what we need to know about youth in Self-Care "(2). In this paper, the authors argue that Self-care would be an indicator of a failure of parental support except in very competent families.

Other publications of the same type question the fact that, in particular complex conditions, self-care is mainly directed towards the self-management of care and that it aims to reduce the risks linked to poor management of treatment rather than at a positive and desirable development. By examining these two types of limitations of the concept of an ideal self-care model, some authors are thus led to introduce the idea of a self-care distinction between universal self-care and health-deviation self-care in children and adolescents. Entering in the details of the concept, they show that participants appear as competent agents in universal and developmental self-care requisites but need supportive-educative nursing interventions for health-deviation self-care (3)

To our surprise, however, we did not find studies in this field questioning what we consider a crucial issue when dealing with adolescents: the often-paradoxical nature of their motivation at this stage of their development, particularly among those adolescents who have difficulties dealing with a psycho-developmental issue which are not exceptional, at this age, particularly concerning their self-care at large. It is well documented that motivation is a crucial aspect of the effectiveness of interventions aiming at behavioral changes, with data suggesting a more significant influence of intrinsic motivation (internal motives) over extrinsic motivation (external motives). In children and adolescents, the balance between these two forms of motivation is deeply affected by altering the self/others balance. Psychological development can indeed be seen as a continuous journey from dependence to autonomy, and Adolescence is one of the crucial turning point in this journey. Adolescence is then frequently inducing a burning need to become autonomous, and this burning need occurs at the very moment in which the stress of the adolescent process increases the adolescent's needs to be helped by his/her parents and or the other persons of his environment. It is essential among the most insecure adolescents, those who most doubt their ability do henceforth alone what they did, until then, accompanied (4).

The paradox is increased by the fact that these adolescents are most inclined to resort to risky behavior by denying their feeling of insecurity to overcome it. In other words, they are those who most need messages promoting self-care if a way is found to make these messages effective enough in this specific population.

Adolescence Psychiatry teaches us that the most efficient way to get out of this type of paradoxical situation is to find an interactive way to overcome the relational threat they trigger in these adolescents: their fear of dependency and their feeling of failure when facing the feeling of insecurity, it induces in them.

Contrarily to prescriptive messages, non-asymmetrical educational mediations are generally considered the most efficient tool for that purpose because it reduces the challenges of relation by masking them behind pleasurable and gratifying activities. This model could also apply to adults who are not sensitive to the usual prescriptions of self-care promotion.

References

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