## TROUBLED TEENAGE NEIGHBOR >> > My husband and I have lived next door to a wonderful family for almost >> eight >> > years now. They have three girls, now 15, 13 and 10. The middle >> daughter, >> > Katy (13), was always extremely gregarious, fun-loving and >entertaining... >> a >> > total extrovert. Three years ago she was diagnosed with >insulin-dependent >> > diabetes. The disease hasn't affected her physical activities or school >> > work. Her personality has, however, changed drastically. >>> >> > In the last few years, her once delightful personality now reflects: >>> >> > \* extreme anxiousness about being places on time >>> \* doing every extra credit school assignment when one is what is >> suggested \* very quiet >>> >>> \* very prudish (visibly upset when a magazine ad portrays a a mother >& >> > father reading in a hammock) >>> \* spells where she would "zone-out" for a few seconds at a time in >> > others' company - even under water in a pool. (she was put >through >> > medical testing at the time and came through with flying colors) \* Won't speak to her father for the last 10 months. I've even seen >>> >her behind someone when he walks into the area where she >>> run to hide >is >> > playing (They always had a great relationship, he is her natural >> father >> > and he lives with the mother and daughters - a real >old-fashioned >> > arrangement!) >>> >> > My interest in this girl is multi-faceted... Her mother is my friend >> > often shares her concerns with me about the situation. I miss the >> wonderful >> > girl she once was. She, Katy would like to be a babysitter for my 4 >> > year-old daughter, who adores her. She has always been very maternal >and >> > would be an excellent sitter. >> > >> > Could all of these issues be attributable to puberty, diabetes, a combo >> > both, or some issue that needs professional intervention? >>> >> > I know this is lengthy but so important to the health and wealthfare of

>> her

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>> > family and mine.

Dear Julie, Katy has her hands full with puberty and diabetes. Let me try to describe

>> > Thank you and I look forward to your response and direction.

what MIGHT be happening for her. Then I want to suggest something about being a neighbor with an open heart.

Teenagers make problematic patients. You see, a school-age child will pretty much accept things as they are. They accept their parents as they come. When they are unhappy with these parents, they trade them in for an improved model, in their imagination. This is called the Family Romance, the common fantasy that my parents adopted me and that my REAL parents are far betternicer, richer, more famous, better looking.

But as you know, teenagers do not trade in their parents; they send them to the garage for an overhaul. This is because adolescents can imagine a person to be the same person even if some of his qualities are changed. The same is true of how a child sees himself. In middle childhood we take ourselves pretty much as we find ourselves. So if I have diabetes, that's just who I am. I could wish to be someone else without diabetes, but me, I'm diabetic. So of course I always take my insulin the way a diabetic is supposed to.

Then as a teenager I can begin to think that I could be the same me, only without some qualities. For example, without diabetes. The only way to test this is to stop being such a good patient and try to be me - a non-diabetic. Since there is some danger in this, the change in attitude of the child often scares the life out of her parents. It also sometimes makes doctors and nurses angry, if they are not aware of how development works here. The child cannot win: she can be a good diabetic at the cost of staying a child, or a "non-diabetic" teen while parents and doctors see her medical behavior as a failure.

It sounds like Katy is trying to stay a "good diabetic child" at the cost of her adolescence. No wonder she is sad and moody, and prudish.

Neighbors are often a wonderful resource for families who feel overwhelmed. Your neighbors sound perfectly normal, but swamped by the double-whammy of chronic illness and adolescence. You could ask them if they would mind if you shared some of your thoughts with them. You could show them this letter. And you could encourage them to seek help from an expert about adolescents and illness, because Katy's problem sounds solvable now, but may become much harder to address as time goes on.

Your neighbors are lucky to have your concern.