Chapter 16

The Transformation of the Family System During Adolescence

Nydia Garcia Preto

— Learning Outcomes

- Describe how families must transform to accomplish the developmental tasks of adolescence.
- List and describe risk factors for adolescents and preventative actions parents can take against these risks.
- Identify challenges faced by adolescent males as they define their identity.
- Identify challenges faced by adolescent females as they define their identity.
- Examine the impact that sexual orientation has on identity formation during adolescence.
- Examine the impact that racial and ethnic identity have on identity formation during adolescence.
- Explain the structural shifts and renegotiation of roles that occur in families during the life cycle stage of adolescence.
- Explore ways to support families who seek help during the life cycle stage of adolescence.

Introduction

The transformation families must make during adolescence is so profound that it requires a metamorphosis from a family that protects and nurtures children to a family that is the launching pad for the adult world of responsibilities and commitments. This is a time of great physical, emotional, sexual, and intellectual growth and it is usually marked by the onset of puberty, starting typically at 11 or 12 for girls, and 12 or 14 for boys. Boys shoot up in height, facial hair grows, and their voices deepen, cracking at the most crucial and embarrassing moments. Girls begin to menstruate, their breasts get bigger, they get more hairy, and their hips widen.

Most adolescents are uncomfortable and self-conscious about these changes, and feel that people are looking at them differently. And it is true, people are looking at them differently, especially their parents who are often shocked to watch their children suddenly turn into adult-looking people. Trying to keep up with the growth spurts, parents constantly have to buy new clothes and shoes with mixed feelings of excitement, sadness, and panic

about the expense. These changes make adolescents eat more and sleep longer, and have spurts of physical energy followed by periods of lethargy. They become cranky, moody, shut down, and challenging at home. They do not want to listen to limits or consequences. Parents become nags in their eyes, and children become inconsiderate, lazy, and disobedient in the eyes of parents.

This transformation happens so quickly that adolescents themselves have difficulty integrating the changes. Their sense of self is in flux, and finding who they are, or want to be, becomes their main focus. They try on different personalities, challenge values, norms, and try desperately to fit in with their peers. They feel intensely compelled to turn away from their childish ways and move toward independence, while at the same time wanting their parents to take care of them. The title of Anthony Wolf's (2002) book about adolescents "*Get out of my life but first could you drive me and Cheryl to the mall?*" depicts succinctly the dilemma in which parents and adolescents find themselves at this stage of life. Parents, who may have felt confident about their parenting skills, suddenly find themselves

feeling anxious and insecure about how to keep their adolescents safe.

It is helpful for parents to understand that although adolescents might look like adults, the part of their brain that increases their ability to reason and to control impulses has not yet matured (Yurgelun-Todd & Killgore, 2006; Jetha & Segalowitz, 2012). Normalizing some of the behavior they experience as erratic and a necessary part of growing up tends to lessen their anxiety, and their feelings of inadequacy as parents. It is very important to validate their alarm and to support their wishes to protect their children from danger. Adolescents are more prone to take risks than adults because the hormones that signal seeking pleasure are at their height of intensity. The lag between physical, sexual, and mental development explains some of the erratic behavior and poor judgment that characterize many adolescents and that frighten adults.

Families must be strong and yet be able to make their boundaries more flexible. Most families, after a certain degree of confusion and disruption are able to change the rules and limits and reorganize themselves to allow adolescents more autonomy and independence. However, stressors such as disciplinary problems at home and at school, interpersonal losses, family violence, sexual orientation confusion, physical and sexual abuse, and bullying can result in the development of symptoms in the adolescent or in other family members. This is usually easier with each successive child, but is particularly difficult when parents do not support each other because they differ and argue about values and rules, whether they are together, separated, or divorced.

One of the most difficult tasks for parents over the life cycle is helping their teenagers be more thoughtful and less impulsive at a time when they are intensely focused on gaining more independence. Adolescents want more autonomy to make decisions about friends, clothes, and how to spend their free time, and parents have to provide the support and space they need to grow and develop. They also need parental guidance and supervision to learn and stay safe, especially when their wish for excitement can so easily lead to risky behaviors. A shift in the balance of authority and power in the relationship between parents and children is crucial, but for parents giving up control is often rightfully frightening. Engaging their adolescents in conversations about gaining privileges for responsible behavior, rather than imposing limits and expectations, can begin to make that shift.

Involving adolescents in the process of negotiating clear limits and expectations helps them take responsibility and be more accountable for their behavior. If they are responsible they earn privileges, such as having a phone, access to Internet, social networks, going out with friends, learning to drive, and using or getting a car. Time outs and grounding no longer work as well at this stage, since adolescents tend to experience those as punishments for children, rather than as consequences for their behavior. Getting into power struggles with them is also not useful, especially any physical restraining can become dangerous since by now they are as big, or stronger than parents. The more teens feel controlled by their parents, the more turbulent this process will be. The less accepted and connected they feel to parents, the more important validation from peers becomes. For a period of time peers become a "second family" (Taffel & Blau, 2001), a community in which adolescents can begin to act maturely and responsibly, while at home they are often under responsible, which leads parents to fall into over functioning. This pattern tends to stop growth and development, and it should be a signal for parents to stop and notice positive behavior. Acknowledging to adolescents that they are growing up and maturing when they behave responsibly goes a long way.

This chapter focuses on the overall transformation that families experience as they try to master the tasks of adolescence, keeping in mind that perceptions about adolescent roles and behaviors vary depending on socioeconomic and cultural context. Case examples will illustrate some of the issues that families are likely to bring to therapy during this phase, and therapeutic interventions that may be helpful.

Assess your comprehension of the introduction by completing this quiz.

Risk Behaviors and Prevention

Today, in the United States, families are more challenged than ever by the risks of living in an increasingly endangered environment, in a society where, largely for economic reasons, parents choose or are forced to work longer and longer hours, limiting the time they can spend at home with their adolescents. The pressure is worse if they do not have the support of extended family or a supportive community for teaching and setting limits on their adolescents, and are forced to become more dependent on external systems. At the same time, teenagers are turning more and more to their social networks for emotional support, to music, TV, and especially the Internet for values and ideas about life. As a result, the family's function as an emotional support system is threatened. The threat is greater for families that are economically disadvantaged and living in poor urban and rural neighborhoods.

As adolescents begin to demand more freedom, parents can no longer protect or supervise them in the same way as when they were younger. Parents have good reasons to worry, since with greater opportunity to engage in risky behaviors and not yet developed ability to consider future consequences, adolescents are extremely vulnerable to danger.

> Read about the three adolescent risk behaviors with long range impact according to the world health organization.
> http://www.who.int/maternal_child_adolescent/topics/adolescence/dev/en/

Car accidents, violence, and suicide are among the highest causes of death for teenagers (Centers for Disease Control, 2013). Alcohol and drugs are strongly linked to risky behaviors. Although teen birth rates have been declining for two decades, they are still higher than those of other developed countries. Teens who become parents are at multiple risks for poor life outcomes: failing to finish high school, unstable couple relationships, and adult poverty (Hoffman & Maynard, 2008). Their children face particular challenges: they are more likely to have poorer educational, behavioral, and health outcomes throughout their lives, compared to children born to older parents.

Adolescents account for about one quarter of all sexually transmitted diseases (STDs) diagnosed every year, and four in ten sexually active teen girls have had an STD that can cause infertility and even death (Forhan et al., 2009). Teen males make up more than two thirds of HIV diagnoses, one of the leading causes of death in adolescents (Centers for Disease Control, 2010).

A recent study of substance abuse showed that 40 percent of high school seniors drank alcohol, 15 percent abused marijuana, and 13 percent smoked cigarettes (Johnston, O'Malley, Bachman, & Schulenberg, 2010).

Although mood swings are common during adolescence, warning signs of serious psychological problems are not always obvious. Some common symptoms include persistent irritability, anger, or social withdrawal, as well as major changes in appetite or sleep (Burland, 2001). One out of five adolescents has a diagnosable mental health disorder, and one in four shows at least mild symptoms of depression (Schwarz, 2009; Child Trends, 2010). Mental health disorders can disrupt school performance, harm relationships, and lead to suicide, which is the third leading cause of death among adolescents. Yet less than half of the adolescents who need mental health care receive it. Those least likely to receive services are homeless youth, those served by state child welfare and juvenile justice systems, and lesbian, gay, bisexual, and/or transgender youth (National Institute for Health Care Management, 2009).

The best prevention for these risk factors is for parents to stay connected with their children. Thus, the most important clinical intervention we can make with families during the adolescent phase of the life cycle is to help them stay connected. Living in a society where the dominant culture reinforces the idea that to be independent one must separate from parents does not make the work easy. Yet, we all need encouragement to hang in there, listen differently, confront our own limits, and take the necessary measures to earn our child's trust (Taffel, 2009).

Recent studies demonstrate that teens who feel close to their families were the least likely to engage in risk behaviors, and that high expectations from parents for their school performance were nearly as important (Davalos, Chavez, & Guardiola, 2005; Willoughby & Hamza, 2010). The research of Caitlin Ryan (2013) reinforces the positives of parental connection for LGBT youth exposed to bullying at school. Working with families toward acceptance and support of their children is clearly one of the most effective interventions to lower the risk of suicidal and other risk behaviors.

> Assess your comprehension of risk behaviors and prevention by completing this quiz.

Evolving One's Identity: The Balance Between Self and Other

Finding one's own voice in a context of societal, parental, and peer pressures to conform is one of the most challenging tasks for adolescents. With maturity our sense of identity becomes clearer, and as we age it continues to change, but at no stage of development do we change as rapidly and as intensely as during adolescence. Finding a balance between themselves and others as they develop sexual, physical, spiritual, and moral identities involves having to increase their capacity for discipline, self-management, and emotional competence. These skills are essential for them to be able to work individually and collaboratively with others, and for building relationships with peers, family, and community.

Understanding who they are in relation to gender, race, culture, sexual orientation, and abilities is increasingly important in a society that is diverse and multicultural. Some of the questions that often run through an adolescent's mind are as follows: Who am I? Who do I want to be? Who does my family want me to be? Who do my friends think I am? It is not that they have not developed some sense of self by this time, since by the age of 2 they can distinguish boys from girls, and by the age of 4 they begin to learn that boys and girls are expected to behave differently.

Gender socialization happens at home, at school, through their interaction with peers, and from their exposure to mass media. The reason why the need for self-definition becomes so urgent during adolescence is that their brain undergoes major changes that charge them emotionally with intense energy and passion for exploration. It is as if their brains are programmed to make them pull away from their parents and toward their peers. They yearn for emotional and social engagement with peers. They want to explore the world with their friends, rather than with their parents.

The pressure to fit into the rigid patriarchal conception of what it means to be masculine or feminine in this culture is a major stressor. The focus on binary constructions of gender does not take into account the variations in gender identity and sexual orientation that pervade our society, and gives little acknowledgment to the fluid and constant intersections of gender identity with race, social class, and culture. During adolescence, the pressure to conform to this binary definition is at its highest point, while simultaneously adolescents experience an urgent need to challenge social conventions in an effort to form a genuine identity.

Their brains are developing increased capacity for abstract thinking, and for complex questioning, which enables them to challenge values, attitudes, and spiritual beliefs they have learned from their families, and from their social context. They have an uncanny ability to notice vulnerabilities in adults and to challenge inconsistencies in their behavior. They become more aware of how their social location defines their position in life, and begin to recognize injustices and take moral stands. This is a good time for parents and other adults in the family, for teachers, and other mentors in religious or community organizations to engage them in conversations about moral issues, and social judgment. Although they feel great pressure to fit with their peers, their emotional connection to parents and other adults in their lives is significant. They need role models who can teach them how to manage their emotions and behavior.

Adolescent males

For males, the social pressure to act as "real men" is pervasive. Those who are slight and short may develop insecurities because our society values being

ysically strong and athletic. Those with physical and developmental disabilities may have a particularly difficult time and are often the target of bullying school. Fitting into the expectations of patriarchal masculinity means having to reject everything "feminine." Unfortunately, for them, this concept of femininity sometimes includes behavior that is connected with doing well in school, or showing interest in intellectual pursuits. Getting good grades may not be cool! They may begin to lag behind in building intellectual skills, and in learning about the larger world that surrounds them.

Those who do not conform with these rules take the risk of losing status, friends, and of being labeled a "fag," a term that does not necessarily describe homosexual behavior, but that strips them of their masculinity (Kimmel, 2013). Adolescents who are bullied and called "fag" by peers at school, on Facebook, or other social media suffer mercilessly. The cruelty of bullying often causes them to be so ashamed that they may become depressed, or suicidal. In some cases, feelings of pain and aggression can lead them to attempt suicide or commit violent acts. These reactions are more likely when they do not have support at home. When abuse at home is directed toward them, the risk for self-damaging behavior and violence becomes even more likely.

Being a man ultimately means giving up the freedom to express feelings, especially as adolescents move toward early adulthood and into the stage that Kimmel (2009) describes as *Guyland*, a culture that normalizes a lack of connection with their emotions and a restrictive expression of feeling. Distance from parents, especially from mothers, is encouraged as part of becoming independent. Many parents, particularly mothers, react to this change in the relationship by feeling rejected and pulling away from their sons. Unfortunately, the more adolescents become disconnected from their feelings, the less opportunity they have to learn how to balance relationships with others. This emotional disconnection makes it more difficult for them to cope with such emotions as fear, loss, and stress in life (Lombardi, 2011). They are at greater risk for acting-out behavior such as drinking and drugs, when they do not feel free to talk about problems and conflicts (Dooley & Fedele, 2004).

If they come to therapy, it is crucial to involve parents and caretakers in treatment with the goal of strengthening their emotional connections. Doing a three generational family genogram with them, and focusing on patterns of relationships between men and women, as well as how men connect with their children can help them talk about what is going on in the present. Questions such as "What needs to change for them to feel closer as a family? What fears or hurts get in the way? What are their hopes for the future?" can open possibilities for change.

Adolescent females

For adolescent girls, the pressure to be beautiful is enormous. They become more concerned with how women are "supposed to behave" and with their physical and sexual attractiveness. When their physical appearance does not match what their peer culture perceives as beautiful, their confidence drops. They become more anxious, and vulnerable emotionally, which increases the probability of becoming targets of bullying. Their weight, height, skin color, race, religion, sexuality, and sexual orientation become reasons for ridicule, and bullying. Bullying, sexual harassment, rape, or any abusive behavior has grave consequences for them. They are more likely than males to suffer from depression, low self-esteem, dissatisfaction with their bodies, eating disorders, and to attempt suicide (APA, 2014).

Regardless of the advances that this society has made toward gender equality, double standards for females remain pervasive. Females who are competitive are perceived as aggressive and unattractive, rather than as competent and successful, while males who are ambitious are seen as leaders. Those who try to break out and be more like one of the guys often find themselves in a bind. Females may want to be smart and pretty, and feminine and successful, but the pressure to conform to opposing standards simultaneously can be oppressive, especially because complaining in this patriarchal society means failure. They know that although they may be achieving educationally more than adolescent boys, when they look at who is at the top of businesses they see mostly males (Sandberg, 2013). There is also the dilemma that in our culture being beautiful also has

negative connotations, as demonstrated by the jokes and caricatures about the "dumb blonde."

One of the major causes of stress for adolescent girls is that in the dominant culture in this country, physical attractiveness means being thin, and at an age when their bodies are changing and getting softer and fuller, they may begin to see themselves as fat. For many, dieting becomes a way to control weight. Eating disorders, more common in females, frequently appear in adolescence and affect all socioeconomic levels and all races. Girls' wish to be thin starts as early as 9 or 10 and more than 90 percent of those who have eating disorders are women between the ages of 12 and 25. Up to 10 million females and 1 million males struggle with eating disorders (NIMH, 2009). Between 1 and 5 percent of adolescent women meet the criteria for an eating disorder diagnosis. Females with anorexia nervosa have a suicide rate 10 times higher than those with any other mental health disorder (Hudson, Hiripi, Pope, & Kessler, 2007).

The high risk of suicide in this population often brings adolescents and their families to therapy. Working with them and their parents to enhance the adolescent's self-esteem, specifically about their bodies, has been found to be effective in protecting them from risk factors such as physical and sexual abuse (APA, 2014). Acceptance and support at home and in their community helps to increase resiliency against unhealthy eating patterns. Cultural contexts that promote acceptance of a broad range of appearances provide support for individuality and healthy development.

Sexual orientation

For those whose gender identity is nonconforming to patriarchal standards, and who are conflicted about their sexual orientation, the onset of puberty can exacerbate their sense of awkwardness. However, the changes that have taken place during the past decade in the way LGBT people and their lives are portrayed in society have made it possible for adolescents to feel freer about coming out earlier to themselves, their peers, and their parents. That is not to say that gay teenagers do not still suffer harassment at school or rejection at home. Parents'

reactions vary depending on their own constructions of gender and sexual identity and on their homophobia. Actually, the more gay youth are perceived as not conforming to gender norms, the more at risk they are for harassment and physical abuse. Girls who come out as bisexual but are still considered "feminine" seem to be less prone to harassment, as are some gay boys, who come out but are still perceived as "masculine."

Overall, the increasingly accurate and positive portrayals of gays and lesbians in popular culture have lessened the fears for adolescents and their families that they will never find happiness. The ability to communicate online has broken through the isolation that had been so detrimental to LGBT youth and has allowed gay teenagers to find information to refute what their families or churches sometimes may still tell them. In *The New Gay Teenager*, Savin-Williams (2005) writes that being young and gay is no longer an automatic prescription for a traumatic childhood. He also says that this is the first generation of gay adolescents who have the great joy of being able to argue with their parents about dating, just like their straight peers do.

Although there seems to be more openness about gender variance and sexual orientation, heterosexual parents, teachers, and counselors are likely to question adolescents about the validity of their feelings when they come out. The younger they are, the more we ask questions about their same-sex attractions in ways that we would never question straight youth when they talk about attractions to the opposite sex. Most of us working with adolescents have been trained to caution youth who identify as LGBT that sexual identity is a fluid process and that they should wait until they are older to determine how they really feel and what they want to do about it. We also coach parents not to be too reactive and to wait to see what happens as their children mature. The down side of this approach is that we deny their feelings and miss opportunities for connection and to encourage healthy sexual behavior.

Lack of support at home, at school, or from other adults in their community puts LGBT youth at greater risk for emotional problems, including suicide. Generally, gay and lesbian adolescents are more likely to disclose to mothers, fearing the

reaction from fathers. Sometimes, the reaction at home is dangerous and violent, yet most LGBT adolescents want to be open with their parents.

CASE ILLUSTRATION

Horace

Horace is a 16-year-old white male of German ancestry. His situation at school and home led to suicidal behavior. During therapy, he talked about the loneliness and fear that he experienced. "My attraction to men is not something I chose. I tried for the longest time to push it out of my mind and do all the things that boys are supposed to do, but I can't change myself. Sometimes I get scared, especially when I hear about gay bashings, and bullying that goes on at school. I feel bad for my parents. They love me but don't understand why this is happening and are ashamed of me. They also fear for my life. No one else in the family knows, and I hate pretending in front of my grandparents. At school I'm constantly on the lookout, worried that they'll find me out."

Lesbian, gay, bisexual, transgender, and questioning youth are up to four times more likely to attempt suicide than their heterosexual peers (Massachusetts Youth Risk Survey, 2006). And, if rejected by their families for being LGBT, they are eight times more likely to attempt suicide (Ryan et al., 2009). One of the most alarming findings of Ryan's research is that Latino males reported the highest number of negative family reactions to their sexual orientation in adolescence. Such a response is often related to religious beliefs that connect being gay with sinful behavior, or a belief that their child's homosexuality is a medical or psychological condition that can be cured. On a more hopeful note, Savin-Williams (2005) and La Sala (2010) point out that most families of LGBT adolescents eventually move toward acceptance after a period of anxiety and sometimes rejection. The more acceptance they receive from their parents and caretakers, and other adults in the community, the more positive they will feel about their lives (Ryan, 2013).

There is also increasing support to ban therapies that are considered "reparative." California banned that type of treatment for adolescents in 2012, and there are movements to similar legislation in other states, such as in New Jersey (Gay and Lesbian Connection Monthly, 2012). The psycho educational materials that the Family Acceptance Project has put together are great resources to use with families and adolescents (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010).

> Learn more about the family acceptance project here. http://familyproject.sfsu.edu/home

Working toward building connection, support, and acceptance in families is probably the most preventive and hopeful intervention we can make clinically.

Racial and ethnic identity

Forming a positive ethnic and racial identity is another antidote to risk behaviors. It is crucial for all adolescents, and even more so when they belong to groups that are marginalized in the dominant culture. It is particularly difficult when parents and families are themselves struggling to make it, and feeling oppressed by the social institutions that affect their lives. A positive, cultural identity is necessary to feel whole, to belong, and to have a feeling of home place (McGoldrick & Hardy, 2008; McGoldrick, Giordano, & Garcia Preto, 2005; Burton, Lawson, Obeidallah, & Allison, 1996). Many adolescents in this country live in two worlds. They live with their families in communities that are ethnic enclaves where immigrants settle to support each other or at least to feel connected to their motherlands. They may eat different food, listen to different music, and dress and behave according to their culture's expectations. They also have to negotiate living in a dominant culture that is patriarchal and racist, where they are seen as, and feel, different and marginal. They often feel powerless in the larger society, isolated, uncomfortable, and afraid that they will not be accepted for who they are.

When cultural differences interfere with their increased need to fit in with peers, some adolescents

reject their own culture and disconnect from their families. The schism between societal expectations and what they are able to achieve puts these youths at high risk for depression, anxiety, rage, and a host of other problems. For example, although the number of Latina adolescents getting pregnant has decreased in the last few years, they continue to have twice the number of births as white girls (The Center for Latino Adolescence and Family Health, 2013), as well as an alarming rate of attempted suicide (Zayas & Pilat, 2008; Zayas, 2011).

Finding legacies of hope and of spiritual strength that have been passed down by their ancestors through history is crucial for the survival of many groups. Engaging families and adolescents in conversations about their histories, stories of immigration, and people who have overcome the forces of oppression can be empowering. Staying connected with their dreams and not compromising their priorities require extreme determination.

For African Americans, Latino/as, Asians, and other adolescents of color, forming an identity goes beyond values and beliefs about gender, since they have first to cope with how society defines, marginalizes, and oppresses them. For African Americans, forming a positive identity in a racist society in which being Black has been demeaned for centuries poses a grave challenge for adolescents and their parents. (Hardy & Laszloffy, 2005; Boyd-Franklin & Franklin, 2000). Black adolescents need to view themselves as valued to form a positive identity. Living among Whites and facing daily situations where they are demeaned for their skin color is hurtful and humiliating. The darker their skin, the more difficult it is. Although the visibility and influence of African Americans in politics and the popular culture have increased, even more so since Barak Obama became president, the insidious effects of racism on the everyday lives of Blacks in this country has not gone away.

For African American parents, the fears about the welfare and future of their children go well beyond worrying that their adolescents will not have good judgment and will put themselves in dangerous situations by abusing substances, having unprotected sex, or that predators will abuse them. They have to worry about the effects that racism will have on them, especially when they are poor and have little access to resources. It is a big reason for our country to worry, if we consider that the jobless rate of Black teenagers age 16 to 19 increased from 35.2 percent to 42.6 percent between May 2012 and May 2013 (U.S. Department of Labor, 2013), as compared to 22.1 to 21.6 for white teens. They fear especially for their sons' safety and lives, knowing that authorities are quicker to arrest them for minor offenses, book and remand them for trials, and give them harsh dispositions (U.S. Census Bureau, 2006–2008). Black males were incarcerated at a rate more than six times higher than white males and 2.4 times higher than Hispanic males (Drake, 2013). Living in neighborhoods where drugs and crime are rampant, they are constantly at risk of being pulled into the world of illegal activity and by the alluring experience of feeling powerful that making fast money can bring. Carrying weapons for self-defense is not uncommon for adolescents in these situations. In fact, homicide continues to be leading cause of death for African American males (Travis, 2013). Considering these statistics, it is no wonder many African American parents fear that their sons will be killed, and young men do not have the expectation to live a long, prosperous life.

Pregnancy is usually high on parents' worry list for their adolescent daughters, regardless of race or ethnicity, but as a group, Black girls have always been at higher risk. Recently, the overall rate of teen pregnancy across race and ethnicity has been declining, and though this is true for African American girls, as a group they are still a higher risk (Martin et al., 2012; Hamilton, Martin, & Ventura, 2010; Hamilton & Ventura, 2010). Also, of great concern for African American parents has been the high rate of HIV infection among Blacks, and especially for females. As with teen pregnancy, there has been a recent decline in the number of new cases reported of females infected with HIV, but African Americans continue to be far more affected than any of those belonging to other races and ethnicities, accounting for over 60 percent of all new infections (Centers for Disease Control, 2013).

A Multicontextual Three-Generational View

The adolescent's demands for greater independence tend to precipitate structural shifts and renegotiation of roles in the family at a time when parents are usually redefining their marital relationship, and answering calls from grandparents. Parents may be called upon to be their own parents' caretakers, or to assist them in integrating the losses of old age and at the same time they feel taxed in supporting their now often ornery adolescents. Renegotiating relationships with grandparents as they face issues of retirement, moves, illness, and death may reactivate unresolved issues in that generation. Conflict between parents and grandparents may intensify the parents' marital problems, and in turn exacerbate the normal stress that adolescence generates between parents and teenagers. Or a conflict between parents and adolescents may add to the stress in the marital relationship, and ultimately force changes in the relationships between parents, grandparents, and siblings. When the normal stress and tension generated by adolescence intersect and reactivate unresolved emotional issues in previous generations, the family might have difficulty offering the support and connection that adolescents need to make a safe journey into adulthood.

In therapy, we often observe that parents who have made a conscious effort to raise their children differently by avoiding the "mistakes" their parents made are often surprised when children reach adolescence and observe similarities in personality between their children and their own parents. They may also find themselves repeating patterns of interaction they had with their parents during their adolescence. Paying attention to the triangles that operated in the parents' families of origin and coaching them to work with their own parents can lessen their reactivity enabling them to listen better to their children.

CASE ILLUSTRATION

Clara

Clara, 15, lived with her mother, Wanda, a 39-year-old Puerto Rican professional, and Wanda's paternal aunt, Marta. Wanda, since her divorce, had focused her energy on her work and on being a good mother. Clara, who had always been very close to her mother, had begun to pull away, stay out late, and show interest in boys. Wanda, afraid of the dangers in the street and worried that Clara would become pregnant, restricted her outings. The more Clara challenged the limits, the stricter her mother became. Clara threatened to run away. She spoke to a teacher at school, who referred the family for therapy. Wanda appeared angry and unwilling to listen to Clara's criticisms. She felt rejected by her daughter, for whom she had sacrificed so much. Clara felt bad about hurting her mother, but felt she was being unfair. I began by supporting Wanda's wish to protect Clara, validating the dangers girls are exposed to in this society, which made it easier for her to begin to listen to Clara's position. I invited Wanda to bring her aunt Marta to therapy, which clarified how Clara's adolescence had activated a triangle from the mother's own adolescence a generation before. When Wanda was an adolescent, she had been close to her aunt, her father's youngest sister, who lived with the family, and in a triangle with her own mother over rules and discipline. Once again Wanda and Marta were allied, but this time Clara was the one who felt isolated from her mother and aunt.

I was able to help shift the triangle by telling them that Clara needed support from both of them but primarily from her mother. I suggested that Clara was as confused as they by the different ways in which the two cultures dealt with adolescence. Asking them to identify which Puerto Rican values were creating the greatest conflict at home led them to thinking about a compromise. They agreed that dating was the greatest source of conflict, since in Puerto Rico this practice has very different rules and connotations. Dating used to start much later, and it usually took place in the company of family or friends. I pointed out that for Clara to live in this culture and feel comfortable with her peers, they needed

to adapt to some of the values of this culture. As a compromise, they agreed to let Clara go on double dates, but only with people they knew, and to negotiate a curfew with Clara's input.

To make additional changes in the relationship between Clara and her mother, work had to be done with Wanda and her mother, who still lived in Puerto Rico. Coaching Wanda to share some of her conflicts with her mother through letters and on a visit to Puerto Rico and to ask her advice about disciplining Clara was a way to lessen the emotional distance between them. Wanda became more accepting of her mother's limitations and began to appreciate the attention she gave. This helped her to listen more attentively to her daughter.

In retrospect, I could have further helped strengthen the connections between Clara, her mother, and great-aunt by exploring with them intergenerational values about gender role socialization and expression that may have been contributing to their problem, asking questions such as: How was your mother's gender role different from your grandmother's? Why do you think grandmothers may be more permissive than mothers? How have expectations, freedoms, and obligations toward family members changed over time in your country of origin? How do you think immigration to this country has affected your expectations, freedoms, or obligations as women? How do the extended family, community, culture, and society create pressure to conform to certain rules for boys and girls? Do you think it is fair for boys to have so much more freedom in dating than girls? What did you think of the rules for freedom and the chores for girls and boys when you were a teenager? What do you think of mothers having so much more responsibility for parenting than fathers?

Another issue that this case raises is the considerable impact that the lack of extended family or other supports has on how families manage adolescence. Puerto Ricans and other ethnic groups tend to rely heavily on extended family members to help with the discipline of adolescents and the clarification of boundaries. It is common for Puerto Rican parents to send a rebellious adolescent to live with an uncle or godparent who can be more objective about

setting limits. This move also provides time for parents and adolescents to cool down when conflicts are intense, and obtain enough emotional distance from each other to regain control and reestablish a more balanced relationship. Relying solely on the nuclear family to provide control, support, and guidance for adolescents can overload the circuits and escalate conflicts.

For example, most parents with adolescents in the dominant culture are at midlife. They may be reevaluating their marriages and careers. The marriage emerging from the heavy caretaking responsibilities of young children may be threatened as parents review personal satisfaction. For many women, this may actually be the first opportunity to work outside the home without the restrictions they faced when the children were young. For many men, this is a time when they might be feeling stuck in a dead end job, or fearful of losing their work altogether.

Adolescents need nurturing, clear expectations, and appreciation, as well as a feeling of belonging from both parents (Taffel, 2005). Parents benefit when they recognize that their own personal dissatisfactions about work, marriage, or failed relationships with partners, family, or friends may be affecting their ability to connect with their children and guide them through this stage. When parents disagree and engage in explosive fights with each other, or become silent enemies whether in the same house or in separate homes, the risk increases for adolescents to engage in dangerous behavior. It is also important for parents to resist the impulse to focus entirely on the adolescent's problems and ignore their own needs (Cummings & Davis, 2010). When one parent becomes involved in an alliance with the children against the other, the problems presented by adolescents are likely to escalate.

These patterns may differ depending on factors such as race, class, and ethnicity. For instance, Burton et al. (1996) conducted a study of poor inner-city African American teens and found that in many of the families, there was a narrow age difference between the generations. The blurring of intergenerational boundaries in these age-condensed families affected the authority that parents had over children as well as the adolescents' perceptions of appropriate behavior. Consider, for example, a family