

## PSYCHOLOGICAL ASPECTS OF FAMILY RELATIONS BETWEEN THE FAMILY AND THE ADOLESCENT

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**Abstract:** The entry of the family into adolescence begins with the onset of puberty of the first child, and ends when the children leave home. This phase is characterized by an increased need for flexibility on the part of parents in relation to the increasing independence of children. All family members are in constant negotiations regarding the new needs of the children. These needs go with increasing independence and freedom initiated by young family members. The central event in the marriage, in this phase, is the midlife crisis of one or both parents, which results in an intense rearrangement of the relationship in the marriage. Observing the adolescent in his current life situation from the point of view of the family system in which he lives, gives a new perspective for understanding the process, relationship, causality and dynamics of psychological changes of a young man. A personal identity crisis accompanied by intrapsychic changes on the mental and emotional level has its parallel in a family crisis, which is reflected in the shifting of interpersonal boundaries, changes in behavior patterns and the redefinition of the entire family dynamic.

**Key words:** psychology, family, adolescence, systematic approach, family relations

### 1. FAMILY IN ADOLESCENCE

The entry of the family into adolescence begins with the onset of puberty of the first child, and ends when the children leave home. During the period of adolescence, the family goes through a process of reorganization, which brings with it many challenges. This phase is characterized by the need for increased flexibility of parents in relation to the increasing independence of children, both in their outlook on life and in their behavior. Despite all this, parents should maintain their authority in the family hierarchy. There are constant negotiations about the new needs of children, and these needs go with the increasing independence and freedom initiated by young family members.

A young man examines family rules, control and responsibility in the family. Order and discipline suit him, but adapted to the needs that the youthful period brings with it, both biologically and psychologically and socially. Adolescents open the family to a whole new set of values as they bring new friends and bring new attitudes to the family. Borders must become more permeable. It is especially difficult for parents to handle flexible boundaries that allow adolescents to go inward and be dependent when they cannot cope with difficulties on their own, and to come out and experiment with ever-increasing degrees of independence when they are ready. As adolescents are transitioning from childhood to adulthood, their behavior is often unpredictable and constantly changing. Adolescents often confuse their parents because at times they are provocative, testing all possible limits of authority, and the next moment they are child-like and dependent.[1] This makes it difficult to know when to set firm boundaries and when to relax. A common mistake parents make is to view their adolescent children as their equals in making judgments and accepting responsibility.

The new generation should gradually be allowed more and more independence, while at the same time maintaining appropriate boundaries and structures to enable the continued development of the family. Puberty rebellions are something to be expected and which is good because this is when a young man begins to express his views. Passive acceptance of parental demands in relation to school and the organization of private life has the same negative consequences as excessive rebellion, which can lead to initial disturbances in family members or disturbed family relationships.

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## **2. FAMILY CRISIS**

### **2.1. Symptomatic behavior**

In an individual approach, puberty is characterized by many transformations and adjustments. Psychological changes refer to the adolescent's self-perception and self-evaluation and to the adolescent's interpersonal relationships, especially with family members and peers. Changes in puberty have an effect on the change in the adolescent's experience of the environment. The duration of puberty is largely ignored as a fact, but it is known that psychoanalytic theory emphasizes that a longer duration of puberty allows for better ego consolidation. Evolutionary theories claim that the longer duration of puberty allows for longer learning and the development of adaptation theories.

Whichever theoretical framework you choose, it is important that the family in this phase of adolescent independence provides enough support and protection, but also provides incentives for searching and finding the paths to which the young person is directed. If there are accumulated conflicts and heightened tension in the family, especially in the parental subsystem, the adolescent's independence will be accompanied by extreme fear that his separation and growing up could lead to the disintegration of the family.[2] Adolescents suffer a lot of pressure that prolongs their independence through frequent school failures, withdrawal from society or the development of psychiatric symptoms. The function of symptoms is to stop the family. Whether it is to prevent her from going to the next stage that surely leads to leaving the parental home or to keep her in this stage as long as possible when the parents are still taking care of their children. By symptomatic behavior, the adolescent unites the parents. By worrying about the child, parents postpone a possible divorce. In most cases, the symptom succeeds in its function. Parents stay together, conflicts calm down and the family re-establishes homeostasis. However, the adolescent, as a carrier of symptoms, loses the rhythm of life with his generation. The disease separates him from school, studies, peers and the process of growing up and maturing. [3] The family as a system imitates his symptom by re-establishing homeostasis, but the dysfunctionality still remains, both at the level of structure, and at the level of communications and all other contents on which the family rests. The symptom can also be an expression of rebellion of an adolescent member in a dysfunctional family system. He is an appeal for change. In those situations, the symptom is an expression of healthy driving forces in a young person who, by changing himself, can initiate a change in the entire system. [4] By the very fact that the family has reached a crisis with the appearance of symptomatic adolescent behavior, it expresses its willingness to change. A symptom is a form of communication with parents and an excuse to the environment for failure in studying or socializing with peers. In addition to the above, the young man may be excluded from the family system by his symptoms.

### **2.2 FAMILY THERAPY**

In modern family therapy, systemic family therapy is most often applied, which is based on the systemic theory of the family. In the systemic approach, the family is viewed as a social system that functions through transgenerational patterns. A system consists of repeated interactions that create patterns of how, when, and with whom one relates. In the system theory of the family, the system is understood as a set of organized and interdependent units that are in a relationship of interaction. In the relationship between people in the system, there are two natural forces: the force for autonomy and the force for community, and they are in constant interplay. It can be said that the system needs both stability and change equally. [5] Striking a balance between these strengths distinguishes functional couples and families from dysfunctional ones. In family and couples therapy, the goal should be to remove blockages and facilitate change.

Systemic thinking does not look for the cause of the appearance of symptoms within the individual, but sees the appearance of symptoms as a reflection of an acute or chronic shift in the balance of emotional forces in the family. When the system is under stress, the usual balance of power is disturbed and the system tends to become unbalanced. With the entry of the child into adolescence, exactly such a disturbance of the balance occurs. Within the family system, adaptive mechanisms are activated so that the family can bear the increased stress on the system. If the stress is too great and lasts for a long time, the adaptive mechanisms can become overloaded and lead to the appearance of

symptoms. The symptoms show the failure of the family system to adapt to the change and are nothing more than an exaggerated normal process.

The concepts on which family therapy is based are the concepts of homeostasis, circular causality and cybernetic model, communication, boundaries, roles, value system, norms, rules, family secrets, myths, developmental stages. One of the basic concepts of Bowen's theory is the triangle (emotional system of relationships of three people) which is the molecule of every emotional system. The emotional forces within the triangle move in a series of chain reactions. A triangle is an abstract way of thinking about the structure of human relationships, and triangulation is a reactive emotional process that takes place within that triangle. [6] As the child enters puberty, the tension in the relationship between parents and child grows. This can lead to a conflicting relationship or one of the members of that relationship will feel internal discomfort. In that case, the harmony of the relationship is preserved by one partner who absorbs the potential problem of the relationship. Which partner will absorb the anxiety is determined by the interaction patterns between both partners. The process is automatic and the non-absorbing partner is unaware of the other partner's condition, so they are often surprised that their spouse is unhappy or otherwise uncomfortable in the relationship. The partner who is in a state of discomfort "solves" this relationship dilemma by moving towards the fusion of the relationship with a third person. The other partner becomes an outsider in this new fusion or partnership and may feel relief and discomfort in that position. All family members contribute equally to this process. Therefore, the individual cannot be understood outside the context of his important relationships, nor can the relationship be understood outside the context of how it "fastens" with other family relationships. Peace and harmony in one relationship can be supported in another. [7] Many problems are connected in a triangle, but the problems are not the driving force of the process. The process is triggered by the emotional reactivity of people and the level of emotions associated with specific problems.

When acute or chronic tension is built into a marriage, partners have four options for resolution:

1. I can establish emotional distance. It implies the relationship of emotional reactivity of people in relation to others. The distance is either in the physical avoidance of the partner or through internal mechanisms of isolation. Both partners' needs for togetherness are sought elsewhere. Well-differentiated people can choose to distance themselves from each other and focus on other activities or interests.

2. They can create conflict between themselves. Marital conflict provides a stable solution to the relationship dilemma: the need for emotional closeness on the one hand and the allergy to too much closeness on the other. Periods of conflict are followed by periods of interruption, but equally intensively by periods of closeness. Each partner is very ready and able to mobilize enormous energy to participate in the conflict drama. Energy to balance relationships is difficult to draw because its source is in conflict. Once exhausted, the partners come for psychotherapy. The therapeutic goal for such partners is to reduce the current tension in the relationship to manageable levels so that they can continue their conflictual relationship.

3. One partner can protect the harmony of the relationship through his compromise functioning - dysfunction of the partner. Marital tension can be reduced by one partner giving in or compromising with the other partner. The submissive partner does not want the responsibility of making decisions and expects the dominant partner to know the solution in every case. The dominant-submissive relationship will remain a functioning pattern for both partners as long as the stress effect on the system is within manageable system levels. When the effects of stress increase, the weakening manifests itself through physical illness, mental illness, or some type of social acting-out behavior. The partner who is vulnerable to the development of symptoms is the one who makes the most compromises in his functioning, over a long period of time, in order to protect the harmony of the system.

4. I can connect through the child. The focus of energy can be shifted from the partner relationship to the child. The most common type is the mother's focus of great emotional energy on the child with the father's support, which is manifested by sympathy and distance. A focused child is the one whose system is most sensitive to the disturbance of the balance of family relations and at a point of high tension may develop a physical, mental or social disorder. [8]

If any of the mentioned options is in excessive use, a problem will appear for which the family will seek help (marital conflict, poor functioning of the partner, problems with children who are in puberty/adolescence).

Each of the mentioned mechanisms represents an attempt to protect the stability of the individual and/or family system. The stability of functioning of one personality can be protected by the poor functioning of another. Some families use predominantly one mechanism while others combine several of them.

Systemic interventions refer to the positive labeling of problems and negative relationships between family members. Also, paradoxical tasks are given in terms of examining symptomatic behavior. The family resists change until it is ready for it. Therefore, the system model starts from the assumption that the group is larger than the sum of the individuals that make it up and that the individual is guided by a whole that manages and regulates the behavior of the individual. This model rests on the assumption that there is nothing that rules out behavior. Even silence is a means of communication. The focus is on syntax (the way of communication), semantics (the meaning of the art of communication) and pragmatics (the practical effects of communication). [9] The ultimate goal of this model is not insight, but changing function and structure. It is assumed that these changes lead to changes in the perception of other family members. The purpose of all the techniques used (escalating stress, changing patterns, breaking repetitive patterns of interaction, issuing paradoxical orders, clarifying communications, different labeling of symptoms) is to break the repetition of the same behavior and to introduce a pattern of interaction that will lead to new, more mature and less symptomatic interactions and internal state.

### 3. CONCLUSION

Observing the adolescent in his current life situation from the point of view of the family system in which he lives, gives a new perspective for understanding the process, relationship, causality and dynamics of psychological changes of a young person. This way of observation enables us to gain insights that we cannot achieve in individual work, and psychotherapy in a family context leads to faster and radical changes. A personal identity crisis accompanied by intrapsychic changes on the mental and emotional level has its parallel in a family crisis, which is reflected in the shifting of interpersonal boundaries, changes in behavior patterns and the redefinition of the entire family dynamic. The systemic understanding of the family gives a special perspective in observing the family and its individual members. Thus, it is possible to observe how changes on the personal level in adolescents affect changes in family relationships, how a personal crisis turns into a family crisis. In systemic family therapy, the behavior of clients in the family system is observed. The impact of each therapeutic change on the system is monitored, and by directing clients, family processes are also directed.

### 4. REFERENCES

- [1] Savin-Williams, R., Small, S.: *The timing of puberty and its relationship to adolescent and parent perceptions of family interactions*, Journal of Developmental psychology, Vol.22, No.3, 342-347, 1986 <https://doi.org/10.1037/0012-1649.22.3.342>
- [2] Vlajković, J.: *Životne krize i njihovo prevazilaženje*, Nolit, Beograd, 1992.
- [3] Hunter, F.: *Adolescents perception of discussions with parents and friends*, Journal of Developmental psychology, Vol.21, No.3, 433-440, 1985 <https://doi.org/10.1037/0012-1649.21.3.433>
- [4] Ati, N. A. L. & Kurian, M.: *Family-based therapy for adolescents with suicidal behaviour*. Promotion and Prevention in Mental Health Journal, 2(1), 21-28, 2022 ISSN 2807-7148

- [5] Milojković, M., Srna, J., Mićović, R.: *Porodična terapija*, Centar za brak i porodicu, Beograd, 1997
- [6] Kefeli Col, B., & Altay, B.: *The Effect of Family Characteristics of the Adolescents Upon Their Healthy Lifestyle Behaviors*. *Turkiye Klinikleri Journal of Nursing Sciences*, 13(3), 2021 doi10.5336/nurses.2020-78549
- [7] Wijayanti, N. T., & Suatin, W.: The meaning of parent's death for children and adolescents. *In 5th ASEAN Conference on Psychology, Counselling, and Humanities*, Atlantis Press, pp. 300-303, 2020 doi10.2991/assehr.k.200120.064
- [8] Kapor-Stanulović, N.: *Na putu ka odraslosti*, Zavod za udžbenike i nastavna sredstva, Beograd, 1988.
- [9] Krisnana, I., Rachmawati, P. D., Kurnia, I. D., Wahyuni, L., & Rithpo, P.: *Developing a parental empowerment model to prevent health risk behaviors among adolescents in East Java, Indonesia*. *Jurnal Ners*, 19(2), 188, 2024 <http://dx.doi.org/10.20473/jn.v19i2.54203>