

# **THE ADOLESCENT IN RELATIONSHIPS: FAMILY AND AUTHORITY**

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The adolescent is on a journey across a river. On one side is childhood with its immaturity and need for care and protection. On the other, there is adulthood where one is mature and ready to face the world on one's own. The journey across the river is made in the boat of relationships. Adults provide the guidance on that boat.

The family leaders are the most potent authority figures who are with the adolescent in the boat. Then there are other social authority figures representing one's geographical community as well as various social institutions at various levels in the society.

This article has the following objectives:

1. To provide insights as to the common conflicts and needs of adolescents.
2. To enable a better understanding of how the family as a system and with its leaders can enable or damage the adolescent in making the transition into adulthood.
3. To facilitate a clearer perception of the functional roles of wider social authority in the world of adolescent relationships.
4. To heighten awareness as to common negative features of West Indian society and family systems that could compromise their functionality in meeting the whole person needs of adolescents.
5. To raise issues as to how trainers can better facilitate the above understanding among their trainees as well as among families and in one's society in general.

## **ADOLESCENT TASKS, CONFLICTS AND ADJUSTMENT PROBLEMS**

As the adolescent seeks to cross the river from the side of immaturity and care and protection to maturity and readiness to face the world on the other side, there are certain developmental conflicts that he or she will experience. These relate to corresponding tasks that need to be achieved in maintaining maturity.

As the conflicts are overcome, then the tasks become fulfilled. They include:

- independence
- intellectual achievement and maturity
- career choice
- sexual adjustment
- identity formation

An interplay between negative family relationships on one hand, and developmental conflicts on the other, in producing adjustment problems in adolescents whereby the corresponding tasks do not become fulfilled. The same results emerge from faulty relationships between adolescents and authority figures and systems in the wider society.

The adjustment problems of adolescents are not merely emotional. They need to be seen in a whole person context whereby health habits, physical morbidity and social behaviour all become compromised in turn.

## **THE ROLE OF THE FAMILY AND THE NEEDS OF ADOLESCENTS**

In order for adolescents to fulfill their developmental tasks, the following personal needs have to be met by his or her family:

1. Budgeted time for communication and joint activity.
2. Sharing with parents by doing together, playing together and talking together-participating in each other's world of experiences, feelings and values.

3. The teaching of responsibilities, practical and coping skills, academics, values, spirituality, playing, loving, respecting, etiquette.
4. Positive relating involving affection, appreciation, respect, approachability, listening, tolerance, forgiveness, humility (“sorry but I was wrong”).
5. Disciplining consistently and with explanation and a balance of punishment with reward.
6. Planning by parents for all of the other parenting activities, for the future of the family and children, for the best family environment and interfacing with wider social opportunities and adult role models, for anticipating and dealing with developmental and other stresses.
7. Self enrichment of one’s parents’ competency of authority and parenting through establishing priorities, activity planning, gaining other parents’ support, education, spiritual growth and empowerment and therapy as necessary.

Meeting the above needs require the appropriate skills and activities to be learned and effected on the part of both parents and other authority figures.

## **THE HEALTH OF THE FAMILY SYSTEM**

It is the health of the family as a system of relationships that will determine how effective its leaders will be in providing for the practical and developmental needs of the adolescent.

The following are features of the healthy family:

1. Problem solving and conflict management takes place by negotiation and compromise rather than by denial, “games” (such as scapegoating) or attack.

2. **Effective communication exists because family members find the time, are open, say and act out what they mean, listen and acknowledge the feelings and statements of the other.**
3. **Roles are allocated in a clear way so that power is used by the appropriate persons in the correct way, also boundaries between parents and children, between all family members and between the family and the outside world are neither too loose or too rigid (boundary management). For example, a female adolescent is not given the role as parent in the family and as father's confidant nor would she be prevented from having outside friends. As well there would be a balance between instrumental roles (such as leadership, decision making, resource gathering, life skill development), and affective roles (including nurturance and support, sexual gratification between parents).**
4. **Feelings would be expressed openly and be met with responsiveness. Both welfare feelings (such as affection) as well as emergency feelings (such as anger) would be expressed- none to the exclusion of the other.**
5. **There would be a balance between intimacy on one hand and individuality on the other. Empathic involvement should be balanced with autonomy. Over-involvement can produce what is known as "enmeshment" say between a parent and a child. This in turn can prevent the autonomy that the individual will need to begin to develop in adolescence. At the same time the other extreme of emotional detachment should be avoided.**
6. **Behavioral controls in parenting and in interactions between couples and siblings would be present and flexible. There would not be the extremes of rigid, laissez-faire approaches or a chaotic absence of controls.**
7. **The thinking and action within the family would be governed by values based in reality rather than in "myths" handed down across generations. Traditions can lead to false assumptions about things such as human nature, the meaning of making mistakes, the complexity of human motivation and as to how rules should be made**

and carried out. Myths can include assumptions such as “adolescents are always troublemakers”, “they should never criticize their parents”.

These features of family health can be compromised by several factors. The foremost is having parents coming from dysfunctional families (including those with addicted, physically or sexually abusive, or otherwise neglectful parents). These problems tend to repeat themselves from one family to the next, unless there are corrective interventions. Poverty, disabling physical illness, personality disorders, mental illness and cultural conflicts are other contributors.

In all of the described aspects of healthy authority relationships in the family, there would not be arbitrary control but competent authority. There would be the combination of teaching, feelings and experiences in relationships.

## **THE ROLE OF SOCIAL AUTHORITY**

Social authority as a system of relationships has a role similar to that of the family in meeting the needs of the adolescent. In addition, there are some other needs of these youngsters that should be met by the wider authority system. As with the others, the degree of fulfillment of these needs determines the fulfillment of developmental tasks in adolescents.

Authority systems and figures in the community, school, church, workplace, media, entertainment industry, commercial, health and social services and other sectors, all need to have the welfare and future of our youth, high on their list of priorities.

In functioning as leaders in the world of relationships of adolescents, they would respond to the following needs:

1. One’s family being supported and supplemented. The family does not exist in isolation. Also, in order to avoid confusion and conflict, the adolescent needs to perceive a complementarity between his or her family and the wider society.

The time is much overdue for some social institutions to become more “family friendly”. Those authority figures that employ parents or use them as volunteers should be sensitive to their need to have time to be with their children. Every social institution or sector should, in some way, seek to network with the families of its members and those it serves. Education, training in parenting and resources for therapy, where necessary, should be guaranteed.

What about authority figures? Can we ever return to the days when adults in the community were largely useful role models and assumed the right to correct youngsters on the street? Instead, it seems as if the most esteemed authority figures are no longer the teacher, pastor, policeman or social worker, but are becoming the “D.J”, Drug Don, or gang leader – persons who more often than not undermine rather than support the roles and values of the family.

2. Providing structure for adolescent peer groups, including activities and relevant facilities. Adolescents are never meant to grow up alone. The boys and girls are meant to be gradually inducted into a man’s and woman’s world by men and women respectively and cooperatively.

Within the structure, giving youth a positive challenge, whereby they can fully extend themselves physically, intellectually, spiritually, socially and culturally.

3. Providing a sound and wholistic system of values. These should embrace not only the needs of the whole person but the person in the context of race, class and gender.
4. Bringing adolescents into a meaningful community, national and spiritual/universal tradition and vision of a future self and world.
5. Providing a growth promoting role modeling for and friendship building with adolescents.

## **THE HEALTH OF SOCIAL AUTHORITY RELATIONSHIPS**

One could say that one of the main processes that take place on the journey is the transfer of authority from the adults to the adolescent who becomes his own authority.

If this process is not completed adequately, the adolescent would on one hand see authority as a persecutor and negative evaluator from without to be rebelled against or passively submitted to. On the other hand, he or she could have internalized authority into one's conscience and ego structure as an internal persecutor and negative evaluator respectively, blocking drive and self esteem.

**When is authority healthy?**

Authority properly used will involve the use of both control and exercised competence. Control without exercised competence is arbitrary control. This leads to tyranny and the negative consequences already outlined. Competence with no control leads to anarchy.

Competent control as the essential feature of healthy authority involves three aspects:

- the cognitive aspect or having to do with the sharing of knowledge and skills. This involves teaching the adolescent to row across the river.
- the affective or relating to the adolescent's need for love and for empathy, for feelings such as fear, doubt or joy as he or she experiences the journey.
- the relational aspect or being with the adolescent offering companionship, modeling and positive experiences.

Without a combination of control and competence with its related features, neither the wider social authority system nor the family system as an agent of authority will be healthy enough to meet the needs of adolescents.

**What about society and family in the West Indies?**

## **WEST INDIAN SOCIETY AND FAMILY**

What are the features of West Indian society and family that retard the healthy functioning of our families and other authority relationships?

This is the subject of several books but will be summarized as follows:

### **SOCIAL INJUSTICE**

- a marked maldistribution of wealth with the mass of societies living in poverty
- a system of marked stratification into social classes
- a complex, pluralistic system of social division along race and class lines involving a small white/brown elite, a larger but restricted brown and upwardly mobile black middle class and a large black lower class. East Indian populations are sizable in some territories. Their cultural distinctness and upward mobility further adds to the conflicts of social place and individual identity.

### **SOCIAL CHANGE**

Rapid social change has included:

- widespread migration- both outward and rural to urban
- social mobility and pressures to maintain one's new status amidst rising inflation
- the dual working parent family
- the anonymity of urbanization along with work-home separation, overcrowding and "latchkey children"
- the loss of values and meaning and increasing secularization.

### **FAMILY PATTERNS**

Several family structures have been cited, but the following features seem common especially in those of African slave descent in the lower income sector:

- a relative (but diminishing) marginalization of the male as provider, husband and father. Even in middle class families, the latter features can obtain:

- fragile parental unions
- multiple shifting of children between various members of the extended family and even to neighbours, friends or “a woman”
- early (including) teenage pregnancies and parents with children from several opposite sex parents.

With these commonalities the following behavior patterns are not uncommon in families:

- an ambivalence of several mothers to (especially male) children of neglectful fathers
- parental (especially maternal) authoritarianism and overprotectiveness - an increasing modern picture of parental absenteeism and underinvolvement resulting in more chaotic or inconsistent behavioural controls.

Perhaps the best way to understand the West Indian situation is to visualize the extent of social disorganization that has taken place in a displaced artificially-created post-slavery society that is highly pluralistic and currently undergoing rapid modern social change.

## **ACTION, REFLECTION AND TRAINING**

What are the implications for trainers of persons who are seeking to influence the whole person health of adolescents?

Training needs to come out of the “action-reflection-action” dialectic.

We need to begin with where we are- where we find the adolescents, parents and social authority figures we know; where we find our children and where we find ourselves as parents and social authority figures.

How healthy are the various family systems and wider social authority relationships that we have known and experienced?

We may find pain. The pain of common West Indian psychological problems of ethnic identity and devaluation, self esteem, security in sexual identity, male-female dependency, male-female respect; the pain of a general authoritarianism in our societies and social institutions.

You have seen and some have experienced the pain of unhealthy family systems and social authority relationships - the pain of physical, emotional and sexual abuse, chemical escape, depression and attempted or successful suicide, adolescent pregnancy, underachievement, psychosomatic disorders and an impaired self management or family care of physical illness.

**Learning is best from action rather than from abstract theory.**

**Hopefully, from this scene of “the action” you can try for yourselves and in turn help your trainees to reflect on the experienced realities in a personal way before going on to the theoretical explanations.**

**What has the journey been like for you and them? What are the effects?**

**What positive solutions came out of you and your trainees’ situation?**

## **CONCLUSION**

**I have sought to provide a framework for understanding the meaning of effective authority in family and society as a whole. I have explored the needs of adolescents and how these can be frustrated by control without competence. I have outlined the roles and features of health of family systems and wider social authority relationships.**

**Space has not allowed for a thorough explanation of how all these aspects correlate with each other or for a full demonstration of how each can influence and produce various types of emotional, physical and social pathology. Readers are encouraged to explore the problems and solutions through your own continuing education and research. Reflect on the pain that you witness in adolescents you relate to and solutions that have come out of the experiences of adolescents that one relate to and help from others. This will facilitate appropriate methodologies in action as family members, professionals and social leaders.**