Adolescence, adolescents and new family systems
Paolo Bucci

Abstract
This article explores the consequences of children’s adolescence on the family system. An introduction provides the theoretical framework of the phenomena described. On one side, the complexity theory and constructivist philosophy, and on the other, a psychoanalytic hypothesis reshaping the relationship between body and mind, define adolescence as a complex phenomenon, inseparable from the family group. The conclusion provides some considerations on the need to include families in the treatment of adolescents.

Keywords: adolescence, adolescent, family system, therapeutic system, individuality, inter-subjectivity, complexity, body-mind, relationship, knowledge on relationships/experiencing relationships

Theoretical premise:
To whom talks the body?
Before delving into the subject matter of this article, I wish to analyze some theoretical and clinical assumptions, and, in particular, the relationship between psychic and bodily dimensions, which during adolescence is, of course, of particular importance and urgency.

The relationship between mind and body is mainly tackled within a specific field of psychic phenomena defined *psychosomatic disorders*. Indeed, in the various disciplines of psychology, the possibility to consider the relationship between bodily dimension and psychic dimension as a structuring aspect of any thought process is often ignored. The tendency to constantly relegate the body to the implicit has perhaps its solid roots in the cultural and scientific tradition of Western thought. As a result, physicality and corporeality are too often neglected by psychologists. Even in systemic theories, which consider the bodily dimension as a constituting implicit aspect of any relationship, the functional unit formed by the relationship between body and mind is not always considered as a basic element of every possible human interaction.

Indeed, individuality and inter-subjectivity are not in opposition: they are necessarily complementary. The presence and the need of the Other are so intimately close that we wonder how we come to the idea of being separate and distinct from the others and responsible for ourselves.
With the question *To whom talks the body?* I intend to raise an issue I am studying in the process of expanding my knowledge and my operating methods in clinical settings. I am specifically referring to self-reflexivity, i.e. the way in which individuals take into consideration themselves as an observing system within the therapeutic system. That is as a system able to build its own reality (Von Foerster, 1987)

By using self-reflexivity as a principle of method, I do not limit myself to paying attention to formal thought. Indeed, I believe that emotions, prejudices and fantasies contribute to forming the implicit theories of therapists, and have a decisive role in the construction of therapeutic reality.

Thus, the analysis of implicit theories, sociocultural premises and therapists’ representations is an important instrument of psychotherapy and it is also central in understanding the dynamics occurring in the contexts that require the intervention of multiple professional figures (or, in the institutional area, in particularly disharmonious situations, of multiple services). Indeed, there is a need to analyze the ideas shared by the various professionals on the concepts of chronicity, intervention network, therapy, rehabilitation, and of "service". This approach runs counter to the principles of the "first cybernetics", in which the observer is placed outside the observed system and is believed to be able to change the functioning of the system in front of him.

Around the ‘80s, in the theoretical and clinical environment, a transformation of this approach developed from first-order cybernetics, gave rise to what, first in physics, was defined as second-order cybernetics. The epistemological reflection called Constructivism, with all its subsequent developments, includes precisely the principles derived from second-order cybernetics and what is known as complexity theory (Bocchi, Ceruti, 1985; Morin, 2011). The epistemological transformation intrinsic to these perspectives allows clinicians to pose themselves new questions and goals. For example, relevance is attributed to the active role, the contribution and the co-responsibility of each individual, including the bearer of the suffering, in every situation of distress, and specifically in creating and maintaining the conditions of the suffering itself. In other words, the meeting between the therapist's opinions and the ways in which suffering is expressed by both the individual and the family system acquires a central role (Varela, 1979).

The resulting possibility to consider the relationship with the patient as non-authoritarian and non-unidirectional allows for clinical work even in situations of extreme psychological suffering that until then had mainly received a medical and pharmacological response. The disruptive aspect consisted in the questions raised by
these transformations concerning not only the theoretical aspects of the systemic approach, but also the very definition of treatment and the identity of the therapist. The epistemological perspective resulting from these contributions, even before transforming the way in which psychotherapists explained the symptom or disease, has challenged the very premises on which psychotherapy as a scientific and social phenomenon was based.

The idea that shook the "world of systemic therapists" is that the observer, far from being external to the process of knowledge, participates actively in the construction of the observed system, and interacts with the system constantly through an understanding that changes his relationship with the system itself. Constructivism and the theory of complexity invalidate not only the reassuring idea of objective knowledge, but also the equally reassuring distinction between understanding and intervention. In this perspective, thinking that the analysis of the demand, the observation of interactive models, the collection of information related to the history of the family and the possible diagnosis can be placed at a time 1 and therapeutic intervention at a later time 2 is illusory. Knowing is intervening and it entails the need for the therapist to reflect on his own thinking and reference systems in order to evaluate the social and interactive consequences of the cognitive operations that he has performed on the patient and on his significant system.

However, even in this approach lies the risk of objectification of the above aspects by the therapist in the relationship with the patient, to the point that he may take stances which are formally correct but so theoretical that they prevent him from relating to anyone.

Everything that is created in inter-subjectivity also includes individuality. I simply cannot share the idea that within a culture of relations, as is now possible to consider it, relations "cause" the individual. It is impossible, in that it means to re-introduce a linear relationship where an attempt was made to overcome it. Relations are constantly involving us and cannot be well distinguished. In fact, as Varela says, we should wonder how an individual is able to define himself within a relational universe.

Hence, observation should not focus on how the others determine the individual but on how the individual, within the universe of relationships that surrounds him, is able to define himself, his values and choices, and to pay a price for the choices he makes within the context in which he lives.

I believe that one of the limits of constructivism consisted in identifying the observer as the only creator of the reality that he is observing. Von Foerster said: "First there is me and then comes the world", an exciting statement which, over time, has shown its limits because it contains the risk of recreating a unidirectional therapeutic
relationship. The therapist is the only witness of what happens to the family, which is a very dangerous risk to take.

A question thus rises as to how one can enter this conversational universe, which, in turn, leads to a search for systems able to identify the individual we are. An individual who creates interactions and who is created by interactions, who cannot ignore his emotionality and who, thanks to his dialogue with himself, can use the relational opportunities that life provides to him.

The foregoing leads to a better consideration of the assumptions used to formulate a concept of the *individual* and of the theories on inter-subjectivity. In my view, considering the mother as the first object of an individual's psychic functioning is different to considering the body as the first object of an individual's psychic functioning (Ferrari, 1992).

It is what comes from our body that indicates what we need. Resorting to the outside world is obvious, in that the individual's system lacks the conditions to satisfy its needs independently. It is in our biological substrate that we find the need to turn outwards, where we find nothing but the opportunity to activate our ability to recover resources and to turn ourselves into what we can say to be *ourselves*.

I realized, in the course of my training, that the possibility of creating a connection was not only provided by the reference theoretical model applied, but also by the ability to make use of myself in the relationship. The question *To whom talks the body?* is the result of my realization of the need to deal with my emotions, feelings and perceptions, with my physicality, i.e. the need to include among the observed effects also myself as an individual who participates in his life and helps build the reality that surrounds him. Giving voice to this meeting with my physicality was not easy. This *myself* with which I came into contact was the most bizarre and unknown I had ever known. How should I deal with it?

The perspective that I can reductively define *constructivist* led me to realize, on one hand, that I was able to build maps within myself that allowed me to handle very serious clinical situations, and to interact in contexts characterized by a high degree of suffering. On the other hand, nevertheless, I systematically reached a sort of dead end: the therapist's explanatory attitude becomes, in the majority of cases, an obstacle to the expression of the evolutionary aspects of the therapeutic relationship. The knowledge about the relationship does not help to live in the relationship itself. In my experience, the attempts to provide explanations both to an individual system and a family system were unsuccessful.

Here the theme of self-reflexivity comes into play. What does it mean *to live in the relationship*? My subsequent research into the C.O.O. assumptions (Ferrari, 1983, 1992, 1994, 1998, 2005) provided me with tools to deal with myself and create a
connection with my corporeity, by which I do not mean a somatic entity, but a lived body with feelings, emotions and perceptions. As I am alive, I cannot but consider otherness as part of my subjectivity. I believe that an individual can only be considered within a relationship.

A relationship with whom? Perhaps the paradox was born with man himself: it is embedded in the fact that we own our body and, at the same time, we are our body. In the absence of special events involving our physicality, we live without any problem. But when, for some reason, a signal comes from our body, even in physiological situations such as menarche, puberty, menopause, illness, old age, etc., it becomes necessary to enter into a relationship with our body and to assess its limits and possibilities.

In light of the observations I have outlined, I reassessed adolescence as something that does not involve only the individual who becomes an adolescent, but also the context to which he belongs, and I reflected on the complexity of adolescence in the wider context of the family group. In this perspective, what changes is not only the understanding of the psychic phenomenon, but also, as I said, the therapeutic relationship, as I will mention at the end of this partial contribution.

First, what is meant by adolescence?

**Adolescence**

The most common and shared references identify adolescence as a transition phase, a crucial stage of detachment, a period of crisis, a retraction from the family, characterized by considerable complexity and difficulties due to the profound changes affecting not only the organic balance, but also the intellectual structure, affective and social integration, and the image that every individual has of himself and of the environment.

On the one hand, the descriptive register of the above definitions helps us define adolescence as a developmental phase with specific characteristics, but on the other hand, it does not provide sufficient clarification. It follows that there is a danger of using perspectives that, by privileging the point of view of childhood or adulthood, take greater account of the point of departure or arrival of a path necessarily unknown to those who are covering it. Perhaps unknown to anyone accompanying the protagonist. Which, in turn, entails the risk of using insufficiently functional and respectful tools to relate to a world that is not already done, but in evolution: the adolescent world.

In a broad sense, adolescence can be seen as an attitude to a continuous ontogenetic search for one’s "being" in the presence of incessant requests coming from the sphere of corporeality and in relation to the vicissitudes of life. The entire span of our lives
is marked by this condition, but in the phase of puberty it takes some very specific and characterizing aspects.

During adolescence, the physical and psychological transformations are indeed so great that the boy or girl can only chase them attempting somehow to stay balanced as on the crest of a wave. However, unlike the other stages of life, the searching process coincides with the object of the search since the distance between perception (coming from corporeality) and experience (processed by psychic functions) is very small.

While birth activates, along with other functions, the psychic function to mitigate the intensity of the first bodily sensations, adolescence, with the explosive transformation of the body, places the individual in a critical condition. He must witness the rapid and radical changes of his body and manage them and their functions, like the main character of Kafka’s "The Metamorphosis", who wakes up one morning trapped in a large insect body, which works in a way totally unknown to him, and which no-one recognises.

Adolescence manifests itself as a revolutionary and disturbing condition, both for the individual who experiences it and for the environment and especially for the family system, which is violently stressed by it. It is possible to synthesize the complexity of the vicissitudes characterizing adolescence in the following points:

1. The teenager is required by society to make urgent choices.

In this sense, adolescence is an area with specific characteristics, dynamics and defense modes not attributable to the conflicting area of childhood. Everything is stress and pressure: a changing body; growth that, anxiously, forces the adolescent to deal with the passage of time; the outside world that he can no longer ignore by hiding behind the magical powers of the past; the uncertainties regarding his abilities; the anxious wait for the future, full of hopes, dreams, fears, doubts and curiosity. A new start is necessary in every field: himself, the others, life. Like the baby that had to double its weight in six months, under pain of death, the adolescent has the urgency to train, learn and test his skills in a very short time; otherwise the quality of his life is in danger.

2. The teenager is looking for an identity and a new representation of himself.

His childhood inventions and explanations no longer suffice. The vicissitudes of his bodily dimension and the outside world urge him to renegotiate his theories about himself and life. Hence, on one side he is pushed to do to know and to be enriched by new experiences, on the other he is exposed to constant frustrations that lead him to manipulate the perceptual data in an effort to avoid them.
3. The teenager has, as a specific form of expression of this stage, the ability to act. I prefer to consider acting and acting out in adolescence as a particular mode of expression rather than as disturbed patterns of behavior. Indeed, during adolescence doing and knowing coincide: the adolescent's body has the distinction of being and at the same time of being an object of knowledge. This condition allows for a signification differentiation from the concept of acting-out, commonly used for adults. Acting for a teenager acquires other functions, such as that of communicative interaction, possibility of exploring and sharing his feelings, and especially understanding of the new meaning and experiential value contained in the action itself.

4. Adolescents’ acting out, along with other symptomatic behaviors, should by no means lead us to suppose that the cause of adolescent malaise is to be found in his family. It is rather the visible manifestation of suffering that, with the obvious differences, belongs to the entire family unit.

The adolescent and the family system
I wish to emphasize what happens in the family system, where parents, in parallel to their teenage child, are involved in a dense atmosphere of turmoil and uncertainty. The entire family system feels that the balance created in the still close childhood is being threatened. Suddenly, it is necessary to take urgent and all-encompassing decisions. Parents are required to abandon the representation of their parental functions until then generally considered valid, and to face the anguish associated with the loss of control over their child’s behavior; they are suddenly called to organize a perspective in which he can become an autonomous and responsible entity for all purposes.

At this stage, the ability of each parent to "be quiet" within themselves and in relation to each other is essential. Silence is required to create a space where they can use their experiential baggage to reconsider their teenage modes. In other words, also each parent needs to renegotiate his/her self-image. In addition, they must reorganize their representation of their child, who is no longer a child and not yet an adult, which necessarily entails having to reshape their relationship with their child and the way they relate to each other as a couple. However, this is not all: they are driven to reconsider the way they relate with their own families of origin and especially the way in which they interact with themselves.

What is mostly disturbed and violently shaken, although not always consciously, is each parent’s relationship with his/her corporeity and gender identity. Indeed, to deepen further the study of adolescence in the context of the family group we could analyze how the parents are differently called into question in case the teenager is a
male or female. For example, at the blossoming of femininity in her daughter, the mother will have to come to terms with the changes occurring in her body and testifying to the passage of time in her own femininity. The acquisition of a gender identity in a male child changes his father and mother’s way to perceive themselves as a man and a woman. Their child’s adolescence requires a revision of their gender identity and of their identity in a broad sense, and forces them to place themselves in time: the temporal dimension bursts in on them as an inescapable arrow of time.

All the foregoing requires willingness to accept change: adolescence continues as an opportunity to expand one’s ontogenetic research for the rest of one’s life, especially when an individual deluded himself in the hope of bypassing his anxiety for the unknown and the irreversibility of time during his own adolescence.

Adults are no longer teenagers and do not tackle this time in the same way as the teenager. At this stage, the teenager’s corporeity explodes and pushes him toward creativity, the possibility to generate, and towards a full and mature life. For parents it is a real challenge of their masculinity and femininity models, firmly acquired and no longer questioned.

The main difference is that adults have developed specific theories that have taken root over the years about the meaning of becoming an adult and that apply to themselves too. These theories may not only interfere with their knowledge and construction of themselves, but they can also be a major obstacle in the relationship with the radical transformations of their teenage child. A deep and hardly remediable breach may occur between the two worlds, or a kind of collusion between the parents’ need to impose their models to their child and the adolescent's need to avoid the anguish associated with the unknown, as an obstacle to his heroic, exciting and painful search for his specific way of being.

For the teenager all this is something yet to be done. He has not had time to build his theories on himself and the world, and is overwhelmed by his still unconscious becoming. Of course, also the teenager has theories about becoming an adult, built along the path that from childhood has led him to the threshold of adolescence, but the tasks and emergencies to which he is called to answer are such that these theories are not very useful or at least are secondary compared to the pressure inside him.

In other words, this specifically intense and unpredictable stage of life concerns both parents and children, but the ways and forms in which they tackle it may differ. In the family group, adolescence contributes to raising parents and children’s awareness of being unknown to themselves. The teenager will have to find his personal way to respond to his urgency to become an adult, and at the same time his parents are called to reconsider their mode of responding to a new and unknown event which forces them to recall how they dealt with their own adolescence.
The events are numerous, so that all the theories about becoming an adult with which parents are saturated do not help them relate to their teenage child and may even obstruct, interfere or collude with his anguish. Nevertheless, their theories partly appease their anguish by supporting the delusion of their "supposed knowledge" with regard to a child who "does not know yet". This knowledge, in turn, fuels the adolescent's anguish, who is unable to know about himself, if not by doing. Hence, the adolescent’s behavior often calls into question all of his parents’ supposed knowledge, until he blows it up entirely.

Indeed, his behavior is directed exactly to the areas of greater uncertainty or dogmatic rigidity of parental theories, which act as reference points: the teenager may contest or conform to them by implementing, depending on his choice, very different modes of behavior within a span ranging from maximum rebellion to maximum conformity, to protect himself, in both cases, from the anguish and pain for the unknown, loneliness, lack of communication, and for the silence necessary for the emergence of his original and exclusive thoughts.

If this protection, which within certain limits can be functional, stabilizes, the continuing oscillation between these two poles or the exclusive use of one of them could be very dysfunctional for an adequate development of the ego functions of the adolescent. The teenager may continue to act as a child or conform to adult behavior as if he were an adult, or he may experience his teenage turbulence, which is a necessary and most desirable option.

To synthesize:
Adolescence implies a high degree of complexity and can be described by a number of indicators:

- the relationship that each individual (adolescent or adult) has with himself;
- the intersection between the relationship with oneself and one’s way of representing oneself in relation to others, and the way in which the two form in the context of family organization;
- the way in which these different levels of relationships intersect in the relationship with one’s family of origin;
- in the background of the transformations occurring to all levels of relationships, an inevitable and necessary transformation of the mythical self-images of each of the characters and their being in the world.

With the rise of children’s adolescence, the family system is subject to considerable pressure towards all directions: that of the child, who maintains his infantile theories, – since he does not have other ones yet – while his body pushes towards opposite directions, and then towards the need to reformulate these theories. That of the parents who have to revise their "being for the child": from a caregiving role mainly
aimed at providing warmth and protection, parents experience very contradictory relational methods and sometimes put to the test the relationship with their child rather than getting confirmation of the previous status. This condition implicates the ability to deal with the new and the unexpected, and with the loss of functions and modes of relationship that characterized family life until then.

Beside the family group, the social group provides young people with behavioral models and ideologies that can further amplify in a collusive way the urge already present in them towards the **doing** without **asking themselves why things are done**. The duty to perform tasks, to be effective and to achieve goals may eventually cause disengagement from the one essential task at this stage of life, which is to gradually take responsibility for oneself and for the consequences of one’s actions in the world. Many examples of the above are described in literature and in movies of all times. Among them, I found one of Muccino's films particularly exemplary, in which the parents, who are former revolutionaries and progressive intellectuals open to change, are unable to withstand the confrontation with their adolescent children, and the gap between the two generations causes a dramatic breakdown in communication between the parents full of mature and intellectual expectations towards their children and the group of teenagers who care about the proper sexual functioning of their bodies and about their ability to seduce and be accepted in their relationship with the other sex. The dramatic unknown of the first time, full of hopes and mythical expectations, afflicts everyone, boys and girls, young men and women, marking the transition from **before** to **after**. During this transition everyone is alone; all talking, predicting, fantasizing or knowing is hindrance rather than help. If provided with a minimum of self-observation, human beings realize that at this time they experience the unknown and solitude – in the sense of being alone with themselves – strongly and deeply, which thereafter will accompany them in their ontogenetic adventure.

I would like, at this point, to raise the question of communication, a concept that is often misunderstood by both adults and adolescents. Communication is commonly considered effective only if reality corresponds to one’s own wishes, which shows that a genuine desire to communicate may be missing and functional communication is avoided. Individuals do not wish to engage in the difficult task of decoding their needs and communicating with the outside world in the attempt to establish a relationship exclusively functional for their own needs. They define their search for an immediate correspondence between inside and outside as communication, although it makes no effort to convey anything.

Like Ferrari, I would argue that the only possible communication is within the individual, in the relationship between his perceptions, sensations and emotions and the forms of expression they take in his subjective psychic space. To what extent can
this communication be really understood by the others? Perhaps everyone attempts to express what is taking shape in his communication with himself in the hope of being understood by the others. However, this desired and desirable understanding, in virtue of which efforts are made to express what happens within each of us, is hindered by the fact that everyone can only understand and represent the world through his own subjectivity and unique, primary and original corporeality. We are not fully aware that in the effort to be understood by the others we are once again giving shape to ourselves, and especially that by publicly expressing the relationship with ourselves we take full responsibility for it.

In receiving communication from the other, the individual may be saturated with objective reality. To return to the subject matter of this paper – the relationship between parents and children – when a child expresses a request, for example that they buy him a motorcycle, the motorcycle becomes the problem. But a closer look shows that the way he asks gives rise to strong doubts about what he is secretly hoping: does he want it or is he afraid to want it? Often the two possibilities coexist. For the parents there is a serious problem because the request is concrete and the answer can only be concrete, in spite of usually not having clear basis to accept or reject the request.

**Technical issues**

Today positions are still oscillating between the supposed goodness of an individual psychotherapeutic approach for the adolescent and the supposed goodness of a psychotherapeutic family approach for the adolescent and his family. Based on the assumptions described in the first part of this paper, I consider this way of facing the issue non-functional to the problem of psychotherapeutic work. The question is no longer to track indicators of the elective approach or to withdraw into tautological explanations of the models of intervention. It is necessary to become more courageous with regard to the tools at our disposal and to consider some points where many clinicians converge.

In a perspective that includes complexity, current acquired knowledge is that, when the work is carried out with children, teenagers or very serious psychopathological situations, the psychotherapeutic project must include the family and other significant figures (teachers, doctors, psychiatrists, institutions or others). This idea, which does not claim to be final, allows us to place the clinical and methodological problems into possible areas of research more respectful of the complex reality concerning those who turn to us for help.

The family group is usually an *ego conglomerated* emotional mass (Bowen, 1979), a set of individuals whose process of individuation and separation is incomplete, in
progress or needs maturation. Practical questions, such as the payment of sessions, the number of sessions, schedules that may require accompaniment by adults, etc., and emotional issues require the inclusion of the adolescent or child’s parents in the treatment. Every parent builds his own subjective way of seeing his child, which could interfere with the child’s growth and ontogenetic maturation. Every parent could take advantage of the enormous richness generated by the critical situation of his child’s rapid and radical transformation to revise his models, personal myths, and relationship with himself and with others.

Hence, in case of intervention with a child, adolescent or in serious psychopathologic situations, the family should be taken into account, but choosing family or individual intervention depends on the attitude that the individual or family group shows towards the problem. Which does not imply a passive acceptance of the definition of the problem proposed by the family or the individual, but rather the very definition of the problem is the first level of negotiation of the therapeutic relationship. The situation as it appears at the first meeting must be assessed to identify the potential of the system and the most functional treatment to choose.

Our function as analysts and psychotherapists consists in activating vital and thought processes and in treating patients in the broadest sense possible. The request for aid that patients make to us – which includes nothing to cure unless the implicit confirmation of the stereotype of "the therapist who cures the disease" – shows the only possible modes they have been able to use to cope with difficulties until then. They must be enabled to observe, recognize and evaluate these modes of operation, their limits and implications, so that they can discover different ones in themselves. Our task is to promote a choice in the therapeutic context without forcing anyone to become what we believe is right for them.

If we take into account the complexity of adolescence, both individual and familiar, we cannot maintain a predefined approach, but must be able to face the new, the unknown, what for us is always a first time, with flexible and open tools and willingness to adjust to a new relationship.

References

About the author

**Paolo Bucci**, Psychologist, Psychotherapist, founding partner of the Psychoanalytic Institute for Training and Research "A.B. Ferrari," Ordinary Member of the Italian Society of Relational Psychotherapy, Teacher at the Roman School of Family Psychotherapy.
E-mail: p.bucci@mclink.it

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