



## Getting Along: Youth and Family Views of Healthy Relationships in the Transition Years

**A**s young people navigate the transition years from 14 to 30, healthy relationships in families shift gradually. Parent-child relationships in which parents are responsible for their children's well-being and make decisions on their behalf evolve into adult-adult relationships. While these relationships continue to include love and caring, emerging adults achieve varied levels of autonomy and independence from parents, and peers and intimate relationships become increasingly important. For young people with serious mental health conditions, parent-child conflict, parents' concerns about their young adult's mental health symptoms, and youth perceptions of parent interference may challenge healthy relationships between parents and their children as young adults.

Developmental theorists have provided frameworks for understanding healthy relationships during the transition years. Parent-child relationships inevitably shift in adolescence and emerging adulthood as young people clarify their own values and ideals; develop their identity; maintain and develop relationships with peers, role models, and romantic partners; explore and pursue educational and career options; and gradually achieve increased independence from the family in their financial and living situation.<sup>1</sup> These activities occur within the context of family transitions that include young people moving in and out of the family home, development of adult-adult relationships, and parents refocusing on their own relationship, careers, and aging parents.<sup>2,3</sup>

When a child has a serious mental health condition, parent perceptions of the causes of mental illness and subsequent responses such as sadness, self-blame, guilt,

worry, pessimism, and expression of stigmatizing attitudes affect parents' attitudes and their evolving relationships with their children in the transition years.<sup>4,5</sup> From the perspective of young people, these responses may manifest as over-protection, mistrust, and over-vigilance, although over half of the young people in a recent study said that they were not treated differently by their family because of their mental illness.<sup>5</sup>

### UNDERSTANDING YOUTH AND FAMILY VIEWS OF FAMILY RELATIONSHIPS

To gain understanding of the impact of a serious mental health condition during the transition years, a team of researchers and trained youth and family research assistants who had participated in mental health services facilitated 20 focus groups throughout the Seattle, Washington and Portland, Oregon metropolitan areas. Participants consisted of 36 young men and 23 young women aged 15-28 with mental health conditions and 42 family members (most of whom were mothers). As part of the discussion of barriers and supports to a successful life in the community, participants talked at length about the importance of healthy supportive relationships with family and friends.

### YOUTH VIEWS OF RELATIONSHIPS WITH THEIR FAMILIES IN THE TRANSITION YEARS

While some of the young people in our focus groups were estranged from their parents, most participants talked enthusiastically about how important it was for them to have parents that tried to understand and support them,

and that stood by them even through tough times. One young woman commented that it was helpful to have:

*“parents who finally got what was going on. I think I am lucky in a lot of ways because my parents do understand. They don’t have it first-hand but they understand that life isn’t the same for me as it is for them.”*

Some focus group participants had been involved in mental health services for many years but when asked where they received the most support, they tended to be most thankful for family and friends’ support over time:

*“I would say friends and family members [provide me with the most support], because family members, they know what you’ve been through. They see it for themselves, so that is somebody you can talk to who knows what you have been through and probably [has] been through it with you.”*

*“The best support you can have is your circle of friends and your family. There’s people that do care about you and there is no doubt and they’re free and they’re always there... They do have a vested interest in your life, in your happiness, that feels really good. Having that—you can’t put a price on it.”*

Some participants had been through many challenges such as being kicked out of school and involvement with juvenile justice, and therefore particularly appreciated support from family, as noted by one young woman: *“I know that is why I’ve been able to deal with the stuff I’ve dealt with—I’ve gotten close to my mom and friends.”* While commenting on the benefit of a supportive family, participants retained a desire to achieve independence and thrived where families allowed them to grow up: *“It’s nice that I have, really, a safety net to fall back on with my family, but at the same time I am able to make decisions for myself.”*

### **FAMILY MEMBERS’ VIEWS OF RELATIONSHIPS WITH THEIR CHILDREN: TRANSITION YEARS**

Recognizing the mental health challenges faced by their children, family members who participated in the focus groups understood that their children were following dif-

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ferent paths to adulthood than other young people, as illustrated by a parent’s comment: *“I have learned to stop comparing [my son] to other people. I look at his successes as they are.”* These parents realized that their children might need to depend on them more and for longer periods than typically developing young people. Because of their sensitivity to warning signs of emotional difficulties, some of these parents reported worrying about their child and consequently being vigilant to their child’s demeanor, while avoiding sharing their perceptions. For example, a mother described her tendency to observe her son’s behaviors in order to anticipate difficulties:

*“No matter what kind of kid you have, you always are going to be thinking and worrying about your kid... especially if you have got a kid who has gone through the kind of stuff that ours has, that those little insights, those little looks, those little habits, those little behaviors that are... a clue to potential problems.”*

Many family member participants had children whose mental health difficulties started when they were very young, and over time they learned to be effective advocates for their young children. However, as their children transitioned to adulthood, parents discovered that to promote healthy relationships with their adult children, they needed to step back and let their children speak for themselves. An adjustment to this stage of life means young people having more independence and parents taking a back seat:

*“Loving doesn’t mean doing. I think mothers always think if you are loving, that you are doing something for them. It can be more of a passive, ‘I’m here and I love you,’ without burning yourself out.”*

These parents also understood that their children wanted to make their own decisions and be independent. To address the tension in their relationships, some parents tried to achieve a balance between being supportive and taking over. One mother described her strategy for assisting her son with a college application:

*“[He’s a] proud kind of kid who didn’t want to depend*

on his parents at all... I would just say, 'Let me be your secretary. That is all I'm going to do for you. I am just going to do the labor.' In other words, when I was filling out the forms that were hard for him to do...I would say, 'Hey, most families do this...' That allowed him to maintain his dignity which was really important to him."

Parent participants offered advice to other parents about maintaining casual but supportive adult-to-adult relationships. One mother whose son had schizophrenia encouraged other parents to find interests in common with their children, so that the focus of conversations would not always be on their illness and treatment. Parents recognized the importance of their children developing peer relationships and reported encouraging peer relationships by, "always letting him know that he has a choice. It is really okay to go and be with your buddies instead of come here."

### DISCUSSION AND IMPLICATIONS

While healthy family relationships in the transition years assume increasing independence of young people, where there is a serious mental health condition, the picture of healthy relationships looks different. Young people in this study were grateful for the support their families continued to give them and their perseverance through difficult times. Family members indicated that they continued to be concerned about their children's well-being and they had developed strategies to encourage their children to pursue



with peers and mentors. Service providers can facilitate healthy relationships between young people with mental health conditions and their families and friends by asking young people what types of support they need, whom they perceive as supports, and how they would prefer to enhance their relationships with supportive people.

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their goals while being supportive cheerleaders and playing useful roles in the background.

Young people with mental health conditions want their parents and friends to understand how their mental health conditions affect them, to be willing to talk through problems without interfering, and to provide care, support, and a safe zone when they are dealing with challenges. At the same time, young people want to experience independence, freedom to make decisions, and opportunities to be adults, free of parental interference. While worrying about their young adult children's well-being, parents appreciate their children's desire to grow up and they seek roles to support and encourage them, and to create opportunities for forming and strengthening relationships, particularly