

# PSYCHOTHERAPY WITH ADOLESCENTS AND THEIR FAMILIES: A STATUS DYNAMIC APPROACH

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## ABSTRACT

Brief case formulations of a variety of presenting problems of adolescents are described. The concept of a family is discussed, and images and exercises useful in treating adolescents and their families are presented. The problem formulations, images, and exercises illustrate the kind of understanding and behavior potential that is generated for therapists, teenagers, and their families by an adequate conceptualization of adolescence (Roberts, 1991).

The primary value of having an adequate conceptualization of a phenomena is not that it is part of a true story about the world, but rather that it can be used effectively in some form of human behavior. A successful formulation generates new understanding and new behavior potential for persons (Ossorio, 1978, 1981a).

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The aim of this paper is to illustrate the kind of understanding and behavior potential that is generated for therapists, teenagers, and their families by the conceptualization of adolescence presented earlier in this volume (Roberts, 1991). In order to accomplish this, a variety of problems of adolescents as well as a number of treatment strategies are presented.

The problems chosen are not intended to be an exhaustive set of adolescent problems. Rather, they represent problems that were common enough over a five year period of outpatient practice so that they became immediately recognizable in light of the formulation of adolescence. The set of interventions is also not designed to be exhaustive, but rather represents some of the strategies that developed from the formulation, and have in fact been therapeutic for teenagers.

The paper not only illustrates the use of the conceptualization of adolescence. More generally, it illustrates the use of the definition of pathology (Ossorio, 1985), and the use of individual case formulations and Choice Principles for psychotherapy (Ossorio, 1976). There is obviously no way to represent these background formulations adequately here, but a few reminders (about pathology, status, and case formulation) may be helpful.

## BASIC CONCEPTS

### Pathology

In status dynamic therapy, assessments of adolescent psychopathology are based on the definition of a pathological state: "When a person is in a pathological state there is a significant restriction on his ability (a) to engage in deliberate action and, equivalently, (b) to participate in the social practices of the community." (Ossorio, 1985, p. 158)

As an example of the use of the definition for the differential diagnosis of pathology, consider a common presenting problem voiced by teenagers when they are brought to therapy: "My parents won't let me do anything." In some cases, assessment reveals that a particular teenager has acquired all the values and abilities he needs to participate in a variety of adult ways in the community. However, the teenager's parents are not ready yet to let their "child" engage in adult behaviors. The teenager is limited in what he can do and is intensely unhappy about it.

In other cases, assessment shows that a particular teenager does *not* have the abilities he needs to participate successfully in age-appropriate social practices. The teenager's parents may have been overly restrictive

all of his life, so that the teenager is limited in the abilities he has acquired. This teenager is also very unhappy.

In light of the definition, the first teenager is not in a pathological state. This is because the limitation in the teenager's behavior potential is the result of parental restriction rather than a restriction in the teenager's abilities. The judgment of pathology for the second teenager hinges on the degree of limitation he has. Some teenagers have deficits that are problematic but are not severe enough to be considered pathological. A therapist would need to judge whether the limitations in the abilities of the second teenager constituted a *significant* restriction in behavior potential.

Treatment of adolescent pathology and problems is also based on the definition of a pathological state, and is aimed at increasing a teenager's behavior potential. For example, in the case above of the teenager who does not have a deficit in abilities, the therapist would work with the family to let the teenager engage in a broader range of behaviors. If that were not possible, the therapist would counsel the teenager as to effective ways to deal with the family. For the teenager with ability deficits, the therapist would need to be more of a coach to the teenager, helping him acquire the abilities he lacks while gradually getting his family to be less restrictive.

#### Adolescent Status

In assessing adolescents, a therapist is sensitive to the fact that the client has the status of "adolescent." The norms and requirements in regard to the ability to participate socially are different for people in different statuses. That is, what an adolescent ought to be able to do is different from what a child, adult, or elderly person ought to be able to do (Ossorio, 1985, pp. 166-167). Therefore, in making judgments as to whether a teenager has a significant restriction on his ability to participate in social practices, the therapist takes into account age-appropriate norms for participation.

For example, a young teenager may have made the claim to his parents that he wants to be treated as an adult. Then when they granted him adult-like status, the teenager did things that reflected poor judgment. After a number of rounds of this, the frustrated parents bring their son into treatment, saying in essence that he engages in "willful mischief" and "can't be trusted."

In evaluating the teenager, the therapist keeps in mind the fact that he is an adolescent and has not yet acquired all the knowledge, values, and abilities of adults. The therapist evaluates to see if the teenager is simply making the kinds of mistakes that teenagers make, because he has not yet learned all he needs to know to be successful as an adult.

The fact that a person is an adolescent makes a difference not only in evaluation but also in therapy. Any status carries with it a set of guidelines about how it is appropriate to treat a person in that status. A therapist working with teenagers acts in accordance with the guidelines for teenagers. These include, but are not limited to, making allowances for the fact that the teenager is not yet completely socialized.

Therapy with adolescents may present the therapist with some unique challenges. For example, frequently adolescents do not come willingly to therapy. They are brought by their parents, and they do not want to see a therapist. In fact, teenagers can be pretty negative about being in a therapist's office, as any therapist who has ever spent an hour with a silent teenager knows. ("They can make me come, but they can't make me talk.") In these cases, the therapist needs to shift gears and try intervention strategies that do not depend on the usual sorts of cooperation.

While working with adolescents may be challenging at times, there is also the hope of accomplishing more with teenagers than is possible with adults. Because the therapist is intervening at a time of status change, the intervention may be of greater significance in the person's life. If a therapist can successfully increase a teenager's self-concept and behavior potential, things may go better throughout the teenager's life history.

#### Individual Case Formulation

As an alternative to using traditional diagnostic categories, status dynamic therapists use individual case formulations. An individual case formulation portrays what has gone wrong in a person's life. It "deals with the particulars of a person's life and history, as well as his characteristics, preferred modes of interacting with others, actual relationships with significant others, and so on" (Ossorio, 1985, p. 159).

In creating a case formulation for a teenager, the therapist not only needs to account for the particulars that the parents present *about* the teenager. The therapist must also take into account what the teenager says about his own behavior and relationships. Part of the task is to see what sense the teenager's behavior makes from *his* point of view. The case formulation should provide an explanation of the problem that holds together the facts presented both by the parents and the teenager.

When a therapist has created an adequate case formulation for a particular teenager, the therapist knows what is wrong with that teenager and why. Given that problem formulation, the therapist should be able to see an in-principle solution for the teenager's problem, and

the therapist should have some ideas about how to implement that solution.

## PRESENTING PROBLEMS

Some problems that have been considered characteristic of adolescents include rebellion, identity problems, and status change problems. Each of these problem areas will be examined in turn, with an emphasis on seeing what sense it makes when an adolescent "rebels," is reluctant to make commitments, vacillates between being a child and being an adult, and so forth. In-principle solutions for each of these problems will be briefly mentioned, and then ways to implement some of the solutions will be elaborated in the section on "Images and Exercises" below.

All of the problems presented are parts of actual case formulations created for particular teenagers. Notice that the problems are not intended to be mutually exclusive. More than one of the patterns described may be present in a particular adolescent's life history.

### Rebellion

Researchers generally agree that the concept of the rebellious teenager is an inaccurate and distorted description of normal adolescents (e.g., Bandura, 1969; Petersen, 1988). Parents, on the other hand, continue to ask for help with their "rebellious" sons and daughters.

Parents are sensitive to the issue of rebellion because what a rebelling teenager does may embarrass the family. The behavior of a teenager reflects on the family as a whole, and therefore the whole family has a vested interest in the teenager's behavior. This interest gives a teenager a lot of leverage on the parents, and it occurs at a time when the family is losing its leverage on the teenager. That state of affairs can make for a relatively unstable and potentially explosive situation. It is therefore worthwhile to understand why some teenagers find rules coercive and rebel, while other teenagers accept and obey family rules.

### *Creating a Rebel*

In the formulation of normal adolescence (Roberts, 1991), the concept of acting as a representative of a group was presented, along with the principle that "a person is most likely to act as a member or representative of that group within which he has the most status to exercise." These concepts can be used in understanding "rebellion" in a family previously characterized by cooperative relationships.

A typical scenario goes as follows: A teenager engages in an isolated incident of "acting out." His parents take the incident as one of

rebellion against them and naturally try to quash the rebellion. The teenager may tell them "I wasn't rebelling. I was just goofing around with my buddies and things got out of hand. I didn't mean to embarrass you." The parents, sensitized to the possibility of rebellion, don't accept their son's explanation and punish him. The teenager's buddies console him and describe his parents as unreasonable.

The effect of the whole incident tends to be a reduction in the teenager's status at home and an increase in his status in relation to peers. If the scenario is repeated some number of times, the teenager's status at home changes in the direction of "rebel," and his status with his buddies changes in the direction of "one of us." It may then become more natural for the teenager to go along with his buddies.

A therapist sensitive to the status dynamics at work here will encourage parents to give their son or daughter the benefit of the doubt when he or she makes mistakes. In some families, parents will do this simply because that is how family members treat each other. In other families, it is helpful to point out to the parents that they also maintain more leverage that way.

### *Being Somebody*

The concept of acting as a representative can also be used in understanding "rebellion" in families with more long-standing problems. In these families, it is sometimes helpful to get the parents to look at the extent to which a teenager is "nobody" at home and "somebody" with his or her peers.

An example here is the father who degrades his daughter as a "slut" and wants the therapist to stop her promiscuity. When the therapist looks at the situation, it is clear that sex is the only place where the girl receives any accreditation or affection. However fleetingly, she has some status when she has sex. It is also clear that the girl will not give up her "promiscuity" unless the family situation changes, or unless she gains status somewhere else.

The thrust of treatment in this case is to get family members to stop their constant degradation of the girl. For things to change, the girl needs accreditation from them as opposed to degradation. If this is not possible, the therapist helps the girl find other behaviors that are self-affirming, and other places where she can be somebody.

In both of the preceding examples, "rebellion" is not an illuminating description of what the teenager is actually doing. In each case, the status dynamic descriptions more accurately portray "where the teenager is coming from." But the question remains: why do some teenagers find rules coercive and rebel, while other teenagers accept and obey family

rules? The question will now be examined using the concepts of reasons and wants.

### *Throwing Off the Traces*

In normal development, parents ordinarily rule out some of the things that a child is inclined to do but they allow others. In this case, there is no conflict for the child between what parents say he ought to do and what he wants to do. The child does those things that he wants to do that are also okay to do.

One of the ways socialization can go wrong is for parents routinely to insist on behaviors that are not ones the child wants to do. Although the child may engage in the behaviors that the parents lay on him, these behaviors are external to the child and hence do not give him personal satisfaction. In this case, what the child learns is that his own wants, satisfactions, and dissatisfactions do not count. The result is that the child ends up with a conflict between what he has reason to do (i.e., what his parents say he ought to do) and what he wants. When he does what he has reason to do, he is just going through the motions of doing it, and he is losing out on what he wants.

This is not to say that in normal development, parents never require children to do things they do not want to do. For example, parents may make a boy play with his little sister. The idea is that he will find out the intrinsic satisfactions of playing with her and then chose it on his own. In the non-normal case, the child is under a lot of external pressure from the parents to do what they say is right. Generally there is a threat that something bad will happen to the child if he or she does not obey, rather than a focus on the child finding out that the behavior can be enjoyable or satisfying.

With this scenario, the person is often extraordinarily well-behaved prior to adolescence. Then, after years of being a "good girl" or "good boy," the person makes a dramatic change, and the parents come for help with their "rebellious" teenager. Included here are (a) teenagers who have "thrown off the traces" and are doing what they want in any way they can, (b) teenagers who are very controlled most of the time but then suddenly engage in impulsive behavior, and (c) teenagers who switch between periods of impulsive behavior and periods of being overcontrolled.

The impulsive behavior that the teenager engages in represents a way to get out from under parental pressure, and in that sense, is "rebellion." But if a therapist asks the teenager what's going on, the teenager will generally say something like "I just want to have some fun." From the teenager's point of view, the emphasis is not on rebelling but rather

on doing something satisfying. Unfortunately, oversocialized teenagers may do this in some peculiar ways because they have not had sufficient prior experience in developing good judgment with respect to getting what they want.

Intervention strategies include (a) helping the parents take pressure off the teenager, (b) changing the family so that the teenager can do some of what he wants at home, as a member of the family, (c) helping the teenager focus on socially appropriate ways to get what he wants, and (d) helping the teenager look at the legitimacy of some of the reasons he has learned from his parents.

### *Winning by Losing*

Sometimes teenagers who have been oversocialized in the way just described do not decide to start doing what they want. Instead, they just shut down. The initial presentation is not in terms of rebellion but rather depression (e.g., "He's just not doing anything. He hardly talks; he doesn't do anything around the house; he never goes out; he won't work.").

Assessment of the situation reveals that the parents are insisting that the teenager follow their rules and do what they say, regardless of what he wants to do. By being a "loser," the teenager is successfully resisting parental coercion. Ironically, of the cases discussed thus far in this section, this comes the closest to being aptly described as "rebellion." Teenagers will say, "I just don't want to be pushed around. If I fight back, it makes things worse, so I just don't say anything." Because the fundamental problem is the conflict between the teenager's reasons and wants, intervention strategies for these cases are roughly the same as for those cases discussed above where teenagers have made a dramatic change into acting out.

### *Mutiny*

Of course there are also cases where teenagers are not quiet rebels, but instead openly defy parental rules. The teenager refuses to accept adults in positions of authority, and states "I'm going to do what I want. Who are they to tell me what to do?"

In these cases, the teenager has frequently grown up with capricious, selfish, and ineffectual parents. Because the parents are not good representatives of the general social order, the teenager is missing a sense of orderliness in the world that he would have gotten if the authority relation had been a good one and an effective one. He sees authority figures as illegitimate because the ones he has encountered most closely have not discharged their responsibilities. As the teenager



often states, "They don't make sense and they haven't been fair, so why should I obey them?"

The contrast, of course, is with parents whose discipline has been appropriate, reasonable, and in the child's best interests. When parents act as good representatives of the general social order, teenagers are less likely to see rules as coercive and more likely to see rules as providing them with opportunities. Teenagers may experience rules and societal structures as enabling them to do things that would otherwise not be possible. (If you play by the rules, you get to play the game.)

Some questions that help get the attention of parents whose teenagers are in full-scale mutiny include: "Do you discipline your teenager? Do you punish him? What's the difference between your discipline and your punishment?" Discipline frequently gets confused with punishment in these families, and basic education about the social practice of discipline can be helpful (cf. Kantor, 1973; Roberts, 1991).

The therapist not only works to increase the parents' behavior potential by providing a range of options for discipline in addition to punishment. The therapist also focuses on getting the family to be a normal family (see the discussion of "Families" below).

### Identity Problems

Just as with rebellion, many researchers agree that the view of teenagers as people in turmoil over their identities is inaccurate (cf. Coleman, 1978; Weiner, 1985). But parents and teenagers nonetheless come to clinics with problems they describe as "identity problems."

As discussed in the formulation of adolescence (Roberts, 1991), identity is a Critic's notion, and has to do with the kind of consistency that a way of life and culture require of a person. A person has identity problems when he or she does not have the required consistency. If we say a person has a "solid identity," we are using a double negative ("not inconsistent") to say that the person has no serious identity problems. Given that the majority of teenagers do not have identity problems, it is important to understand what kinds of things have gone wrong when teenagers do not make age-appropriate decisions and commitments and follow through on them.

### *Anything Goes*

Teenagers have opportunities to acquire status in a variety of groups other than their families. By exercising their status in each of these groups, they acquire both the competence and personal characteristics they will need as adults. One of the characteristics they need to acquire is the ability to restrict themselves to reasons that are relevant to a

representative of a particular group, and one of the ways development can go wrong is for teenagers to fail to learn to restrict themselves to relevant reasons.

A typical scenario goes as follows: A young woman had worked at McDonald's for almost a month and was starting to enjoy it and acquire some status there. Then one morning she called in and said "There's no way I can work today; I've got a hickey." Not too surprisingly, she got fired. She was fired because she failed to restrict herself to reasons relevant to a fast food worker: She brought in something extraneous, gave it too much weight, and ignored reasons that should have counted.

The net effect of this scenario, repeated with various groups and situations, is that the teenager fails to acquire status in any group other than her family, and therefore remains a perpetual adolescent. In these circumstances, the thrust of treatment is to help the teenager learn to restrict herself to reasons relevant to what she is doing.

### *Incompatible Values*

Teenagers may also fail to acquire status in groups outside the family when the values of these groups conflict with basic family values. If a family's values are very different from the values of the larger community, it may make it difficult for the teenager to exercise status successfully in non-family groups.

For example, consider a teenager with fundamentalist Christian parents who believe that dancing, drinking, and smoking are wrong. If the teenager is going to remain a member in good standing of his family, he is limited in what peer groups he can join and put his heart into. Acting as a member of most of the available peer groups may involve acting on reasons contrary to his own values as a family member. If he tries to be a member of a group of kids who go to dances, he will be handicapped by reasons he has as a fundamentalist Christian. He may end up thinking about sin while he's trying to dance, and he may be limited in how well he can do it, and/or in the satisfaction he can get. It is not possible for him to be a member of his family and to be a member of the kids-who-go-to-dances group because of their incompatible values. But it may also be hard for him to let go of either membership.

In contrast, think of a family where there is no conflict, where it is natural to be a member of the family and a member of a variety of available teen groups. A teenager in that family may be able to exercise new behavior potential and will be "consistent" without any special effort on his or her part.

In cases where teenagers have difficulty participating in new groups because of incompatible values, the therapist may focus on finding places where the teenager can improve his behavior potential without violating family values. Some institutions (e.g. churches) are sensitive to this issue and try to provide groups whereby teenagers can exercise new status without conflict. Teenagers may be encouraged to take advantage of these opportunities. In addition, the therapist may work with the family to see if some "relaxation of laws" is possible, so that participation in at least some groups of the larger community will not constitute a violation of family values for the teenager (cf. Ossorio, 1976, pp. 169-170).

### *Going Through the Motions*

Participation in groups outside the family may also be a problem for teenagers who have always done things because they *had* to (i.e., because that's what their parents said to do). If these teenagers do not "rebel" by acting out or by shutting down, they may continue doing things because they're *supposed* to do them but feel isolated and alienated.

The presentation to the therapist may go something like this: "I'm doing all these things because my folks want me to go to a good college. I get good grades; I play sports; I got myself elected to a school office. But I'm just doing it because they'll be so angry if I don't. It all seems stupid to me." Even though the teenager is participating in groups outside the family, he is not participating with a normal degree of appreciation or satisfaction. Because he is not really being a member of any of the groups outside his family, it is unlikely that he will acquire the personal characteristics he needs for satisfying participation as an adult.

Intervention strategies here include (a) getting the teenager in touch with what he wants, (b) getting the teenager to do things just because he wants to, (c) cautioning the teenager about rejecting what his parents want for him just because they want it, and (d) changing the family so that the teenager can do things he wants as a member of the family.

### *Ineligible*

Teenagers who have grown up in homes in which family members distrust and degrade each other may also have problems with exercising new status in groups outside the family. They may not attempt to participate because they do not see themselves as eligible. Instead of rebelling against degrading treatment and disqualifying their parents,

they have accepted the statuses assigned by other family members (e.g., "Nobody wants you around." "You'll never amount to anything.").

In these cases, intervention focuses specifically on increasing the teenager's self-esteem, that is, "his summary formulation of his status" (Ossorio, 1978, p. 145). The teenager needs to learn to reject degradations and to self-assign good statuses. Otherwise he may fail to make important commitments because he does not see himself as eligible to participate. The therapist may also work with the family to help them be a family (see below).

### Status Change

Sometimes in seeking help with a teenager, parents focus more on their own issues in dealing with their son or daughter at a time of status change than on what is wrong with the teenager. One common complaint is: "One minute he wants me to treat him like a child, and the next minute he's angry that I'm not treating him like an adult. I don't know how to treat him anymore." In understanding and explaining what is going on with the teenager who vacillates between child status and adult status, a therapist might want to use a straight status dynamic explanation. But with some parents, a utility model analysis may be equally helpful (cf. Ossorio, 1976, pp. 48-49).

In order to approximate a person's behavior potential, a simple utility function may be used in which the value of something is multiplied by the expectation of getting it. If a person has a good chance of getting something of low value, that is equivalent to having a low chance of getting something of high value.

Figure 1 illustrates the function in relation to the behavioral possibilities of an adolescent. An adolescent tends to give greater value to adult behaviors, because in principle these give him greater behavior potential. But the adolescent has less likelihood of success with adult behaviors, because he has not yet had the practice and appreciation he needs to carry these off. On the other hand, child behaviors tend to

*Figure 1. Utility Model*

Behavior Potential	Child behaviors	Adult behaviors
Value	Less value	More value
Expectation of success	More likelihood of success	Less likelihood of success

have less value but more chance of success, because the adolescent has been practicing these most of his life.

Think of the crossover that happens over time. Initially child behaviors offer the young person more behavior potential, because he or she can succeed at them. But as the young person gets more practice enacting adult behaviors, his or her likelihood of success with adult behaviors increases. At a certain point, adult behaviors come to outweigh child behaviors. There can be an awkward period of time, however, during which neither clearly outweighs the other. The teenager sometimes feels pulled backward to childhood and other times feels completely grown up, and parents are tempted to throw up their hands.

The job of parents of course is to help the teenager move toward adulthood. Paraphrased in terms of the utility model analysis, the parents' job is to help increase the teenager's likelihood of success with adult behaviors. One rule of thumb for parents during the crossover time is to focus on what the teenager is already doing *right* as an adult, and wait until later to try to help the teenager do it better. The reason for the rule of thumb is that during the crossover time, teenagers may feel that their very status as an "adult" is in jeopardy when parents make minor corrections of their performance of adult behaviors.

Having the concept of the crossover period is helpful because it (a) shows what sense the teenager's vacillation makes, (b) offers concrete reassurance to parents that the difficult time will pass, and (c) gives parents guidelines about what to do to help their son or daughter move through the time more quickly.

## FAMILIES

The place a teenager has at home influences what place the teenager is likely to be eligible for and claim in the rest of the world. Working with the family of a teenager is therefore an important part of therapy with adolescents. In mentioning solutions for the problems identified above, interventions with the teenager's family were routinely included. In particular, the prescription "help the family be a family" was mentioned several times. In order to explain this prescription, the concept of a family is discussed below.

### Essentials

The essence of a family is that it is paradigmatically a living group characterized by mutual trust, respect, support, and affection. One of the incidentals about families is that children get prepared to go out on their own in the larger society by participating in a family like that.

In contrast to this paradigmatic family, think of a family where everybody mistrusts each other, where they all expect the worst from each other, where everybody is out to get whatever they can for themselves, and where family members put each other down whenever they get the chance. That is a family that is failing at being a family.

When families of adolescents come for help, sometimes they believe that it is "normal" for a family with an adolescent to be more like the second family than the first. In fact, research indicates just the opposite: in the majority of families, parents and teenagers are not in serious conflict with each other (cf. Powers, Hauser, & Kilner, 1989; Hill, 1985). In families where there is a high level of parent-adolescent conflict, teenagers are more likely to run away from home, move away from home, get pregnant, marry early, join a religious cult, drop out of school, attempt suicide, and abuse drugs (Montemayor, 1983, pp. 97-98).

After dispelling the myth that "family life with a teenager is naturally conflictual," some additional sensitization about what families are like when they are succeeding, and when they are failing, may be helpful. One way to achieve this sensitization is to present examples of how a given family has gone wrong with respect to one or more of the characteristics of a normal family.

As an example of mutual mistrust between family members, consider the mother whose position in relation to her teenage son is as follows: "I'm afraid you'll do things I don't like. I'm so afraid that I'll watch you all the time, eavesdrop on your phone calls, go through your things, and yell at you." In turn, the son's position vis-à-vis his mother is roughly: "I'm afraid you'll embarrass me in front of my friends. I'm so afraid that I'll sneak out of the house, won't tell you where I'm going, and hide important things about me from you." This is clearly not a relationship in which the mother can count on her son to act as a member of the family. Neither can the son count on his mother to treat him appropriately in front of his friends.

Another way to sensitize families to how they are failing with respect to being families, and how they can succeed, is the use of the images and exercises. Some images and exercises designed for this purpose will be presented in the next section. First, however, two approaches commonly used in helping families—looking at communication problems and making contracts—will be discussed briefly.

### Communication Problems

The influence of communication and systems theory has been sufficiently strong in the field of family therapy so that some family therapists automatically take it that any behavior a teenager engages in

represents a "communication" to his or her family. Sometimes this is correct, as the following dialogue illustrates.

- Parent: Why did you shoplift?  
Teenager: I'm not going to be the girl you want.  
Parent: Why not?  
Teenager: You're not doing what I want.  
Parent: What do you mean?  
Teenager: You're not giving me attention.

Notice that there is an implied promise on the part of the teenager: "If you start paying me more attention, I'll be satisfied and I'll quit shoplifting." If this is in fact what is going on, the therapist has helped by clarifying what the teenager is communicating to her parents.

However, the teenager's behavior may be *purely* expressive. She may have decided "I'm going to get what I want *now*," and not be communicating anything to her parents. She is also not promising them anything, and she may keep shoplifting to get other things. If the therapist takes the behavior as communication, he or she will not only lose credibility with the family when the teenager continues to shoplift, but also will miss what's going on with the girl.

This is equally true with suicide attempts. The therapist who takes a suicide gesture as "really" communication may miss the fact that the teenager is expressing extreme anger and despair. To paraphrase a slogan from Ossorio (1976, p. 218): "It's not what the teenager is communicating that's the issue; it's where the teenager stands."

### Contracts

Social learning theory has also been influential in the field of family therapy, and "contingency contracting" is popular among therapists working from a social learning perspective. Making contracts may be useful in status dynamic family therapy if the therapist is clear about when and why contracts help.

What a family in treatment needs to do is recapture the way a family should be. To do so, family members need to enter into the *spirit* of being a family. If they can get the right spirit, a contract gives family members a good opportunity to demonstrate trust and respect. Being extra clear about what each family member can count on from fellow family members helps them succeed as a family. However, if a contract is introduced before the family has gotten enough of the right spirit, the family ends up just fighting over the contract. The therapist loses credibility, and family members lose faith that they can change.

## IMAGES AND EXERCISES

The status dynamic therapist works to increase a teenager's behavior potential, and may use both imagery and exercises for this purpose (cf. Ossorio, 1976). Imagery is helpful in getting teenagers and their parents to understand new concepts, to recognize facts, and to see patterns that they might otherwise not see. Exercises are useful in getting teenagers and family members to practice new behaviors and to acquire new skills. They may be used together: An image may have an exercise associated with it, and an exercise may be introduced to a client by using an image.

Selected images and exercises that have been helpful in dealing with family problems, socialization problems, and status change problems are presented below.

### Family Problems

One of the ways family members go wrong is by failing to provide each other with mutual support and affection. Teenagers in families like this may enter therapy with a variety of presenting problems, but on evaluation, it is clear that the basic problem is one of lack of support and affection at home.

Sometimes parents are simply too busy "doing their own thing" to have time for their teenagers. The parents have a lot of satisfactions in their lives, and they do not want to be bothered by teenage children. In such cases, the first task of the therapist is to portray the problem in a compelling way to the parents. The following image has been effective for that purpose.

### *Poisonous Trees*

Have you ever noticed a tree that was barren underneath? Trees like that have roots that secrete a substance that is poisonous to other plants and trees. The effect of the poison is to clear a space around the tree in which nothing else can grow, in which there is no life. In an evolutionary sense, that's the purpose of the poison. If you plant several trees like that close together, you end up with a bunch of stunted trees. None of the trees grows the way it would if it just had the space all to itself.

There are other types of trees, like aspen, that grow well together. The larger trees prepare the soil for the smaller trees and shelter them from too much sun. The young trees have a much easier time growing close by the older trees than if they were just off by themselves.

Families can be like either kind of tree. If a family is like a family should be, family members nurture each other and everybody is better off. But if family members are too oriented toward "doing their own thing," the effect is like a bunch of trees secreting poison. Each family member clears a space around himself in which there is no life. When you live close together in the way family members do, that can be mutually destructive.



Another way the therapist can portray what is wrong to the parents is by introducing the idea that a family is like a business or organization in which everybody has a job. The therapist can take advantage of the fact that businesses take time.

### *Downhill Slide*

Families need the same care and attention as any business does. If family members don't put time and effort into their jobs as family members, things don't go well. In fact, the business starts into a downhill slide. Without time and effort, things keep getting worse. The business of the family is providing affection and standing for its members, and it looks like you all are failing to do that. Without standing and affection at home, teenagers get depressed, run away, do drugs, go crazy, or suicide. Those are all indicators that your business is on the downhill slide.

Once the image of the family as a business has been introduced, the therapist can use the notion of "job descriptions" to show how individual family members are failing at their jobs. The following two examples show how job descriptions may help make the failure vivid. The first was for a mother who took great pride in her beautiful lawn and garden, and the second was for a father who was a truck driver.

### *Pee On The Plants*

A mother's job description includes things like looking after children in whatever ways they need, and being tender, loving, and kind. It sounds like you do a good job of feeding and clothing your girls, but you never have time to listen to them, and you're leaving them vulnerable to bad friends. That's like a gardener who waters and fertilizes the plants, but doesn't weed them and doesn't care if the dogs dig them up or pee on them.

### *Grind the gears*

A father's job includes things like providing for the family, making rules, and seeing to it that the rules are obeyed. You do a good job of providing for your family, but your rules are arbitrary, and you degrade your son anytime he makes the slightest mistake. That's like a trucker who keeps gas in his truck, but grinds the gears and runs the truck into the ground.

If family members see what the problem is, the notion of job descriptions is also useful in solving the problem. An effective exercise is to have family members give names to their old jobs (e.g., "Unspeakable No Good Son," "Wimpy Daughter," "Great Stone Face Father"), and then write new job descriptions for everyone in the family. This seems to work especially well with teenagers, who see having a job description as reflective of adult status.

The image of the family as a business is rich in possibilities, and lends itself to elaboration and transformation to fit the needs of therapy with particular families. For example, sometimes there is nothing more that parents can do for their teenager, even though the teenager is not yet legally an adult. In this situation, the notion of "declaring bankruptcy" may be helpful. The therapist can legitimize the parents' choice to "liquidate their obligations" under these circumstances.

A second example is for use with parents who take the position "Nobody's going to tell me how to raise my kids."

#### *Labor negotiator*

I'm not here to tell you how to raise your kids. The job is practically done anyway. Think of me as a labor negotiator from Washington. I've been called in because negotiations have broken down in the family. What you need to do is come up with new job descriptions for each family member, job descriptions that both "management" and "labor" can live with. My job is to help you negotiate those job descriptions.

#### Socialization Problems

Several presenting problems were described above involving teenagers under a lot of pressure to do what their parents said, regardless of what the teenager wanted. Sometimes the teenagers had "thrown off the traces" and started doing what they wanted; sometimes the teenagers had shut down; and sometimes the teenagers were simply going through the motions of participation. In all of the cases, however, the basic problem was a conflict between what the teenager had reason to do and what he or she wanted to do. In dealing with these problems, a three-pronged approach is helpful.

The first part of the approach is to get parents to take pressure off the teenager. In doing so, the therapist needs to legitimize parents' fears about what will happen if they take pressure off. For example, parents are sometimes afraid that in today's world, with just a little bit of rebellion and a little bit of misfortune, their child will be on the road to oblivion. They hope to prevent that by close control of the child's life.

The therapist also needs to portray the problem for the parents, in a way that shows the price the teenager and the parents are paying. The therapist may present the relevant formulation given above, or may use the Actor-Observer-Critic schema (cf. Ossorio, 1981b, pp. 109-110) to show the parents what is wrong. Many parents welcome understanding the problem both for themselves and their teenager and willingly work on changing.

Other parents, even after they see the dynamics involved, are unwilling to quit trying to control their teenager's life. With these parents, some additional well-poisoning may be needed before they will quit coercing their children. Two examples of well-poisoning descriptions follow. One was for the mother of an ice skater, who was determined that her daughter would be an Olympic medalist even though her daughter wanted to quit skating. The other was for a father who was determined that his son was going to go to a "good" college.

### *Twisting a Kid's Arms*

There's a problem with twisting a kid's arms. As soon as you're not in a position to twist anymore, the kid won't do what you want. And if you've twisted too hard, the kid won't ever want to see you again.

It looks like up to now you've been able to get away with twisting your daughter's arms. But all along she's been building up a charge of resistance, and you know it's building. By the time she's able to leave home, she'll take full advantage of that. Of course she hasn't mentioned it to you. After all, look at what happens when she disagrees with you. You may very well not hear about it until she's ready to go.

### *Left at Sea*

If you run his life now, when he goes to college he'll be "left at sea." If he never has a chance to do things on his own, he won't develop any of the coping skills he'll need to succeed. He'll need to be tough to succeed at the kind of college you want for him, but you're making him into a weakling who just follows orders.

The second part of the three-pronged approach is to change the family so that the teenager can do some of the things he or she wants at home. To do so, the therapist may use an elaboration of the notion of the family as an organization or business.

### *Job Leeway*

A good organization allows a certain amount of leeway in its jobs, so that a person can do his job in his own way. Some organizations, however, have a lot of pressure for a person to become a smooth fit to a job, and a person can get co-opted into being a good soldier in the organization. That can happen in families, too. If there's too much pressure, a child can get co-opted into being a soldier instead of a son. It looks like that's what's happened in your family.

In this case, what was needed was a new job description for the son, so that he had a chance to do *his* thing in his job in the family, and had a chance to exercise his own judgment.

The third part of the approach focuses on working directly with the teenager to help him get in touch with what he wants, to help him generate socially appropriate ways to get what he wants, and to help

him look at the legitimacy of some of the reasons that he has learned from his parents. If the teenager is not in touch with what he wants already, the therapist may use fantasy exercises to help him identify his own inclinations and values. The "Do What You Want" exercise is also helpful. Using this exercise, the teenager does three things each day just because he wants to, as long as these are not unethical or dangerous (Ossorio, 1976, pp. 181-182).

Because of the teenager's lack of experience with making his own choices and decisions, the therapist may need to do some judgment-monitoring as the teenager begins to act on what he wants. This is best done from the position of a coach, so that the therapist does not become just another adult telling the teenager what to do.

Finally, the therapist helps the teenager look at the legitimacy of some of the reasons he has learned from his parents. Teenagers may reject valid ideas just because they came from their parents. In these cases, the therapist can help the teenager look at whether a reason is a good reason, and whether it really is the teenager's own reason. If it is, it does not matter where it came from or who else likes it (cf. Ossorio, 1976, p. 156).

#### Status Change Problems

Teenagers sometimes present themselves as angry, demanding to know "Who's running my life, them or me?" Teenagers sometimes appear to be depressed and suicidal, feeling that they will never be allowed a future as an adult. Or they may be guilty, confused, and so forth. Although the presenting problems on the part of teenagers vary widely, the basic issue in these cases is the same: Parents are not ready to let their teenagers grow up.

In dealing with these situations, one of the first steps is to legitimize for parents the pain of having children leave home, and to offer reassurance to parents that they will *always* have the relationships of parent-daughter or parent-son to their children. Having offered the reassurance, the therapist also needs to clarify that the relationships will *not* always be adult-child. As children acquire more of the abilities of adults, relationships between parents and children need to change from adult-child to adult-teenager to adult-adult.

The final two exercises presented below may be helpful in enabling parents to move towards more of an adult-to-adult relationship with their son or daughter. (Notice that the introduction to the second exercise is meant to be presented humorously by the therapist.)

### *Graduate Your Teenager*

It takes something different to succeed as a mother when a child is an infant, something different when a child is 5, when a child is 9, when a child is a teenager, and so forth. At each stage of a child's life, a mother's job is different, and different things are appropriate for mothers to do. Some mothers do well at one stage but not so well with others. Right now your job is to graduate your son. However reluctant you are to see him grow up, it would be a violation of him to hold him back.

### *Anchor on the future*

Imagine 4 years from now. Your son is 21, and you all are deciding whom he should marry, what job he should accept, and all for his own good. Imagine 20 years from now. He's 37, and you all are telling him what's wrong with his wife, how to raise his kids, where to go on vacation, still for his own good. How would you feel if your parents did that to you? [Frequently the teenager pipes up, "They do, and they hate it."] What we want to do today is to fantasize about having adult-to-adult relationships. Let's look at three questions:

- (1) What's a family like with adult children?
- (2) How would you all like it to be between you?
- (3) What can you do now to make it the way you want?

## SUMMARY

Brief case formulations of a variety of presenting problems of adolescents were described. The concept of a family was discussed, and images and exercises useful in treating adolescents and their families were presented. The problem formulations, images, and exercises illustrate the kind of understanding and behavior potential that is generated for therapists, teenagers, and their families by an adequate conceptualization of adolescence (Roberts, 1991).

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