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INDIAN FAMILIES IN TRANSITION

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BLOCK INTRODUCTION

The block on the “Indian families in transition” is designed to help you to understand the fundamentals of family and marriage, contemporary problems in family and youth and their expectations. Besides this the block will also furnish you knowledge on role of social worker with families in transition.

The block is comprised of four units. **Unit 1** ‘Family and marriage in the changing society’ will provide you an understanding of the impact of social change on the institution of family, emerging forms of family, changing functions and dynamics of family and emerging forms and changing functions of marriage.

Unit 2 ‘Social work with the families’ will explain to you family disorganization and social work intervention, conceptual framework for assessment and intervention, family stress management, family crisis, family therapy and family enrichment.

Unit 3 ‘Contemporary problems in family’ explains the major problems that families are facing and the issues that may lead to family disorganization. The unit will provide you an understanding of causes and effects of the events that lead to problems in smooth functioning of a family or hamper the opportunities of development and well being of certain family members. Problems such as marital distress, abuse and violence, economic stress, ageing, illness and disability, death, dying and grief have also been discussed in this unit.

Unit 4 of the block is ‘Parenting, adolescents and youngsters’ and focuses upon the problems and challenges related to adolescents and youth. The unit will be discussing drug and alcohol abuse, delinquent behaviour, prominent psychological problems of adolescents and sex related issues. It will further explain the role of social work profession in educating and guiding families with adolescent members.

The four units of this block are designed to help you to have a basic understanding of the institutions of family and marriage and some of the major problems occurring in the families. It will also enable you to understand the problems and issues that one comes across in family life cycle when children reach adolescent phase and youth-hood. This brief about the block speaks volumes about the need and importance of the studying about Indian families.



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UNIT 1 FAMILY AND MARRIAGE IN THE CHANGING SOCIETY

Structure

Archana Kaushik*

- 1.0 Objectives
- 1.1 Introduction
- 1.2 Impact of Social Change on Institution of Family
- 1.3 Emerging Forms, Changing Functions and Dynamics of Family
- 1.4 Emerging Forms and Changing Functions of Marriage
- 1.5 Let Us Sum Up
- 1.6 Key Words
- 1.7 Further Readings and References
- 1.8 Answers to Check Your Progress

1.0 OBJECTIVES

In this Unit you would be able to understand the changing forms and functions of two significant institutions of the society — marriage and family. You would learn how marriage and family patterns have changed and what is the impact of these changes on the roles performed by family members within the family and with respect to society. After reading this Unit, you will be able to:

- understand the impact of forces of social change on the family as a basic unit of society and changes in its composition, pattern and functioning;
- identify new sets of roles and expectations of the society from the marriage and family and adaptability of the institutions under study; and
- know the emerging challenges for the social work professionals working in the field of family welfare and development in the light of changing socio-cultural milieu.

1.1 INTRODUCTION

Forces of social change like industrialization, urbanization, modernization, liberalization, and changes in political systems have influenced the values, beliefs and practices at a large scale and the family and marriage have not remained untouched. There has been considerable change in the family composition, family structure and family dynamics, which have great degree of influence on the individual development and the unity and stability of family. In the agrarian society, there used to be predominantly joint family system, where the eldest male would be the head of the household. With industrialization and urbanization, people started migrating to urban centres and joint family gave way to nuclear family system. There was a change in the composition of the family and accordingly roles, power and status of the family members changed to a large extent. The age and sex were the two principal factors for distribution of status,

roles, power and resources. The elders enjoyed superior position based on chronological age and males had higher status than females in ancient and medieval times. In modern era, even younger earning males are enjoying headship and females, in greater number and proportion, are stepping out of the four walls of household for becoming economically self reliant.

Joint family and nuclear family patterns are considered as normative family patterns. In this unit we would study some of the alternate family patterns like single parent families, women headed families, childless families, adoptive families, dual earner families and live-in relationships. We also come across certain families, where composition looks like that of joint family but when we look at the family dynamics, there is a lot of difference between the theoretical model and the realistic family structure and functioning.

The Change in composition, structure, pattern, dynamics and functioning of the family has important repercussion on the society. In ancient times, orphans, children, disabled, elderly were well taken care of by the joint family. Only in rare cases, state had to intervene to provide care and support to the needy. In contemporary times, state has to adopt more proactive multiple role as the preventive role of joint family system is diminishing.

1.2 IMPACT OF SOCIAL CHANGE ON INSTITUTION OF FAMILY

Let us first assume joint family system as the traditional and prominent one, which would be taken as the reference point to discuss the characteristics of nuclear and alternate family patterns. Here certain salient characteristics of joint family may be delineated. In joint family, three generations live together under one roof and eat meals cooked in a single hearth. Senior most male assumes the headship, pools the income earned by family members and appropriates according to the needs of the individual family members. Age and sex rather than personal capabilities are the function of power and status in the family. Thus even if the youngest brother is earning high and elder brother is unemployed, the status and authority of elder brothers would be more than the younger ones.

In contemporary times, even if we observe three generations living together, other characteristics like pooling of income, highest authority of elderly may not be seen. Coming to another form of family that has received wide acceptance from the society is nuclear family. It is a modern democratic family that has the following characteristics:

- 1) freedom of a choice of mate on the basis of romance, companionship, compatibility and common interests as compared to mate selection by parents on the basis of caste, class and horoscope in joint family system.
- 2) Independence of young people from their parents after marriage (though in many cases, young couples have strong emotional bonds with their family of orientation and they are involved in day-to-day minor-major decisions and on the contrary there may be neo-local families having no contacts or strained relationships with the family of orientation).
- 3) The assumption of equality of husband and wife exists in nuclear families in juxtaposition with patriarchal joint family system, where females are

considered as lower sex and are discriminated upon in almost all walks of life. There also exist many nuclear families where gender stereotypes are strongly practiced.

- 4) In modern democratic nuclear families decisions are made by husband and wife, with greater participation of children with advancing age, however, many exceptions may be seen in this context.
- 5) It is more or less assumed that modern nuclear families have maximum freedom for its members as compared to joint family system.

Before looking into the socio-demographic variables that have changed the patterns, functioning and dynamics of family, let us simplify the types of families into two —traditional and modern — **traditional** being the joint and extended family system with conformist and orthodox value and belief systems and **modern** includes nuclear families and alternate family patterns like single parent families, childless families, women headed families, etc. Let us now look at some of the factors that influence the emergence of various types of family patterns.

Rural/urban/tribal background: Locale is an important factor that influences the composition of family and its dynamics. With industrialization, urban centers are increasing rapidly. There has been migration predominantly from rural to urban areas. Young male members often migrate to urban areas in search of economic work leaving behind wife, children and elderly parents. This has given way to women-headed families. A look into the family dynamics shows that there is a change in the status of elderly, women and men. After green revolution, the know-how of the elderly related to agriculture work like time to sow seeds, pest control, etc., has become somewhat redundant. This, along with other factors, has reduced their status and position in the family. With men migrating in search of work, women head the household. Many times migrants take their wife and children too, along with them to urban centers leaving behind elderly parents to fend for themselves.

Tribal families are also changing rapidly with changing socio-demographic factors. Tribals, in general, are no more left with exclusive culture and traditional life-style. After Independence, most of them have received the benefits and status of 'scheduled tribe' and are fast assimilating in the 'mainstream development'. Their traditions and rules related to marriage are also changing, with many exceptions to endogamy and types of marriage that have remained their exclusive cultural domain.

Urban centers are characterized by limited living space, fast pace of life, scarce time for social interaction. Womenfolk also have stepped out of the household to earn a livelihood, which has influenced their traditional role as primary caregiver in the family. Though we come across a sizable proportion of joint families in urban centers but there is a huge change in their family dynamics, roles and functions. Men are expected to share the load of childcare and household work. In families, where husbands fail to recognize the need of sharing roles and responsibility, it results in role conflict and role strain. Women are stressed out in striking a balance between the home front and work place. It is adversely affecting their physical and mental health. Elderly have lost their unconditional authority in the family. Their role in socialization of grandchildren through active

interaction and story-telling is replaced by TV channels. Doctors have replaced their midwifery role. In home management too young daughters-in-law do not require the advice of their elderly relatives.

Emergence of newer socio-economic classes: Based on different modes of earning livelihood, diverse forms of socio-economic classes emerged, which have greatly influenced the family patterns and dynamics. With rapid growth of tertiary or service sector, the people migrated in huge numbers to urban areas, leaving the agricultural sector. Joint family system, which was reinforced by agrarian culture in numerous ways, gave way to nuclear family systems. The people in service class preferred nuclear families to suit their life-style emerging out of mode of work. Entrepreneurial classes have different kinds of family dynamics, when the family members, kin are involved in single economic unit. Families where male earning members have to travel or migrate to far off places, women take up the family headship. This led to significant number of single parent families and women headed families.

Social Change: Forces of social change like urbanization, industrialization, job mobility, modernization of values like consumerism, technological development, change in women's employment status have influenced the dynamics and composition of basic unit of society – the family. The change at political scenario (democracy) and modern education system that further reinforced egalitarian social system also influenced the autocratic practices at the family level. This has deeply touched conservative and hierarchical family ideologies and slowly these traditional family values are giving way to liberal and egalitarian family values.

Thus, we observe that change in the social environment, especially in education system (impact of modern education), political system (democracy from colonialism), legal system (giving equal rights to women, curbing caste and gender related discrimination) work system (emergence of secondary and tertiary sectors), ethnic group system (loosening of religion and caste barriers in social interactions), etc., have influenced the family composition and dynamics. Let us now look at various normative and alternate family patterns that are observed in contemporary times in the next session.

Check Your Progress 1

Note: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

- 1) Enlist five salient reasons for change in joint family patterns in India in the present scenario.

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1.3 EMERGING FORMS, CHANGING FUNCTIONS AND DYNAMICS OF FAMILY

Emerging Forms: Various factors mentioned above have given rise to different patterns of family. Some of the prominent ones are mentioned below:

Joint family: This is the traditional normative family pattern, which has adapted itself in terms of family practices, functions, structure and relationships. In joint family system, role allocations have remained on the basis of age and gender. Though with time, this practice has diluted and the eldest male does not have total control over family income and property.

Nuclear family: They are also called modern democratic family system. Nuclear families are increasingly having family ideology with egalitarian and companionship bases in contrast with hierarchical and traditional autocratic ideology of joint family system. It may be noted that no sound theories can be made regarding the linkage between type of family and associated family ideologies and practices. There may be joint families with egalitarian values and many nuclear families with autocratic and conservative family ideology reinforcing patriarchal social norms.

Alternate family patterns: In the contemporary social world, we observe many family forms other than the normative ones, which are collectively known as alternate family forms. There are three trends that are noticeable in alternate family patterns in India:

- Some family forms that were always present have become more visible now such as single parent families established due to widowhood.
- The incidence of some family forms has increased in contemporary world, for example, female headed families established due to male migration.
- Some new family forms have emerged in recent times, for example, the dual earner/career families and in extremely small numbers, the voluntarily childless families.

Some of the common family forms are as follows:

Conjugal families: These are neo-local family patterns that may or may not have strong emotional and functional ties with their parent families (family of orientation). There can be many reasons for such conjugal families, salient ones may be cited as follows:

- More and more youth are now opting for marriage by their own choice, which may not be approved by their parents.
- Mode of earning a livelihood can be another significant reason. Youth migrate for better career options and take their spouse along.
- Values of privacy and independence are taking over the traditional values of inter-dependence and young couples prefer to stay away from joint families.

Single parent families: The reasons could be divorce, separation or death of spouse. Often mothers are observed to be taking care of the child, when fathers are no more with them. However, nowadays, fathers are winning the custody of the child too and taking up the role of rearing up the kids, which was traditionally the exclusive domain of mothers. Many researches bring out that children of single parent family are deficit in social functioning and intimate relationships and often report to have some behavioural disorders like showing excessive temper tantrums, being stubborn, rude, anxiety prone, juvenile delinquency, schizophrenia, aggression, hysteria, etc. Similarly, consequences for women of single parent family are lack of normal healthy sexual relationship, social stigma, psychological problems like hysteria, feeling of unworthiness, aggression, restlessness, work overload, no time for self etc. Added to this, there is general decline in financial position of single parent family. However, it is a debatable issue among social researchers that — which has worse impact on psyche of children — families where spouses are invariably in conflicting situations or staying with one parent only after separation or divorce.

Women headed families: These are most commonly single parent families. However, it also includes the families of migrants, where male members move to urban centers and wife takes the whole responsibility of the household. It may be noted that in family studies, it is often difficult to categorize families into various mutually exclusive groups. Composition, pattern, dynamics, practices in various family types within the women headed families, are quite heterogeneous. One similarity in all types of women headed families is that there is substantial increase in roles and responsibilities of women heads.

Childless families: These families are different than the conjugal families, though composition is same — husband and wife. In childless families, couples do not have children either by choice or due to infertility, even after the couples cross the appropriate age to bear children as per societal norm. Such families often face social stigma, as families without children are considered incomplete.

Adoptive families: Families who have adopted a child come in this category. There are many issues involved in adoption of a child in India. The Hindu Adoption and Maintenance Act, 1956, deals with child adoption. Often family visits are carried out to see the compatibility of child to be adopted in the adoptive family. The girl child has remained out of preference for quite a long period. Added to this, abuse, exploitation and trafficking of children, in the name of adoption was not uncommon. This has affected the process of adoption severely. Utmost care is taken before adoption of a child. Further, in general, only very small children are adopted. Religion, caste, creed and class play crucial role in adoption. After adoption, adjustments within the family are needed as adoptive parents have a variety of new roles to be performed.

Dual Earner No Kid families: These are childless families exclusively by choice. The couple gets married and there is clear assumption that both of them would give preference to their career. Often the spouses have hectic working hours and they want to put their energies into their career development only. Such families often are looked down upon as they 'fail' to perform their expected societal duty of procreation and contributing to continuation of society.

Reconstituted/step families: These families are often the outcome of 'remarriage'. After death of either spouse or separation/divorce, if a parent

re-marries, then children have to learn to adjust with step-parent. Such children often go through a lot of emotional crisis, especially when they are grown up and have strong emotional attachment with the separated parent. This may involve change in their household, schooling, peers, extended family relations, life-style and even relation with own parents. Such families are not readily accepted by the society.

Consensual families: As mentioned in Unit 1, the United Nations Definition of 'Family' includes consensual unions too. Consensual families are composed of couples living together with consent; generally without legal or social sanction of marriage. They are bound by emotional and sexual relations but not married legally or socially. Consensual families do exist in India but they are yet to be accepted by the society.

Same sex families: All the above-mentioned family types are generally governed by heterosexual relationships. However, people with sexual minorities and inclination towards same sex are also coming up to seek legal status of their homosexual relations. In Denmark same sex marriages are now legalized. In many Western countries, spouses of same sex are claiming inheritance and insurance rights just as heterosexual couples have. These families face social ostracism especially in traditional societies.

This apart, we have other types of families, which have slightly different composition, dynamics, norms, patterns, other than the normative family patterns. These may be age difference between spouses beyond the prescribed norms (wife much older than husband or vice versa), grandparents living with grandchildren (parents not being able to discharge their parental role for various reasons), migrant families (in relay migration pattern, one family member migrates first and settles at the place of destination, then brings other relatives), families of seasonal, short term migrants. All such families have different issues and challenges that pose hurdles in family harmony and well-being.

Changing functions and dynamics of family

A look into the changing functions of the family may be beneficial. Joint family depends upon a very stable occupation and is almost always found in communities based upon an agricultural or pastoral mode of life and in some cases traditional occupation. This kind of family has performed many roles from providing security and safety to its members as being an economic unit. It has many religious functions. Imparting education by elders to youngers was another important function of the family. In this light, we observe that modern family units have changed significantly in terms of its functions too.

Economic: With emergence of secondary and tertiary sectors, there has been a major change in the economic role of the family. Now, most of the adults of the household are not engaged into the same economic activity — workplaces have become separate from the family.

Health care: Hospitals, health centers, clinics have taken away the midwifery role of elders in the family. Elderly lady's home remedies are not popular today. The people approach to various public and private health care setting for medical treatment of their ailments. Medical attention during child-birth and infant care are provided by a web of health centers.

Education: Imparting education is now the function of kindergarten and schools with development of formal education system. Meaning of 'education' has also changed and is more often synonymous to 'schooling'. Informal education provided by the family cannot have the substitutive role in place of formal schooling.

Religious functions: Earlier all religious obligations and functions used to be performed by the elders within the family. In the current scenario, formal places of worship (churches, mosques, temples, etc.) have taken over this salient function of the family too.

Recreation: In earlier times, family used to be a source of recreation, relaxation and enjoyment. Family members would sit and chat with each other, play and relax together. At present, clubs, peers and other formal and informal institutions offer recreation and relaxation. In the family set-up too, television, video, computer, Internet, and the like are preferred over talking, sharing feelings, playing with family members.

Counseling, Welfare and support: At the time of conflict and crisis elders in the family would provide counseling and now we seek services of family counselors and psychologists. During crisis like separation, desertion, death, widowhood, accident, disability, old age, being orphaned, etc. family used to provide protective shield. In the absence of family, caste and kith-kin group would own the responsibility to take care of the destitute. At present, State or government has taken the proactive role and through its many statutory and non-statutory services, and with help of voluntary organizations, it provides rehabilitative, ameliorative, protective and promotive services.

There are certain essential functions like provision of home, production and rearing of children and stable satisfaction of sex needs are considered to be retained by families, of modern times. However, evidences show that there are families, where these so called essential functions have been given away — presence of dual income, no kid families, families with couples with sexless relationship.

In the light of the above discussions, we may infer that one of the most striking attributes of the contemporary world is the existence of a range of family variations — from the most traditional extended families with strict sex roles to modern dual earner families based on liberal, egalitarian sex roles and to adults cohabiting without marriage. The multiple patterns of family have given rise to two extreme view-points among the social scientists and social researchers — at one extreme are those who think that though family is very important but this institution is dying in the current turbulent social structure. At the other extreme are those who consider the family to be an obsolete and outdated institution that has failed to fulfill the demands of modern day industrial society. Between these two extreme viewpoints, many sociologists maintain that family is neither dying nor becoming outdated, rather it is adapting itself to a multitude of pressures thereby retaining some traditional functions and modifying others and discarding the remaining. Thus, the variations in family structures are indicative of the family's capability to adapt itself to the needs of changing times.

Let us now talk about the changing family structure and dynamics in the present socio-cultural milieu. Following changes are noticeably important:

- Earlier, role allocations were strictly based on **age** and **gender**. Now-a-days, role allocations are more flexible. However, women, most often than not, are doubly burdened as they have to strike balance between their traditional roles and modern ones. This takes a heavy toll of their physical and mental health.
- Power distribution between various dyadic relationships. **Father and son:** old father no longer enjoys unconditional ascribed status and the earning son takes up family headship. Participation of elderly in family decision-making is dependent on former's relationship with their children with the power to keep them alienated and isolated more often lies with the children. **Husband wife:** this relationship is more often based on democratic and companionship values rather than power equations benefiting husband, though there exists many exceptions and variations. **In-laws:** those days are gone when mother-in-law would train timid, docile and submissive daughters-in-law into the household work. Girls are married off at relatively later age when their personalities are crystallized and they have their own ideologies and thinking patterns. With empowerment perspective, there needs to be more of democratic functioning style in the family. **Parent-child relationship:** autocratic and authoritarian parenting style is giving way to permissive and democratic ones. Number of siblings are lesser and children from a very early age start participating in decision-making concerning their life and valuing privacy and individuality.
- There has been change in the value pattern of the individuals, which the modern society has offered to us. **Individual growth and achievement** are preferred over familistic values. This has resulted in migration and neo-local family set-ups. **Autonomy** and **Independence** win over conformity and dependence that have remained cherished values in joint family system. The people become more and more **self-oriented** and group orientation is favoured at a lesser rate.

As social work trainees, you are cautioned not to perceive these changes as 'deteriorative' and 'unpleasant'. Judging persons opting for individual growth, independence and privacy as selfish and ego-centric would not be appropriate. When seen from democratic and rights' perspective, same 'unsought for' values may appear 'just' and appropriate.

Check Your Progress 2

Note: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

- 1) What are the challenges and constraints for females in modern families in the contemporary societies?

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1.4 EMERGING FORMS AND CHANGING FUNCTIONS OF MARRIAGE

Marriage as an institution has not remained unaffected with changes in the socio-cultural scenario of the country. There have been changes in the marriage patterns, selection of marriage partner, age at marriage, age at consummation of marriage, marriage rituals, financial exchanges and divorce. Laws related to marriage encourage monogamy thereby legally banning polygamous marriages.

Selection of marriage partner observes norms of exogamy and endogamy. Exogamy is choosing marriage partner from outside some specific group while endogamy norms require that a mate be chosen from within a specified group. Now-a-days, the norms of endogamy and exogamy are not maintained strictly as they were observed in ancient times. Added to this, love, intimacy, companionship and compatibility are more often the criteria than parental choice, horoscope matching, similarity of caste, class, religion and the like.

Youngsters themselves are playing pivotal role in selection of marriage partner. This has changed the inter and intra family dynamics. The children are blamed if anything goes wrong with the marriage. More intolerance is observed between in-law relationships, which, in turn, affect the relationship between spouses.

Whether to have children and if yes, when — is a matter that is increasingly decided mutually by the couple unlike the earlier times when such freedom of choices were not available to spouses.

Marital disharmony often results in family disorganization. More often than not, women are held responsible for this. Their voice against exploitation, oppression and abuse are often taken as 'egocentrism' and in a satirical and sarcastic tone their 'empowerment'. There may be exceptions when women too have misused their legal rights and to cover up their wrongs.

Extra-marital relations are not uncommon. Workplace and type of job have given enough freedom to spouses and it is very easy for anybody to venture into this and deceive their marriage partner. For social work practitioners, this aspect brings immense challenges.

Financial exchanges at the time of marriage may take place in the form of bride price or dowry. Bride price is the property given by the groom or his family to the bride's family and dowry is property given by the bride's family to the groom and his family. Despite anti-dowry laws, financial exchange is a common practice and newspapers are full of cases of bride-burning and suicides.

There are two extreme standpoints of marital relationship between husband and wife. On one hand, in traditional families where there is practically complete subordination of wife to the authority of husband. Patriarchal norms specifying duties and obligations of husband and wife are rigidly followed. On the other hand, modern families focus on companionship that develops out of mutual affection and intimate association between husband and wife. In modern families, husband and wife enjoy a high degree of self expression and at the same time are united by the bonds of affection, congeniality and common interest. Democratic values and processes are observed in modern families. In patriarchal families,

authoritarian and autocratic values and processes are seen where confirming to the traditional norms are most important for family members including wife. In between these two extreme standpoints, there are most families where differential degrees of egalitarian versus traditional norms are practiced between husband and wife.

Another important aspect in the marital relationship is role performance, role clarity and role strain. It is observed that in traditional families, wife's roles are clearly delineated and they are expected to remain in the four walls of household, take care of children and perform household chores. Husbands are expected to perform economic role of provider and that of protector. Strict sex role stereotypes are observed in traditional families. In modern democratic families, wife also performs economic role and husband does not mind in trying hands in child and elderly care giving that are traditionally women's roles. However, there are many families where wives struggle hard to strike balance between their traditional role expectations and modern roles. It puts a lot of pressure on women in maintaining their multiple roles such as childcare, home management, employee, wife, in-law, etc.

Check Your Progress 3

Note: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

- 1) Briefly discuss changing relationship between marriage partners in modern families.

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1.5 LET US SUM UP

In this Unit, joint family system is taken as a traditional family pattern and all other family patterns are analyzed in the context of joint family. Modern families focus on companionship, love and mutual care. Sex roles are not rigidly defined. In marital relationship too, youngsters prefer compatibility and love as basis of marriage rather than observing traditional norms of endogamy, exogamy, horoscope, caste, class matching, etc.

With social change due to industrialization, urbanization, modernization family composition, patterns and dynamics are changing. Some alternate family or household compositions are: Childless families (due to infertility or out of choice), Single parent families or households (due to unwed parenthood, death of spouse, desertion, separation or divorce or migration of a spouse), Reconstituted/step

families and Consensual unions.

Traditional roles of the family are also changing. Role of imparting education is taken up by schools and colleges. Health care is catered to by private and government hospitals, clinics, health centers and the like. Welfare services are provided by government, which, were under the domain of joint family system. For recreation, clubs, recreational centers, television, computer, internet, etc., have replaced talking and sharing feelings with family members.

Social scientists have divided opinion about the utility of 'family' as an institution. Some feel that it is outdated institution that is dying while others consider that it is changing its form and dynamics to meet the demands of changing society.

Marital relationship also has changed from observing conservative, rigid, authoritarian and traditional norms where wife is subordinate to unconditional authority of husband to modern democratic, companionship based, egalitarian perspective. In between these two viewpoints, most wives make a great effort to fulfill their multiple roles that are a mix of traditional and modern roles.

1.6 KEY WORDS

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|-----------------------------|---|---|
| Traditional family | : | Legal, life-long, sexually exclusive marriage between one man and one woman with children, where the male is primary provider and ultimate authority (Macklin, 1980). In the traditional family pattern the man is the breadwinner and women is the homemaker with primary responsibilities of child care. |
| Alternate family | : | Family patterns that result from personal circumstances outside one's control (death of a partner, infertility) or from certain socio-economic conditions (male migration, work participation of women). In such circumstances people are forced to adopt family patterns that suit their conditions. Such families are, therefore, not mere life-style experimentations but develop out of certain circumstances, especially in Indian conditions. Experimental or chosen life styles like living without marrying, being childless voluntarily are restricted to extremely small group of people. |
| Family structure | : | The configuration of role, power and status and relationships in the family. It depends upon the family's socio-economic background, family composition and extent of urbanization. |
| Role differentiation | : | It is the distribution of persons among the various positions and activities distinguished in the structure and hence the differential arrangement of the members of the structure. The terms of role differentiations may be age, sex, generation and sometimes economic and political positions. Family roles have implications for locus of power in the family. |

Power

- : It is the ability of the individual to influence or control the behaviour of others. In the context of the family, power refers to an act or statement, which indicates an attempt on the part of a family member to control, initiate, change or modify the behaviour of motivation of another member. In patriarchal families, power rests with the oldest man in the family. There has never been a true matriarchal family in existence. The egalitarian family implies equal distribution of power between men and women. Family power has implications for status in the family. Since men have more power in patriarchal families, they have a higher status than women in these families.

1.7 FURTHER READINGS AND REFERENCES

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UNIT 2 SOCIAL WORK WITH FAMILIES

Structure

Archana Kaushik*

- 2.0 Objectives
- 2.1 Introduction
- 2.2 Family Disorganization and Social Work Intervention
- 2.3 Conceptual Framework for Assessment and Intervention
- 2.4 Family Stress Management
- 2.5 Family Crisis and Family Therapy
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- 2.8 Key Words
- 2.9 Further Readings and References
- 2.10 Answers to Check Your Progress

2.0 OBJECTIVES

This Unit would help you to understand the disorganization in family life and marital relations. You would be able to appraise certain key reasons for marital and family discord and the role of social work professionals in resolving the conflicting and crisis situations and helping the couples or family members in bringing back harmony. After going through the unit carefully, you would be able to:

- develop ability to work in a conceptual framework to assess problems in the marital relationship or family functioning;
- learn various skills and strategies to intervene the family needing professional help; and
- understand the dynamics of intimate relationships and need to develop the smallest democracy at the heart of the society.

2.1 INTRODUCTION

In Unit 1 we understood the concept and relevance of two most important social institutions of society — marriage and family. However, as we are aware that marital and familial relationships do not always go smoothly and harmoniously. There may be factors that lead to family disorganization and marital discord. In this unit we would pay attention to some of those situations that result in incongruent relations in the family or marital relationships, learn to develop a scientific temperament towards these situations and develop skills in resolving the conflicts.

The present society is characterized, among other things, by the declining importance of all primary groups including the family. The traditional image of home and family as a cozy nest of love, security, and never ending happiness is somewhat shattered in the present times. Many empirical evidences show that family discord and divorce is continuously on rise. Undergoing the process of

divorce or separation is psychologically and economically often distressing for the partners. The after-effects of divorce, especially for the children have damaging effects particularly when the issue of custody arises. Studies have proven that the emotional experience for the children in disorganized families leads them towards deviant behaviours, even crime.

The social work profession has a major role to play in assessing the level and causes of family disorganization or marital discord and design intervention accordingly. Family assessment is generally done through holistic approach. Interaction, communication, perception of events and relationships are the main variables that are studied in assessment. Interventions are done at various levels — there is preventive and promotive intervention through family enrichment programmes where appropriate knowledge and skills are imparted among the family members so that various stages of family life cycle are passed through smoothly. Family stress management, family therapy and family crisis interventions are at the ameliorative, curative and rehabilitative levels.

2.2 FAMILY DISORGANIZATION AND SOCIAL WORK INTERVENTION

Family groups are quite diverse and heterogeneous, so are the problems in family relations. As a result, it becomes quite difficult to categorize reasons for family disorganization. Nevertheless, a humble attempt is made here to cite some crucial factors leading to marital discord and family disorganization. There may be **temperamental incompatibility**. Spouses may have differences of opinion on most issues and both of them may fail to resolve conflicts amicably. **Differences in cultural background and/or socio-economic status** of spouses' families of orientation may also become reasons for friction and conflict. There may be **differences in perception of self and other's roles** vis-à-vis family and society. Either one or both spouses failing to accept the changing roles and duties of each other due to the needs of changing time may create tensions in the marital life. **Dowry demands** and **conflicts with in-laws** are also common causes of disharmony in the family.

Parent-child conflicts also lead to family disorganization. It may be an extension of spousal conflict or exclusive in nature. Parents may have autocratic, authoritative or permissive socialization patterns. Authoritative parenting suppresses the personality of child and in turn he/she may become rebellion. Permissive parenting may be perceived as indifference and timidity on part of parents and children become stubborn, hostile and arrogant. Family values and parent-child communication are important variables especially when children come in conflict with societal norms and expectations.

Family crisis: Marital relationships may break because of internal or external or both reasons. Divorce, death and bereavement often bring crisis to family. Family crisis results when old coping skills of the family have failed and members feel helpless and clueless to deal with the situation, unless an external help is provided. Reasons of family crisis range from financial to social stigma, discrimination, security threats, separation, death, divorce, etc. In situations like political turmoil such as war, natural calamities like earthquakes, cyclones, man

made disasters, say, terrorism, accidents, families face crisis, when they are no longer able to perform their roles and functions smoothly.

Before looking into social work intervention strategies let us talk about the perspective that guide the assessment of problem areas in the family. With empowerment perspective, rights of the individual vis-à-vis family may be delineated.

The United Nations has declared 1994 as the **International Year of the Family**, keeping in view the importance of the family as a basic unit of the society and the need to protect and strengthen it, through state policy and community action, so as to enhance its functioning. It has laid down the rights of individuals with regard to family, as mentioned below, grouped into three broad aspects:

- 1) Every individual has a right to have a family and the care of individuals is primarily the family's responsibility, with effective support from the state.
- 2) Every individual in the family has the right to equality and non-discrimination, by age and gender, in the allocation of family roles, responsibilities and resources; freedom and choices in family life; care and support from family members in crisis situations; and protection from family abuse and violence. It is the responsibility of every individual, family, community and the state to promote and protect these rights, and enrich family interactions and relationships.
- 3) Every family in a community and nation has a right to equality and non-discrimination, irrespective of ethnicity or other factors; freedom and liberty; justice with respect to information about and access to public services; social security from the state in crisis situations and protection from abuse and violence. It is the responsibility of every community and every state to promote and protect these rights of the family and provide an eco-balance to the family. It is the responsibility of every family and of all its members, to promote the functioning of the community and the state.

Thus, every individual is entitled to have a family unless he/she leaves it by choice. It also talks about rights of individual members within the family and right of families with respect to larger social environment. As social work professionals, you need to develop the rights based perspective to assess the family situation and develop intervention.

Family Intervention

After understanding the crucial reasons as well as perspective to assessment, let us comprehend some of the major approaches of family intervention. As a family practitioner, your role may be to **prevent** family disorganization and **promote** harmony, **ameliorate** family from stressing events or **rehabilitate** members after a crisis event. Family counseling, marital counseling, family and marital therapy, crisis intervention, encouraging self-help groups, and legal aid are specific methods that may be used, depending upon the problems encountered and interventions planned. Besides planning and implementing the services, the practitioner needs to monitor and evaluate them and raise public awareness about these services.

The groups needing family intervention may be children, adolescent/youth, women, couples, or the aged; but the family as a whole may be considered the unit for intervention.

Family interventions may be planned through primary or secondary settings for social work. The primary setting may be family planning agencies, agencies for children, women, aged and the disabled, family service centers, community projects and family courts. The secondary settings for family interventions may be schools and colleges, gynaecology and pediatric departments in hospitals, health centers, industries, police stations and civil courts.

Major areas for family intervention

Below is the list of some of the major family situations requiring intervention. As we have discussed earlier that there can be many factors that contribute to family disorganization and may be identified by studying family ecology, socialization of authoritarian family norms, dysfunctional family interaction patterns or problems with individual members' developmental tasks. These areas are, therefore, not mutually exclusive:

- 1) Families with individuals having problems: families of the disabled, families of the chronically/terminally ill, families of substance abuse addicts.
- 2) Marital problems: Marital disharmony or Marital breakdown
- 3) Problems with child bearing: infertility or unwed motherhood
- 4) Abuse and violence in families: Child abuse in family, family violence against women, elderly abuse in family, family abuse of the disabled
- 5) Families in conflict with other systems: Families with unemployment/indebtedness, families with inadequate or no land/housing
- 6) Families affected by disequilibrium in other systems: families facing political violence, families facing environmental disasters, uprooted/refugee/migrant families
- 7) Family deprivation: destitute children, destitute adults, destitute aged.

These family situations may affect the family functions, interactions and individual members. Harm may be caused to physical and mental development and health of individual members, particularly children, women and the aged. In the extreme situation, family may disintegrate and individual members may become destitute.

Check Your Progress 1

Note: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

- 1) Briefly describe the scope of intervention with families of contemporary times.

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2.3 CONCEPTUAL FRAMEWORK FOR ASSESSMENT AND INTERVENTION

In this section, we would pay attention to some of the widely used conceptual frameworks or theoretical basis for assessment and intervention of problematic familial issues. Family practitioners often make use of 'General Systems Theory' and 'Psycho-dynamic approach'.

General system's theory

A system is defined as a set of objects together with the relationships between the objects and their attributes. The objects are the component parts of the system, the attributes are the properties of the objects and the relationships tie the system together. Family may be compared with a system within its social environment. In general systems theory, there exists the system, the system's environment (supra-system) and the system's components (sub-systems). In the case of family, dyadic relationships between family members are sub-systems and social environment with education system, work system, political system, ethnic community, etc., form its supra-system. It may be noted that conceptual framework of general system's theory and ecological theory (as given in Unit 1) is the same. The System's theory is concerned with the description and exploration of the relationship between interrelated systems. A system is not a random collection of components, but an interdependent organization in which the behaviour and expression of each component influences and is influenced by all the others. What is the applicability of this approach in studying the family problems? System's theory is a holistic approach that focuses on the interrelationship between various sub-systems. It may be compared with chess game: it is not possible to understand the game merely by looking at individual pieces, it is in relation to each other, that their movement needs to be understood and the whole chess game requires holistic approach.

Another aspect of system's theory is studying of equilibrium and adaptation propensities. All systems have a self-regulatory mechanism through which a state of equilibrium or homeostasis is maintained. The family system receives inputs of information from the environment. It processes, transforms and controls these inputs and directs them towards certain goals, which feed back into the environment. Thus the elements of the family and its environment constantly aim at adapting to each other and go towards a state of equilibrium.

When the family and/or its environment cannot adapt to each other, there exists a state of dis-equilibrium. The reason may be internal changes induced by members but also because of inputs from the external environment. The family, in its effort to maintain a state of homeostasis, may not always serve the best interests of all its members. Thus, the goal of family social work may be protection of family rights and promotion of family responsibilities and not maintaining homeostasis.

In family assessment, 'family perception' is an important variable. It determines how an event is viewed by a family (as a unit) as well as by individual members of a family. Perception, therefore, affects the levels of stress the family feels. One event, say loss of job of father, may be very stressful for a family

but may not be so by another family living in the same community. The same event is not viewed in the same way by all the people in one family, by all families in one community, or by all communities in one society. Perceptions among families differ and perceptions among family members also differ.

Psycho-analytical approach: Freud assumed that human personality has three dimensions: id, ego and super-ego. Id contains the sexual and aggressive instincts and is located in unconscious mind. Id works on pleasure principle and emphasizes on immediate gratification. Ego is the conscious and rational mind and works on reality principle. The third, super-ego consists of conscience and ego-ideal. There may be one or more family members who are in perpetual conflict between Id and super-ego that may hamper their normal social functioning.

Sigmund Freud describes how the Ego uses a range of mechanisms to handle the conflict between the Id, the Ego, the Super ego, which is why these mechanisms are often called 'Ego defense mechanisms'. Commonly used defense mechanisms are rationalization, displacement, suppression, regression, etc. When a family member makes excessive use of these defence mechanisms and does not let other family members realize the gravity and consequences of problems, it calls for intervention.

In the case of family therapy, 'transference' plays a very crucial role. Transference refers to any distortion of a present relationship because of unresolved (and mostly unconscious) issues left over from early relationships. This may facilitate or hamper the process of recovery from the crisis. Therapists assess and make conscious use of transference in their therapeutic process.

2.4 FAMILY STRESS MENAGEMENT

The family should be a place to find rest and comfort from the problems of the world, but, at times, it becomes a source of even more tension. The trend to romanticize the family, to talk only about its strengths and achievements, makes us ignore the pressure it is under in the current pace of life. A more realistic approach is to recognize that families today are under a great deal of pressure, more than ever before. Stress and tension have entered in daily activities — fast pace of life, cut throat competition in almost all walks of life — finding suitable livelihood options, paying rents, no support system for rearing children, trying to meet expectations of children and parents, unemployed or divorced child, frail elderly parent — there can be countless reasons that increase stress. Economic and psychological pressures are high — for some families, overwhelming. There is loss of recreation and leisure and family members have least time to spend with each other and relax.

Family stress is defined as pressure or tension in the family system. It is disturbance in the steady state of the family. Stress is change, which, by itself is neither good nor bad. It depends on how the organism (in this case the family) responds to a **stressor event**. A stressor event is an event that has the potential to cause change in the family because it disturbs the status quo. It is not synonymous with stress. Stressor events may be **internal** (events that begin from someone inside the family, such as taking drugs, suicide, etc.) or **external** (events that begin from someone or something outside the family, such as

earthquakes, terrorism, the inflation rate, or the cultural attitudes towards women and minorities; **normative** (events that are expected over the family life cycle, such as birth, adolescents, marriage, ageing, death) or **non-normative** (events that are unexpected such as winning a lottery, war, being taken hostage, often but not always disastrous); **ambiguous** (not being able to get facts surrounding the events) or **non-ambiguous** (clear facts available about the events: how, when, where, who is affected, etc.); **chronic** (a situation that has long duration, e.g. diabetes, gender/racial discrimination) or **acute** (events that last a short time but is severe, e.g., accident, losing limb, losing job) and **cumulative** (events that pile up so that there is no resolution before the next one occurs) and **isolated** (an event that occurs alone, at least with no other events apparent at that time).

It may be noted that family stress, at times, is normal and desirable. Family stress management, therefore, becomes a major challenge to families today. The families in trouble are often not sick families; rather, they are those that simply are unable to deal with the volume of events they are facing. Being stressed does not necessarily mean a weak family. It simply means that they are in a threatening situation. When cause of stress is within the family system, it is taken as internal context. It may be noted that families do not live in isolation; they are part of a larger context. The external context is one over which the family has no control. Changes in larger societal context — world wars, cold wars, natural calamities, terrorism, change in political scenario — all may create stress inside the family system.

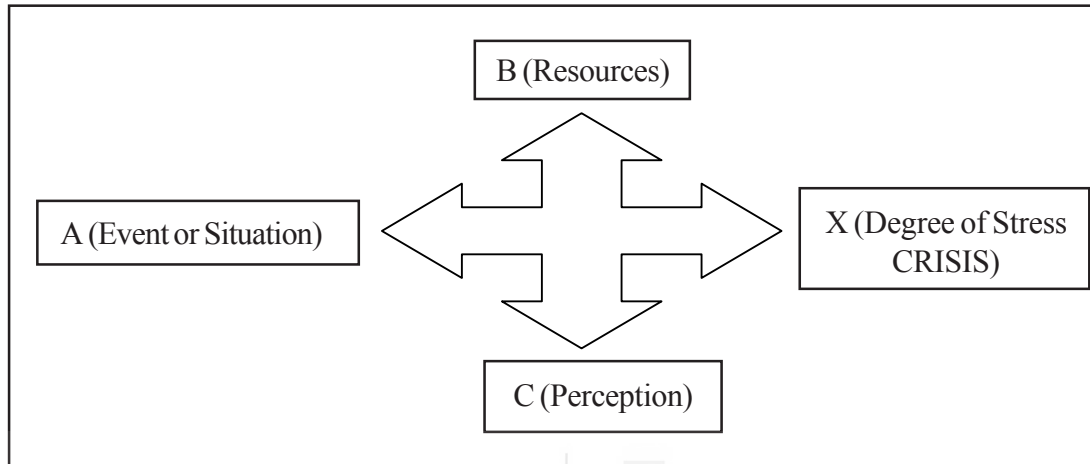
It is important to understand the family stress management process. The fundamental assumptions of family stress theory are:

- a) Not all families are the same
- b) Not all events that stress families should be viewed the same
- c) Not all families have the same values and beliefs. Differences must be looked for and taken into consideration.

In order to assess and mediate family stress, social work practitioners study two different contexts — internal and external. In internal context family has control and in external context, it has no control. External context is also called 'family's ecosystem' and it has tremendous influence on how the family perceives events and manages (or fails to manage) whatever stress is produced. External context is studied in terms of '**time**' or historical context (the time in history in which the event has occurred, like, war, market crash) and '**place**' in which a particular family finds itself (for example, earthquake). This apart, family is assessed in terms of other systems in the social environment or contexts — **economic context** (weak economy, unemployment), **developmental context** (pregnancies in teens or in late thirties), hereditary context (ailments) and **cultural context** (minority or ethnic groups, incongruity between rules and norms of sub-culture and mainstream culture).

Reuben Hill (1958) formulated ABC-X family stress model that helps in assessment of level of family stress and need for intervention, as given in the schema below.

- A) The provoking event or stressor
- B) The family's resources or strengths at the time of event
- C) The meaning attached to the event by the family (individually or collectively).



The model brings out that degree of stress experienced by the family is the outcome of sum of the stressor event, its collective perception by the family members and the coping resources that are available to the family. For instance, father in the family loses job because of market crash is a stressor event. How the family members perceive this event would somewhat depend on the available resources the family has — if family owns substantial economic assets that would be easily used till the time father gets job again, it would not be treated as an event causing critical stressful condition or crisis. On the other hand, if the family is poverty afflicted or does not have any savings, the said stressor event would cause much damage to the harmony of the family.

Family practitioners intervening in stress management process, help the family assess their resources against the perceived potential damage stressor event can cause. Advocacy with the family's social environment (for example, fighting for the rights at father's workplace, arranging for financial assistance under government's poverty alleviation programme) is another strategy social work professionals make use of.

Family resources are not the same as coping strategies. Families with many resources may have trouble in coping with stress. It is not always true that rich families can cope better with stress than poorer families.

Check Your Progress 2

Note: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

- 1) What are the salient features of General System's theory?

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- 2) Comment whether the following statements are true or false
- a) Stressor event can only be an external stimulus.
 - b) Stressor is a function of perception of the family members
 - c) Stress always leads to crisis
 - d) External context is studied in terms of place and time
 - e) Stressful events have also a positive role to play.

2.5 FAMILY CRISIS AND FAMILY THERAPY

Family Crisis

Family stress sometimes results in crisis. A family crisis is (a) a disturbance in the equilibrium that is so overwhelming, (b) a pressure that is so severe or (c) a change that is so acute that the family system is blocked, immobilized and incapacitated. At least for a time, family does not function. Family boundaries are no longer maintained, customary roles and tasks can no longer function at optimum levels, physically or psychologically. When crisis happens, the family “hits bottom” and then one hopes, reaches a “turning point”. This is the point at which the recovery process begins. The family can end up even stronger than before the crisis occurred.

Family practitioners look at following aspects while assessing level of family crisis and designing intervention:

Stressor events: They are external or internal (details given in above section: family stress management). They are inevitable in family life.

Coping ability: The ability to cope is important in ascertaining which families are vulnerable to crisis. There is a major caution: coping does not always mean health and well-being for the family. Sometimes going into crisis is better than adapting over and over again. Assessment of coping gives the family practitioners insight into the differential responses to stressor event (fight, flight or compromise) that may or may not have detrimental effects on individuals or families. It is also necessary to study those families that failed to cope, fell into crisis, but recovered.

Coping process has structural, psychological and philosophical dimensions.

- 1) The **structural dimension** refers to the family system boundaries, as defined by the family’s perceptions regarding who is in and who is outside those boundaries. Boundary ambiguity is major variable leading to family crisis. Two types of boundary ambiguity are observed — high and low. High boundary ambiguity is further of two types — **physical absence and psychological presence**: families where there is a preoccupation with the absent member, such as families of kidnapped children. The process of grieving and restructuring cannot begin because the facts surrounding the

loss of the person are not clear. Second type of high boundary ambiguity is '**physical presence and psychological absence**' which is seen among intact families where a member is physically there but not emotionally available to the system like families having a member with dementia, Alzheimer's disease, alcoholism, drug dependence or preoccupation with work. In low boundary ambiguity, two main types are there — one, '**physical absence and psychological absence**' — families where a member is both gone and grieved. They may still be thought of and missed, but there is no longer a preoccupation with the loss. The system has been restructured without that person. Examples are families in which a death has been fully grieved or a divorce has been fully assimilated by a spouse. Second, '**physical presence and psychological presence**' — these are intact families where members are both physically and psychologically inside the system. An example is a companionate model of marriage. There is no dysfunction in low boundary ambiguity.

The role of family practitioners is to bring a state where there is low ambiguity and process of boundary maintenance is initiated. Entries and exits of family members across the family life span are inevitable; thus births, adolescents leaving home for college or work, marriages, retirements and deaths continuously affect the family system's process of boundary maintenance. Learning to clarify family boundaries after a loss or acquisition, is therefore, one of the most critical developmental tasks required of families over the life cycle, which if not done requires social work professional's help.

- 2) The **psychological dimension** of the family's coping pattern is illustrated by denial, a defense mechanism that is used frequently by stressed families. Although denial can be viewed as preventing cognitive preparation for an event of family loss, it can be simultaneously viewed as "buying time" so that the family is able to manage that loss. Denial, therefore, is not always resistance, as some family practitioners believe. It also may be a way for a family to protect itself while it accepts painful news gradually, bit by bit, as it learns how to manage that news. In short term, family denial is functional; in the long term it is dysfunctional. Denial most often is found in families in which the stressor situation or event is ambiguous in itself. That is, the family cannot determine clearly if the family member in question is in or out of the family system. In more clearly bounded situations of stress, such as death, family denial is less likely to occur. To break the family's denial pattern if it has gone on for a long time, family professionals must give members support as well as information to (a) help them to change the situation or, if that is impossible, (b) help them to change their response to the situation. Only after the barrier of denial is broken and the problem is fully recognized and faced can the family begin the process of managing, reorganizing and moving on to a lower stress level.
- 3) The **philosophical dimension** of the family's coping comprises the family's values and belief systems that may predict its vulnerability to stress and also management. Family belief systems and value orientations will influence how families perceive stressor events and how they cope with, manage or solve problems. The more **fatalistically oriented** the family's belief system,

the more passive they will be in their management of stress. The more **mastery-oriented** the family's belief system, the more active they will become in their management of stress. Although a fatalistic belief system may be functional in the short run when a disastrous event strikes and nothing can be done to reverse it, that same belief system may be dysfunctional in the long run because it will interfere with social change. If a person clings to a belief that an event is the result of the fate, karma, God's will, or some other higher power, it will block the process that can change the situation, change the use of resources, or change the perception of what is occurring. Believing that one has mastery over a situation aids the process of developing active behaviours to manage the event or stimulate a revolution in the family that will change the family's perception of reality and thereby, their way of managing stress.

Role of family practitioners is to bring out desirable change in the value orientation of the family if it is affecting its adaptability to positive change. Family practitioners target behaviours of passivity, isolation, feelings of helplessness and distrust. They help families in developing options, making choice, getting information, finding peer support group and developing future plans, thereby leading them towards empowerment.

The researches have shown that family adaptability (flexibility) is the key to crisis management. Further, perception of stressor event is the primary predictor of how and whether a family can manage their stress. The social work practitioners facilitate families under crisis to develop realistic perception of the event and adapt to the changing demands of the social environment. They also perform advocacy role if they find that family is being victimized and denied its rights with respect to any system in the social environment.

Family Therapy

Family therapy can be defined as the psychotherapeutic treatment of a natural social system, the family, using conjoint interpersonal interview as its basic medium. Family therapy is concerned with family groups having problems that members are unable to handle themselves and which are affecting their normal social functioning. In family therapy, therapeutic group is family. Approach is transactional and focus is on family system and goal is higher degree of functioning in the family system, method is conjoint family therapy.

Theoretical frameworks used in family therapy:

- 1) The psycho-analytical framework: transference, defence mechanisms, ego-super-ego.
- 2) GST model.

Conducting family therapy: Engagement is the process beginning with the therapist's very first contact with the family. It ends when therapist and family have entered into a working relationship which is firm enough to enable both of them to withstand the painfulness of change, but flexible enough to make continued change possible. The process may take few minutes to months, depending upon the problem and openness of family.

Initial Contact: The family may have come on its own or referred to. At this time family has a lot of inhibitions and hesitations, the morale is low and there is self-doubt and conflicts in dyadic relationships, causes of which may be external or internal.

The first interview: In the first interview, therapist initiates the process of rapport formation, seeks as much information as the family easily provides including the apparent felt problems.

Assessment: Beginning from the first interview itself, family therapist seeks to gain more and more information about the family dynamics, socialization of family norms and family ecology. By observing interaction of family members with each other during conjoint interviews, therapist appraises the following indicators:

- 1) **Communication pattern:** Communication is the basic attribute of intensity of any relationship. Therapist studies negative or positive communication patterns between various dyads like spouse, parent-child, siblings, in-laws; is negative communication pattern directed towards a particular family member (being scapegoat); is it mutual or one-sided; is it a recent behavioural manifestation or a part of socialization of family norms, etc. It may be noted that in studying communication pattern of the family, it is important to look at transactions, which are value-loaded interactions between family members depending upon the historical and relational contexts.
- 2) **Family cohesion:** Therapist assesses the emotional bonding that family members have towards one another. He/she tries to find reasons for problematic levels of cohesions (disengaged or enmeshed), level of dependence of family members on a particular member for making decisions and personality types of members who dominate others or are being dominated.
- 3) **Role performance:** Family therapist looks at the degree of role commitment among respective family members, inter and intra role conflicts between members, role competence, evaluates if sex role or age role stereotypes, if any.
- 4) **Decision making:** Autocratic decision making pattern or sitting over problems and not making decisions at all, arbitrary selection of options, may be the problem areas which family therapist needs to cater to.
- 5) **Family adaptability:** Family therapist may find that either family members are too rigid to adapt themselves to the needed change or may be too flexible and get carried away by trivial matters.
- 6) **Family development:** A family has the responsibility to facilitate individual member's developmental task. Family therapist may observe that family fails to meet the developmental needs of members like child, adolescent or aged member that needs intervention.

Therapeutic Process

Assessment and therapeutic process often go hand in hand. During conjoint interviews, therapist interacts with family members and tries to amend, through

communication and persuasion, the problem areas that he/she has studied. The therapist may gradually help family members to adopt **positive communication pattern**, switch to **separated-connected cohesion** level from disengaged or enmeshed ones, and move to **structured-flexible adaptability** from rigid and chaotic one. He/she may help development of knowledge, attitudes and skills towards democratic family functioning, provide skills training for enrichment of family dynamics and development at each stage of family life span for strengthening family's interactions with its social ecology. Therapist may disseminate information about family resources such as laws, policies and implementation systems and services, depending upon the problems encountered by the family.

2.6 FAMILY LIFE ENRICHMENT PROGRAMME

At the preventive and promotive level, family life enrichment programmes are designed. Aim of these family life enrichment programmes is to develop knowledge, attitudes and skills of family members that reinforce a democratic family life. Such developmental activities would reduce the problems that the families face due to factors from within the family as well as those from its environment. They would lessen the need for remedial intervention in the long run.

Family life enrichment programme should address development and strengthening of democratic values and practices in the family that in turn expand cordial relations. Family practitioners, in this regard, may provide strategies for better communication between various dyadic relationships such as appreciate each others' efforts, express feelings of love and care, understand others' point of view, spend time in discussing day's schedule, etc., so that family interactions and relationships become harmonious. Families may be helped by the family practitioners in preparation for different stages of family life span such as pre-marriage counseling, information and counseling for planning family, child birth, adolescence, retirement. The social workers also provide information about functioning of various systems in the social environment of the family and may do advocacy for better interaction between family and other systems.

The social workers have a challenging role in attitude development in favour of a democratic family life, especially in a patriarchal social structure like in most parts of India. There should be equal allocation of family resources among members, whereas girl child often gets least, especially in families with scarce resources. Husbands should be encouraged to share household responsibilities especially when their spouse is working. Family members should have freedom of choices in life like when to marry and which career to choose. In many families girls are married off early and parents dominate the career decisions of children. Family members — young, old and children should democratically decide on family matters, depending upon their age, experience. Family members should develop the process of peaceful resolution of conflict where the issue is discussed and settled amicably rather than adhering to non-communication or heated arguments.

Family issues that may form part of family life enrichment programmes would be removing biases against inter-caste and inter-religion marriages, abolishing certain harmful practices like dowry, child abuse especially against girl child,

violence and exploitation against women, desertion and bigamy, extra-marital affairs and promote women's right to parental property and matrimonial property.

There is a need to develop a comprehensive family enrichment programme covering the above aspects. Strategies and modalities for family enrichment programme would include preparation of training materials and audio-visual aids like short films, booklets, leaflets, calendars, posters, etc. Use of mass media such as television, radio, newspapers, magazines, folk media such as plays, dances, songs and stories would be quite effective. Agencies like schools, colleges, industries, family planning centers, hospitals and health centers, agencies for children, women, the aged and the disabled, community centers, etc. There can be convergence with existing programmes on family planning, ante natal care, integrated Child Development services, and the like, for incorporation of family enrichment component. There is a need to train government and non-government functionaries in carrying out family enrichment programmes.

Check Your Progress 3

Note: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

- 1) List down the indicators that family therapists study while assessing family problems?

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- 2) Mention some of the components of family enrichment programme.

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2.7 LET US SUM UP

Families are just not the ideal cozy place with love and happiness. They may also have problems where interactions between family members may go incongruent or family's interface with social environment may become dysfunctional. Families may be stressful, in crisis or even disorganize and dissolve. Social work intervention is required at the preventive level for vulnerable families, at curative and rehabilitative level for disorganized families, at ameliorative level for families with crisis and at promotive level for enhancing well-being in families.

Family practitioners make use of general systems theory and psycho-analytical theory as conceptual framework for assessment and intervention for families in problem.

Family stress management is a major task of family practitioners. It is a function of interplay between perception of family members regarding the intensity of stressor event and the resources they have for coping. The stressor may or may not be threatening that is, leading to crisis. The family crisis occurs when normal coping pattern of the family fails to deal effectively with the stressor event. Family practitioners appraise boundary maintenance (or ambiguity) and coping patterns (structural, psychological or philosophical dimensions) in studying family crisis.

Family therapy makes use of conjoint interpersonal interview as its basic medium for intervention. With transactional approach, therapist looks at communication pattern, adaptability, cohesiveness, decision-making and response towards meeting the developmental needs of individual family members.

Family life enrichment programmes aim at developing democracy at the smallest unit of society that is family. Its scope includes removing biases against age and gender, developing companionship and harmony and bringing attitudinal changes in favour of democratic values.

2.8 KEY WORDS

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|------------------------------|---|---|
| Coping | : | It is the management of a stressful event or situation by the family as a unit with no detrimental effects on any individual in that family. Family coping is the cognitive, affective and behavioural process by which individuals and their family system as a whole manage (rather than eradicate) a stressful event or situation. |
| Family communication: | : | It is defined as all the verbal and non-verbal behaviour that occurs within the family and between the family and its social environment. |
| Role conflict | : | Inter-role conflict takes place when the norms or behaviour patterns of one role are inconsistent with those of another role of the same individual. Intra-role conflict takes place when two or more categories of people hold conflicting expectations concerning the behaviour appropriate to a single role. |
| Role Competence | : | Role competence is the evaluation of one's own and another's performance. |
| Family dyads | : | They comprise the family subsystems. These mainly cover the following types of dyads: filial or parent child dyads; fraternal or sibling dyads; conjugal or husband-wife dyads; in-law dyads and grandparent-grandchild dyads. |
| Family Ecology | : | The family's general environment comprises the ethnic community, the geographical ecology, neighbourhood |

and the extent of urbanization. The specific systems with which a family may interact are the political systems, the economic systems, media, education and work systems, housing, health and welfare systems.

Family adaptability : is defined as the ability of a family system to change its power structure, role relationships and relationship rules in response to situational and developmental stress.

2.9 FURTHER READINGS AND REFERENCES

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UNIT 3 CONTEMPORARY PROBLEMS IN FAMILY SYSTEM

Structure

Archana Kaushik*

- 3.0 Objectives
- 3.1 Introduction
- 3.2 Marital Distress
- 3.3 Abuse and Violence
- 3.4 Economic Stress
- 3.5 Ageing, Illness and Disability
- 3.6 Coping with Death, Dying and Grief
- 3.7 Let Us Sum Up
- 3.8 Key Words
- 3.9 Further Readings and References
- 3.10 Answers to Check Your Progress

3.0 OBJECTIVES

This Unit would apprise you of some of the major problems that families in today's world are facing and the issues that may lead to family disorganization. In this Unit you would be able to understand the causes and effects of the events that lead to problems in smooth functioning of a family or hamper the opportunities of development and well-being of certain family members in particular. The factors causing stress and conflicts may lie within the family system or may be present in outside social environment. Theoretical framework has been given at suitable places so as to increase your understanding in a more objective and generalized way on the concerned topics. This would also help you in giving insight into framing appropriate social work interventions to deal with various problems that contemporary families may encounter.

3.1 INTRODUCTION

In the contemporary times, families are encountering a plethora of new and old problems. It is often held that social forces like industrialization, urbanization, technological advancement, inventions in medical field, rise in economy and standards of living, population increase have resulted in making the daily life situations more complex and difficult. As mentioned in the earlier units of this block, the concept and roles of family have undergone significant changes in response to these social forces. Gender roles have changed, as both parents usually work outside the home to meet the increasing economic needs of the family. Migration has contributed to increase in number of women headed families. Important roles of family like providing recreation and companionship have been out-sourced. There is decreasing time for leisure because most family members, adults and children, are working longer hours outside the home or are otherwise heavily involved in extra familial activities. Families, which were once havens for individuals who were stressed by external pressures, are increasingly challenged to meet emotional needs of individual family members.

Families are faced with many unique problems as a result of societal change. For example, industrialization and urbanization have resulted in migration of young family members to urban centers in search of better livelihood options. As a result, joint family system is breaking up. Further, among others, improvement in public health system has led to increase in life-expectancy and number and proportion of elderly have grown significantly in the general population. Care and support to elderly have become an issue of concern for almost all the families. Numbers of people living below poverty line have increased substantially and economic hardship has, in general, risen sharply. Women have stepped out of the four walls of household for economic contribution to the family and have lesser of time available to perform their traditional role of providing care to children and elderly relatives.

Basic civic amenities like health care, nutrition, education, housing, safe drinking water, and the like are becoming luxuries, beyond the reach of many families. Overpopulation accompanying industrialization has resulted in transportation and commutation problems, pollution, and emergence of innumerable life-style related diseases. Societal alienation has led to a steady increase in mental disorders including self-destructive behaviours like drug and alcohol abuse, suicide and violence.

This unit would focus on certain challenges like marital distress, divorce, separation, dealing with chronic physical ailments, ageing and death of family members. It would also deal with economic issues that hamper smooth functioning of the family in the context of present socio-economic milieu.

3.2 MARITAL DISTRESS

Marital relationship is commonly initiated with the belief that both the marital partners are entering into the relationship for the lifetime. Their relationship is defined by love, sharing caring for each other, intimacy and confidence. They consider that they have found a 'right' person and the relationship is 'special' and 'exclusive'. Couples begin a lifetime journey with the conviction that whatever obstacles would come in their way their 'special' relationship would overcome those problems successfully and would endure the test of time. Contrary to this, the reality of many marital relationships clearly paints a picture of erosion of satisfaction, commitment and stability resulting in distressed, incongruent relationships. Since life is increasingly stressful and challenging, imagining a relationship without conflicts would be quite difficult. Most of these problems are relatively minor, whereas others are severe and challenge the stability of marriages. There are varieties of possible marital problems and more diverse are the ways couples perceive them. In this section, we would focus on the processes that pass through the psyche of marital couples going for dissolution of marriage and the impact of divorce/separation on marital partners and children.

Increasing rate of divorce is a worldwide trend, which is just one indicator that marriages experience problems and conflicts. The word divorce draws images of divided families, separated couples, forgotten commitments, vulnerable children, long and expensive legal battles, hostility, bitterness, resentment and economic hardship. It is quite understandable that people do not attach positive value to divorce. There can be many reasons of marital discord, which we have discussed in earlier units. Common reasons reported are dowry, abuse, violence, alcoholism,

drug addiction, extramarital affairs, major personality clashes and the like. Value systems are changing and emphasis is more on individualism than familism. For many adults, self-development, self-fulfillment and career have fostered a declining commitment to family including spouses and children. This makes marriage and other intimate relationships fragile and vulnerable. Singlehood, cohabitation, childlessness and premarital and extramarital sexual relations are becoming more acceptable while opposition to divorce has weakened. Therefore, we observe that economic, social and psychological cost of ending marriage relationship is affordable today than ever before. Earlier social norms were more strict and rigid and fear of stigma and loss of face was much more compared to present scenario.

Theoretical framework to understand incongruent marital relationships

It may be noted that marital relationship over the course of family life cycle changes considerably. The early family life-cycle stages are particularly difficult for many couples as adjustment may take a longer gestation period whereas later life stages are frequently easier. Marital quality across the life cycle can best be described by a U shaped curve, with lowest quality during the child rearing stage and the highest levels early in the marriage (before the birth of children) and after the children are grown and leave the home.

Gottman (1994) has identified two types of marriages: regulated and non-regulated. In regulated marriages, couples are able to overcome difficulties through mutually devised ways and strategies and their communication patterns are positive and goal directed. On the other hand, in non-regulated marriages, couples fail to resolve conflicts in a mature way and even minor disagreements compound to build negativity and distress into the relationship.

Research studies show that negative interactions are much more in the case of distressed couples as compared to successful couples. Pattern of interaction is defined by criticisms, defensiveness, contempt and withdrawal. Negativity and distancing often begin when complaints are expressed or viewed by partners as criticisms and is taken with high emotional reactivity. Expressed or perceived criticisms attack the 'positive construction of self' of other partner, who in turn reacts or becomes defensive to protect self-ego. A 'person' is labeled as 'wrong' than the behaviour, which disrupts the sense of self. As a result, in a recursive manner, criticism and defensiveness build on one another and patterns of interaction become increasingly more personal, attacking and identity disrupting. These critical attacks if not restrained, often erode the foundation of mutual love and respect in the relationship and replace it with mutual contempt. This increases the likelihood that partners will withdraw from one another. This evolving contempt for the partner represents an important turning point in the deconstruction of relationship. Marital couples frequently start focusing on the negative aspects of the partners that bother most and partner is perceived as unreasonable and inflexible. As this continues, it becomes more difficult for partners to believe that there is hope for the relationship. When a certain threshold of negativity is reached, it does almost irreversible damage to the relationship.

When negativity starts reaching to a more destructive level, at the cognitive level, couples begin to revise the history of their relationship, recalling and

reinforcing only negative experiences or interactions. Stated otherwise, distressed couples recast the marital history selectively in negative terms. This leads to development of the belief that the troubled relationship not only has no future, but also did not have fond memories of the past. Ignorance, distancing, avoidance become the norm in interactions with each other. All this results in 'deconstruction' of the relationship between distressed couples characterized by love, intimacy and trust. The relationship is reconstructed and dominated by the belief that 'it cannot work' anymore.

Researchers have often tried to look into the gender difference, if any, in conflict management in marital relationship. Studies show that when men go into a conflict management mode, they limit their choices concerning intimacy because they are overly focused on preventing conflict from erupting. They tend to avoid or withdraw from it — sometimes at all costs. Women, on the other hand, opt for discussion and sharing of the feelings of grief and disappointment. Thus, there is a common mismatch between the coping style or conflict management between most of the distressed couples, which fuels the negativity within the relationship. Women try hard to pursue and men distance or avoid. Women interpret distancing as lack of interest or love. Women voice their concerns about withdrawn husbands and men take it as criticism on their way of handling things and even self-esteem and further withdraw themselves. Women feel humiliated, uncared for and unwanted and start believing that their husbands do not care about the relationship. For most women, lack of talking is lack of caring. On the other hand, men complain that their wives get upset too easily. Men distance themselves from their partners during times of conflict in an effort to minimize the emotional tensions that seem to be at the heart of the crisis in the relationship. Since there exists gender difference in management of conflict, each partner may conclude that the problem exists with the personality of his or her spouse. This initiates patterns of criticisms and negativity that ultimately becomes the foundation for contempt and distress. These gender differences can be attributed to cultural and biological factors.

Thus, it may be concluded that the factors that influence marital discord are spouses' perception and definition of problems, gender orientation during socialization, their value and belief system, past marital history, individual histories within their families of origin, current state of mind and prevailing mores within the society.

Impact of divorce/separation

Problematic relationships often have deleterious effects on the physical and mental health of persons concerned. This is all the more true when an intimate and close relationship like that of husband-wife gets dissolved. Relationship with spouse forms the foundation of family life and directly or indirectly influences many other relations like that of in-laws. When marital relationship becomes incongruent, the foundation of family life is shaken. This has severe consequences on the health of the distressed couples, though at a varying rate.

Researches bring out that at physically, risk of diseases like asthma, arthritis, headaches, peptic ulcers and heart diseases increases more than double among couples facing marital discord. Chronic sadness, pessimism, unremitting tension,

hostility and suspiciousness are common feelings among distressed couples, which in turn increase the chances of physical ailments. In fact, some public health researchers maintain that chronic mental distress is a more serious public health risk than smoking (Goleman, 1995).

Many research findings convincingly show that marital distress and ongoing unresolved marital conflicts have multidimensional harmful effects on children such as health problems, poor academic performance, poor social competence, depression, withdrawal, greater release of stress related hormones and the like (Cowan and Cowan, 1990). This is applicable for both the sexes.

Divorce affects even social image and social prestige. Although public disapproval of divorce has softened, divorced individuals still confront stigma. Friends are lost, rejection is felt as friends and others assess and attribute blame. Elaborate 'accounts' are developed to explain the divorce to self and to others, and many married people exclude the divorced from social gatherings and friendship networks to avoid embarrassment to both the parties.

Economic consequences are also quite grave especially for women and children. A huge majority of women, in patriarchal society like India, are hardly encouraged to be economically self-reliant. Even in dual earning families, economic constraint is definitely felt by spouses as the total monthly income reduces substantially. Most children and women after divorce experience a sharp decline in their standard of living. Economic hardship is associated with lowered parental well-being, which makes parenting less supportive and less effective. Parents are so engrossed in their sorrows and despair that disciplining is often inconsistent and harsh. This leads to distressed and impaired socio-emotional functioning among children.

Gender differences in coping with divorce and separation: It is often held that women in general, are more deeply committed to marriage, parenthood and family life than men. As a result, they devote substantially more time and energy to marriage than men. Having invested more in relationship, it is reasonable that the dissolution of the relationship inflicts greater emotional pain for women than for men. Other factors that certainly contribute to women's post divorce distress include their worsened economic position and strain of striking balance in employment and single parenting.

Studies show that unhappiness and psychological stress rise and reach at peak levels during the pre-divorced period, then subside within 2 years following divorce.

3.3 ABUSE AND VIOLENCE

Family is often idealized to be a place of security, love, affection, warmth and intimacy. However, family may also become a location of abuse, exploitation, violence and neglect. In this section, we would be focusing on the issue of abuse and exploitation within the family system, where one or more family members are either perpetrators or victims of abuse and violence.

Historically and traditionally, women and children are considered the victims in family abuse and violence. More often than not, women are socialized to take in abuse and violence against them as 'normal' and right of the men folk

especially husband. Many research findings bring out that wives, even after suffering from domestic violence, never complain to outside support agencies like police, women's groups, commissions, etc., as slapping, beating, thrashing and the like by their husband is not considered anything abnormal and does not constitute 'violence' in their conceptual framework. Other reasons of non-reporting or under-reporting of incidences of violence are fear of loss of face in the society (many women feel: people would laugh at us, may tease us, may ridicule us), no trust on the outside agencies like police, women's commission, groups (belief that these agencies would not be able to make us reach at a satisfactory winning position and we may have to reconcile with our husbands who then would become 'uncontrollable') and socialization (even well educated women may believe that there is nothing wrong if men beat us). Traditional religious literature also reinforces acceptance of violence against women as 'normal' (Tulsidas says in Ramcharitmanas: *Dhol, Ganwar, pashu or naari, yerh sab tadan ke adhikari*. Meaning: Drum, idiot, animals and females deserve bashing and thrashing). Added to this, women being considered physically weaker are more vulnerable to be victims of violence.

In the same way, violence against children is not something new to our social life. Slapping, beating, denying food, verbal abuse in the form of scolding, abusing, have been an instrument of disciplining the child in the socialization process. In joint family system, verbal and physical violence has been a prerogative of not only parents but also of all the elders. Interestingly, a huge majority of parents still believe that without verbal and physical violence, children would become ill mannered, disobedient, and notorious. Likewise, corporal punishment is also seen as a highly essential tool in disciplining the children by most of the teachers.

Domestic violence is exhibited in several ways: physical violence, sexual abuse, emotional abuse, intimidation, economic deprivation or threats of violence. There are a number of dimensions of abuse and violence like verbal, physical, psychological, sexual, social, which are often overlapping. Incidences of abuse and violence may be sporadic or quite frequent. There may be variations in terms of severity of violence: mild, moderate or very severe upto homicide.

Gender and violence: Patriarchal structure has led to justification of gender-specific domestic violence. It is reflected in various forms: the most dreadful is female foeticide that is increasing in Indian society and clearly gets reflected in skewed sex ratio in the nation's demographic scenario. The situation is quite grave as many people from apparently all cross-sections of the society are detecting the sex of the unborn child and if it happens to be a girl, putting dust into the eyes of social legislations and control mechanisms, people easily snatch the right to life of a girl child by getting it aborted. It may be noted that women themselves perpetuate violence against females. Unequal resource distribution in the family in terms of facilities for health, nutrition, education, development is seen to the disadvantage of girl child in majority of economically stressed families.

Men are traditionally socialized to funnel their repressed emotions like frustration, hurt, disappointment through violence, which is generally against women and children. In addition, our social constructions of masculinity include the notions

of power and dominance. Violence is, thus seen as legitimate and even women are made to feel so. Thus, we may infer that gender has a close link with domestic violence.

What makes domestic violence a precarious issue is its presence in the domestic front yet forceful negation or avoidance in public platform. Domestic violence historically has been viewed as a private family matter that need not involve outside intervention. Even police and judiciary showed reluctance in making arrest and convicting the perpetrators on account of domestic violence because largely it is viewed as a misdemeanor offense. The credit of raising voice against domestic violence goes to women's movement in 1970s, however, violence against men is not unheard of.

Researchers have enlisted personality traits of perpetrators, which include blaming others for problems/feelings, closed-mindedness, cruelty to children and/or animals, hypersensitivity, jealousy, manipulation through guilt, objectification of victim, use of force during sex, threats of violence, unrealistic expectations, verbal abuse and others. Other factors associated with domestic violence include heavy alcohol consumption, mental illness and classism.

Theoretical Framework

There are varied theories giving insight into multidimensional features of domestic violence and abuse.

Social learning: This theory proposes that violence is a 'learnt' behaviour. People who have experienced violence in their early socialization years are more likely to use violence in the home than are those who have experienced little or no violence. Stated differently, children who experience violence themselves or who witness violence between their parents are more likely to use violence when they grow up. This supports the idea that violence is learnt. Family is the institution where people learn the roles of husband and wife, parent and child and also violence. They further learn to justify being violent when they see either or both of their parents using violence and explaining its usage. For example, mother may say to her child: you are bad, stubborn and deserve to be spanked.

Social situational/stress and coping theory explains why violence is used in some situations and not in others. It postulates that abuse and violence occur because of two main factors. The first is structural stress and the lack of coping resources in a family. For instance, in low income families, violence is used to cope with frustration of having inadequate financial resources. The second factor is the cultural norms concerning the use of force and violence. In contemporary societies, violence in general, and violence towards children in particular, is normative.

Resource Theory: Goode (1971) gave this model. The basic assumption is – violence may be used as compensation for lack of sufficient resources. For instance, a husband who wants to get respect and status in the family, but has little education, has a job low in prestige and income and lacks interpersonal skills may choose to use violence to maintain the dominant position. Abusers' efforts to dominate their partners have been attributed to low self-esteem or feelings of inadequacy, unresolved childhood conflicts, the stress of poverty and the like.

Exchange theory: It proposes that partner abuse and child abuse be governed by the principle of costs and benefits. Abuse is used when the rewards are greater than the cost. The private nature of the family, the reluctance of social institutions and agencies to intervene reduce the costs of abuse and violence. The cultural approval of violence as both expressive and instrumental behaviour raises the potential rewards for violence. The most significant reward is social control or power. A causalist view of domestic violence is that it is a strategy to gain or maintain power and control over the victim.

Sociobiological theory: Smuts (1992), in this theory, argues that male aggression against females often reflects male reproductive striving. It has been postulated that both human and non-human male primates use aggression against females to reduce the likelihood that females will mate with other males. Thus, males use aggression to control female sexuality to their reproductive advantage.

Feminist theory: It says that subordination of women and justification of violence and abuse against them has been traditionally and culturally reinforced in numerous ways in a patriarchal social structure. Women are more often dependent on the spouse for economic subsistence. This dependence means that women have fewer options and resources to help them cope with violence and abuse. More often than not, they are forced to silently tolerate the violent behaviour of spouse as taking strong step to move out of wedlock is not feasible.

Lenore Walker gave model of a Cycle of Violence which consists of three phases: the **Honeymoon Phase** is characterized by overwhelming feelings of remorse and sadness by the batterer after violent behaviour. Some batterers walk away from the situation, while others shower their victims with love and affection. Next is **Tension Building Phase**. During this stage the victims try to calm the batterer down to avoid any major violent confrontations. There is poor communication, fear and tension between the victim and batterer. The third stage, **Acting-out Phase** is denoted by outbursts of violent, abusive incidents. During this stage the batterer attempts to dominate the victim with the use of violence.

Activism, initiated by advocacy groups and feminist groups, has led to a better understanding of the effects of domestic violence on victims and families and has brought about changes in the judiciary's response. Men's behaviour change programmes focus on the prevention of further violence within the family and the safety of women and children. The programme broadly covers the impact of violence on family and children, examine the attitudes, values and behaviours that lead to choice to use violence and aim to bring out necessary change in the attitude and behaviour of perpetrators.

Check Your Progress 1

Note: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

1) Discuss the impact of marital discord on children.

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2) Write short note on gender based violence.

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3.4 ECONOMIC STRESS

Family as a primary institution is expected to meet the basic and developmental needs of its family members and provide them security and fulfillment. Resources are accumulated, created and disbursed among various family members as per their needs. However, there can be situations when family members come in conflict with each other (for example, money spent on education of children at the cost of medical and health needs of elderly members) or denied their rightful share (say, girl child not allowed schooling or opportunity for skill enhancement) or even fail to acquire adequate resources from systems in the larger social environment (unemployment, underemployment, poverty).

Though, in the context of family, love, affection, care, interpersonal relationship are often given priority, economic condition of family vis-à-vis outside social environment plays a very important role. In fact, economic condition of the family, directly or indirectly, subtly or incongruously, influences the quality of marital and family life. Happiness and satisfaction in relationship, more often than not, is largely a function of the economic resources that are available to individuals and families. Resources are used to meet our most basic needs — food, clothing and shelter — and if resources are plentiful, they can be easily allocated to satisfy the comforts and luxuries we desire. Unfortunately, most families possess limited resources and must manage them in an effort to meet their needs and desires. The management of resources can be a source of stress. Resources can result in stress when there is (a) disagreement about their use and (b) concern about their availability.

Research indicates that economic factors (e.g., unemployment, low income) have a negative effect on the mental health and well being of individuals. Studies consistently show a relationship between economic strain and distress, including increased levels of anger, hostility, depression, anxiety, somatic complaints and poorer physical health. Further, social costs include diminished relationship quality (marital, parent-child, friendship) and changes in social activities, support and networks.

Let us look at various dimensions of economic stress on family life of an individual.

Poverty: It denotes lack of or presence of insufficient resources with the family. In India, there is nearly 42% of the population living below poverty line. They are in absolute poverty and do not have enough resources to have adequate meals three times a day. The children face constraints in developmental opportunities like schooling and skill development. It becomes difficult for a huge majority of people living below poverty line to break the vicious cycle of illiteracy, poverty and poor health for generations together. The adult members are in tension and stress to earn a decent livelihood. Living conditions are sub-human and meeting survival needs is the pressing issue in the minds of family members. Child labour, women involved in commercial sex work, bonded labour, selling off of children are some of the common outcomes of poverty. Further, 93% of people in India are in unorganized sector, which means that a high majority of them are low paid and do not have security against illness, disability and old age. A substantial proportion of people migrate to places, often the urban centers, for better livelihood.

Migration: It has been one of the oldest survival strategies in the history of mankind. Among various reasons for migration, search of better livelihood option has been the prominent pull factor and dehumanizing conditions due to poverty is the major push factor. One vital impact of migration on family is change in its structure and functioning depending on the age, sex of migrating member. Most often men migrate giving way to women headed households at the source. At times, men take with them their wife and children after settling down at places of destination and leaving behind elderly parents to fend for themselves. It has also been observed in many parts of India, that young girls migrate to work as domestic labour, in small scale industries and other such places and later in a relay manner, their siblings and even parents also come to destination places.

At places of destination, mostly urban centers, initially migrants feel lost, alienated, discriminated and home-sick. Most of them belong to poor socio-economic strata and have to take shelter in slums and ghettos characterized by dingy congested unhygienic places that are often a hub of anti-social activities. Migrants too, in order to cope with sudden cultural shock and negative feelings of alienation, unfulfilled needs for love and sex indulge into alcoholism, drug addiction, go to commercial sex workers or involve in extra-marital sex or homosexual relations. In many states like Orissa and Bihar, major source of HIV infection has been migration: migrants return back to their states as HIV carriers and knowingly and unknowingly, infect their wives or sex-partners. On the other hand, in cities and towns, process of enculturation may force many of the migrant women to involve into commercial sex activities, which, at times, is the only source of subsistence for the entire family.

Unemployment: The whole family faces crisis when a family member especially adult male faces unemployment, especially when family is having resource crunch. Men suffer from a lot of psychological discomfort as their major identity is derived from being the bread-earner of the family. The first stage is likely to be disbelief. When unemployment persists beyond a few months or weeks, there may be lack of motivation. Such uncertainty may lead to overeating, alcohol abuse, excessive smoking, and other unhealthy behaviours. With continuing unemployment, there may be anxiety. Loss of self esteem is also the outcome.

This may hamper conjugal relationships as wife may lose respect for husband who fails to accomplish the role of bread earner. In addition, unemployment may stimulate fear, anger and irritational outburst by family members. Sometimes the results may include violence or divorce.

Gender Issues: There are various dimensions of women's vulnerability vis-à-vis economic condition of the family. Despite their contribution in countless forms, (such as in agricultural and allied economic activities and more so doing domestic work) they are largely taken as non-workers and their share of work is neither paid nor recognized. Further, in contemporary times, women are equally involved in economic activities outside household just like their male counterparts. However, unlike males, their new economic role has not provided status and comfort to them. Their traditional roles of home management and care giving have remained their primary duties. Most of the women are found struggling to strike a balance between their roles at home and at workplace. It may be restated that women headed families and single parent families face a lot of economic stress as mentioned earlier.

Needless to mention that patriarchal social structure and associated norms and practices have not provided the due opportunity to majority of girls for their education and acquisition of economic skills. As a result, majority of women are in primary sector working as unskilled labourers devoid of any social security measures. Their proportion in tertiary sector is negligible. As mentioned earlier too, stress and strain of workplace and family responsibilities take a heavy toll of their physical and mental health.

Gerontological concerns: Economic stress is also visible in the case of elderly. In old age diseases and health problems increase several folds and the person requires frequent medical attention. This is also the time when after retirement, elderly are hardly left to meet the expenses of medical treatment. The situation becomes more precarious when seen in the light of the fact that a huge majority of elderly (more than 93%) have remained in informal sector and are devoid of retirement benefits and medical insurance. Lastly, since most of the people in unorganized sector depend upon their physical labour to earn livelihood, forced superannuation is common on account of poor physical health and decreasing body strength. Such people hardly get opportunity to save for old age and other contingencies.

Economic stress and familial relations: Changing work patterns, diminished occupational opportunities, and massive unemployment and underemployment have created uncertainties and led to domestic upheaval for families. This has led to experimentation with different lifestyles, more impulsive behaviours, new ways of thinking about oneself and greater self-awareness. Dual earner families are better off but may cause strain in time spending with family members including spouse. Low wage jobs often provide inflexible schedules or rigid shifts. In informal sector most often wages are too low to meet the basic needs of the family. Consequently, low income households are more likely to rely on the labour of children. The proportion of street and working children or child labour is highest in the country. Girl children are dropped out of schools to take care of younger siblings as both parents are engaged in economic activity to feed the family. These children are detoured from childhood to do family labour, suffer not only from lost opportunities but also, later, from a higher likelihood

of intergenerational transfer of poverty. Added to this, unorganized sector is characterized by low pay, unskilled, semi-skilled labour and most of the workers spend their economic life in providing basic necessities to their family. Any untimely contingency like accident, disability, chronic illness, death has the potential to push the family below poverty line.

Contrary to this, economically sound families are more likely to provide their members with material resources, which are translated into options regarding neighbourhoods, education and other choices that can enhance the health, wealth and developmental opportunities of their members.

3.5 AGEING, ILLNESS AND DISABILITY

Ageing is a natural and universal process of human life. Any person who lives long enough experiences old age. However, in the contemporary times, elderly population has, more often than not, become a vulnerable section of the society for many reasons. Improvement in public health services and advancement in the field of Medicine has increased the life-expectancy rate and death rate has substantially gone down. This has increased the number and proportion of elderly in the general population. Thus, care and support of aged relatives is becoming the issue of concern for almost all the families. Added to this, in ancient and medieval times, joint family system was very prominent that ensured security and respect to the elderly. With the advent of social forces like urbanization, industrialization, modernization, and the like, structure and functions of joint family system got altered significantly giving way to nuclear and other family forms.

In joint family system, eldest male used to be the Head of the household and would control the family property and dominate the decision of appropriation of income and other resources. In modern times, the young bread earner heads the family and majority of the elderly have become dependent on their offspring for security and subsistence. The skills and know-how of the elderly were relevant to the then agricultural economy and for a huge majority of them their knowledge and expertise have become redundant in the present technologically sophisticated and fast world.

Further, though old age is not taken as synonymous of disease, more often than not, it does make people vulnerable to reduced strength and many ailments, dropping the functional capacity of the body. Decrease in sensory capacity (Cataract, weakened eye-sight, hardness in hearing, trembling, locomotion problems), cropping up of ailments in the body (arthritis, diabetes, digestive upsets, respiratory problems, etc.), laid back attitude towards health and life-style, all enhance health vulnerability among the elderly. Soldo and Agree (1988) find that approximately eight out of ten older people have at least one chronic disease. Also, organic mental disorders, including Alzheimer's disease, afflict between 4% and 6% of older people. It may be remembered that our socio-cultural milieu offers hostile environment for people with mental disorders. This results in lack of awareness about existence of such diseases as well as under-reporting. Many research studies have confirmed that with advancing age, independence in activities of daily living reduced considerably. Many elderly after 70 years or so become frail and dependent on others for small activities

like getting up and sitting, taking medicines, etc., and therefore requires constant care and support.

Retirement is another pivotal transition in later life when a person retires from paid work. Details of this are given in Unit 2 (Family Life Cycle). You may recall that working people, males in particular, draw their identity from the economic role that they play. After retirement, not only utilization of excessive free time becomes problem, most often than not, sporadically or frequently, retired elderly may feel low, frustrated and depressed because of loss of identity as an economic being. Financial stringency after retirement and economic dependence on others has been discussed at length in this unit as well as at other places. The economic, social and psychological consequences of retirement generally influences inter-personal relationship with family members.

Elderly women are all the more vulnerable. Their vulnerability is accentuated by their being female in a patriarchal social structure. Since childhood they are socialized to be dependent on their male family members. Illiteracy, ignorance, poor reproductive health due to multiple and repeated pregnancies, chronic malnutrition, lack of social skills, poverty and the like denote the life of elderly women especially in the third world.

In old age, interaction patterns also change within the family and with outside world. In general, two situations are observed: a) when old parents stay with married children and b) children settle their neo-local families after marriage and old parents are left alone. In the first situation, elderly people have to come to terms that their primary roles as home manager/bread-earner and parent no longer subsist and they have to take a back-seat while leaving the center-stage for their son and daughter-in-law. More often than not, clashes and ego-hassles are seen in the inter-personal relations between elderly and their children. Also, busy children (son and daughter-in-law) hardly have time to sit and chat with elderly parents, which often is perceived as neglect and ignorance on the part of youngsters by the elderly. In the second case, when children after attaining adulthood, leave the family of origin, old parents suffer from empty nest syndrome.

Care-giving has been a crucial issue for most of the families where elderly have become frail and weak. It is not uncommon that elderly develop chronic ailments like diabetes, hypertension, arthritis and require regular care and support. Increasing cost of medical treatment may start pinching on the family budget, especially for families facing resource crunch. Also, especially in urban centers, apartment houses are denoted by limited space. Children and youngsters are increasingly developing a sense of privacy and providing adequate space for the elderly relatives becomes a challenge for such families. Next, with women taking up economic role outside the household, their traditional care-giving role has suffered. Elderly may require special diet (as in cases of diabetes, hypertension, digestive upsets, etc.) or support in doing their daily life activities like getting up and sitting (as in case of arthritis), which may further strain the busy life-style of the lady of the household.

One major challenge that most of us having elderly relatives face is their 'role-less state', which has in turn made our senior citizens dependent and vulnerable. In traditional times, elderly would control the family property and income and their authority was unconditional. In contemporary world, they no longer enjoy

ascribed status because many of their crucial roles are withered away. To exemplify, the role played by grandmothers in socialization of grandchildren through active interaction and story-telling is replaced by television and computers. Doctors have replaced their midwifery role. In home management too young daughters-in-law do not require the advice of their elderly relatives.

Illness and Disability: Though reduction in functional autonomy is a more common feature of old age, in many cases, families may have similar experiences if any family member suffers from chronic illness of serious nature or faces locomotion or sensory disability. Financial strain is also experienced with increased usage of medical services. Many times, if the bread earner of the family suffers from illness or disability that hampers his ability to work, family may face consequences as unemployment or poverty. Studies have shown that cost of medical treatment is pushing many economically vulnerable families below poverty line.

Further, it may be quite stressing, physically as well as emotionally, for the caregiver to provide constant care to the ill/disabled family member — routine life gets disturbed, environment becomes gloomy and sad, relaxation and recreation are almost gone away, interaction with outside world is reduced. With long term ailment or disability, certain negative feelings and behaviour patterns like high irritability, verbal abuse, curse, frustration, hypochondrias and similar other problems emerge. Parents may pay more attention to the sick family member and others may feel neglected and being avoided. Disability or chronic illness definitely brings crisis in the family and coping depends on a lot of factors like resources (money, time, energy) available with the family, perception and coping skills of family (details given in Unit 4).

Check Your Progress 2

Note: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

- 1) Briefly discuss the challenges faced by families with elderly relatives.

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3.6 COPING WITH DEATH, DYING AND GRIEF

Death is an inevitable event that is considered the culmination of life. However, it is more often a predictable event of old age, though death can happen at any age and any point in the lifetime. The loss of a loved one is life's most stressful event and can cause a major emotional crisis. After the death of someone you love, you experience *bereavement*, which literally means 'to be deprived by death'. After death of a significant other, one may experience a wide range of emotions, even if the death is expected. Many people report of feeling an initial stage of numbness after first learning of death, but there is no real order to the grieving process. Some emotions people may experience include: denial, disbelief, confusion, shock, sadness, anger, humiliation, despair, guilt, etc. These feelings are normal and common reactions to loss. People may not be prepared for the intensity and duration of their emotions and may start doubting the stability of their mental health.

Although the death of a family member is a normal experience and grieving is also normal process, there can be physical, psychological and social consequences for surviving family members.

Physical consequences: Bereavement may contribute to many psychosomatic ailments like skin problems, breathing problems, acute acidity, digestive upsets and the like. The already existing medical problems may aggravate. Usage of medical facilities may increase. Studies bring out that functioning of immune system may be impaired during bereavement.

Psychological consequences: Intrusive thoughts and avoidance behaviours are correlated with sleep disturbances, which appear to intensify the effects of grief, resulting in a drop in immunity of the body. Profound emotional reactions may occur. These reactions include anxiety attacks, chronic fatigue, depression and thoughts of suicide. An obsession with the deceased is also a common reaction to death. High rate of depression, insomnia, suicide and anorexia reported by the bereaved may exist in conjunction with consumption of drugs, alcohol and tobacco. Individuals with personality disorders are more likely to exhibit complications.

Social consequences: Individuals identify bereavement as a social stressor and report a lack of role clarity and social and familial support. Factors that may accompany the death, such as change in the survivor's social status, loss of roles and conflicts in identity, conflict over family inheritance and loss of income or retirement funds, can contribute to a sense of social isolation.

Theory of Grieving: Many theories have been proposed to depict the process of bereavement — the common thread being: grieving follows three basic phases a) shock, denial and disorganization, b) intense separation pain, volatile emotions and active grief work, c) resolution, acceptance and withdrawal of energy from the deceased and reinvestment into the social world.

Let us now look at the factors related to family adaptation to death. **Timing of illness or death** plays a crucial role. Elderly are assumed to experience 'timely' death. Early parental loss, death of young spouse and death of a child

or grandchild of any evoke rage and a search for an explanation. **Nature of Death** is also quite important factor in adaptation of survivors. Sudden death invokes intense grief while terminal illness prepares the family for the perceived death. Added to this, **stigmatized losses** like death due to AIDS and other such diseases may lead to social ostracism of the family by community which may further aggravate pain of bereavement. There are certain losses that are unrecognized by society but may be deeply felt by certain family members. For instance, loss of lovers, cohabiters, extra-marital lovers, coworkers, deaths related to pregnancies (miscarriage, elective abortion, still birth, neonatal death, mentally disabled relatives are not recognized by the society.

Further, let us now pay attention to specific losses. A **child's death** arouses an overwhelming sense of injustice for lost potential, unfulfilled dreams and senseless suffering. Parents may feel responsible for the child's death, no matter how irrational that may seem. Parents may also feel that they have lost a vital part of their own identity. Similarly, a **spouse's death** may be very traumatic. In addition to the severe emotional shock, the death may cause a potential financial crisis if the spouse was the family's main income source. The death may necessitate major social adjustments requiring the surviving spouse to parent alone, adjust to single life and maybe even engage in economic work for family's subsistence. Widowhood for women is more traumatic than for men as along with loneliness and emotional loss, it also brings social stigma related to norms of patriarchal social structure. **Elderly people** may be especially vulnerable when they lose a spouse because it means losing a lifetime of shared experiences. Death of elderly, though brings emotional pain, is more easily accepted than death of younger family members. A **loss due to suicide** can be among the most difficult losses to bear. They may leave the survivors with a tremendous burden of guilt, anger and shame. Survivors may even feel responsible for the death.

Mourning A Loved One

It is not easy to cope after a loved one dies. You will mourn and grieve. Mourning is the natural process you go through to accept a major loss. Mourning may include religious traditions honoring the dead or gathering with friends and family to share your loss. Mourning is personal and may last months or years.

Dealing with Grief: It takes time to fully absorb the impact of a major loss. The people may not stop missing the deceased, but the pain eases after time and allows going on with their life. Coping with death is vital to the mental health of persons affected. It is only natural to experience grief when a loved one dies. The best thing is to allow oneself to grieve. There are many ways to cope effectively with the pain like sharing feelings with close relatives and friends, joining support groups with others who are experiencing similar losses, taking conscious care of one's health needs, avoiding danger of alcohol or drug dependence, attending spiritual discourses, giving time to adjust to grief with patience and lastly seeking professional help like counseling.

Helping Others Grieve: The people can help their significant others in the grieving process by sharing their sorrows with patience, helping them in their day-to-day functioning and trying to build normalcy gradually, but being cautious of not offering false comforts. It is always better to encourage people to take

professional help if someone is experiencing too much pain to cope alone.

Helping Children Grieve: There may be differences between children and adults in the coping style and patterns and time taken to cope. A parent's death can be particularly difficult for small children, affecting their sense of security or survival. Many times, they are confused about the changes they observe around them, particularly if adults try to protect them from the truth or from their surviving parent's display of grief. Limited understanding and an inability to express feelings put very young children at a special disadvantage. Young children may revert to earlier behaviors (such as bed-wetting), ask questions about the deceased, show aversive behaviours or may become too submissive or stubborn. Coping with children's grief puts added strain on a bereaved parent. However, angry outbursts or criticism to avoid children's questions about the deceased parent only deepen their anxiety and delays recovery. Many times, children may hold themselves responsible for the mishap. Therefore, talking honestly with children, in terms that they can understand, fastens the process of recovery. It is important to help them work through their feelings and remember that they are looking to adults for suitable behaviour.

Check Your Progress 3

Note: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

- 1) What role can social work professionals play in helping people cope with bereavement?

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3.7 LET US SUM UP

In this Unit some of the problems and issues have been discussed having capacity to disrupt well-being and normal functioning of the families in the present world. Families are not idealistic institutions that are considered safe haven for its members. There can be inherent problems in the family system, norms, socialization practices that may lead to problems and conflicts. One such problem discussed in the unit was that of marital discord. Focus was given on the conceptual framework of mental processes that set the path apart between the couples and they start seeing no future of their relationship. Couples in distress selectively recast marital history with attention only on negative interactions. Gender differences in coping style are also discussed that often guide the perception reinforcing negativity and discontent in the relationship. Impact of divorce and separation on the psychological, social and even physical levels on marital partners as well as children was discussed.

Abuse and violence in the family life has traditionally and historically been observed. Gender and violence are highly correlated. Theoretical interpretations of various dimensions of domestic violence have been delineated. Briefly programmes for prevention of domestic violence were mentioned.

Ageing has been a universal and natural phenomenon of human life cycle. In the current scenario, elderly are emerging as a vulnerable group. The care and support of elderly is a cause of concern for most families and it puts physical, psychological and financial pressure for most of the economically stressed families. Similarly, illness and disability among any of the family members affects the functioning and well-being of the family.

The Coping with death of loved one has been a crisis event for most of the people. Though bereavement is natural, it may hamper physical, mental health and social well-being of the survivors. Shock, denial, loss of hope, anxiety, depression and the like are associated with feeling of grief. Age, sex, relation, level of intimacy, social roles played by the deceased, all play an important role in denoting the intensity of bereavement experienced by family members, individually and collectively.

3.8 KEY WORDS

Marital satisfaction	:	is the marital partners' subjective satisfaction with the marriage.
Marital adjustment	:	is the degree to which partners have mastered the various tasks and obstacles inherent in marriage.
Marital stability	:	is an indicator of the persistence of the marital relationship.
Marital quality	:	is the objective assessment of a marriage by a researcher or clinician.
Domestic Violence or Domestic abuse	:	is a broader definition that includes spousal abuse or intimate partner abuse (lovers, co-habitors included), child abuse, elderly abuse and other violent acts between family members. pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can take many forms, including physical abuse, sexual abuse, emotional, economic, or and/or psychological abuse.
Physical violence	:	is the intentional use of physical force with the potential for causing injury, harm, disability, or death. For instance, slapping, hitting, shoving, biting, restraint, kicking or use of a weapon.

Sexual violence

- : is use of physical force to compel a person to engage in a sexual act against their will, whether or not the act is completed. It also includes attempted or completed sex act involving a person who is unable to understand the nature or condition of the act, unable to decline participation, or unable to communicate unwillingness to engage in the sexual act, e.g., because of underage immaturity, illness, disability, or the influence of alcohol or other drugs, because of intimidation or pressure, or because of seduction and submission.

Psychological abuse

- : or emotional abuse can include, humiliating the victim, controlling what the victim can and cannot do, withholding information from the victim, deliberately doing something to make the victim feel diminished or embarrassed, isolating the victim from friends and family, and denying the victim access to money or other basic resources.

Economic abuse

- : is when the abuser has complete control over the victim's money and other economic resources. Usually, this involves putting the victim on a strict 'allowance', withholding money at will and forcing the victim to beg for the money. This also includes (but is not limited to) preventing the victim from finishing education or obtaining employment.

Grieving

- : is the outward expression of loss of a loved one. It is likely to be expressed physically, emotionally, and psychologically. For instance, crying is a physical expression, while depression is a psychological expression.

3.9 FURTHER READINGS AND REFERENCES

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UNIT 4 PARENTING ADOLESCENTS AND YOUNGSTERS

Structure

Archana Kaushik*

- 4.0 Objectives
- 4.1 Introduction
- 4.2 Drug and Alcohol Abuse
- 4.3 Delinquent Behaviour
- 4.4 Prominent Psychosocial Problems
- 4.5 Adolescents and Sex Related Issues
- 4.6 Recommended Response
- 4.7 Let Us Sum Up
- 4.8 Key Words
- 4.9 Further Readings and References
- 4.10 Answers to Check Your Progress

4.0 OBJECTIVES

In this Unit we would be focusing on the problems and challenges related to adolescents and youth. Adolescence is a crucial phase in the life of an individual that is characterized by a lot of physical, psychological and consequently social turbulences. After reading this Unit you would be able to:

- understand the problems and issues that come across the family life cycle when children reach adolescent phase and youth hood;
- appraise the impact on family's functioning and its coping mechanisms as a response to changing needs and behaviour of adolescent family members; and
- develop an insight into the role of social work profession in educating and guiding families with adolescent members.

4.1 INTRODUCTION

Adolescents comprise 20% of the global population, 85% of them live in developing countries. Further, 21% (210 million) of India's population is in the age group of 10-19 years, that is, adolescents. Let us understand some of the peculiar characteristics of this phase of life before looking at the areas of concern vis-à-vis adolescents and youth.

The term adolescence is derived from the Latin word 'adolescere', which means to grow to maturity. In this sense, adolescence is a process rather than a period, a process of achieving the required growth at the physical and mental level needed for participating as an adult member in the society. The term "adolescence" signifies a period during which a growing person makes the transition from childhood to adulthood. Though, it is not linked to any precise span of years, adolescence is considered to begin roughly when children start

showing signs of puberty and it continues until they are physically (attaining maximum growth in height and body functioning), mentally (approximately reaching their full intellectual growth as measured by intelligence tests) and sexually (attaining growth and development of primary and secondary sexual attributions) mature. This period roughly covers the years from about the age of ten to nineteen.

Adolescence is a period when significant and rapid changes occur in all aspects of personality. These developments are considered biologically driven, as a result of maturation of certain organs, influencing the various facets of personality like cognition, intelligence, social interaction and behaviour patterns. Interestingly, many researchers and development psychologists regard the period of adolescence as 'a new birth', which more often than not is erratic, unpredictable and stressful.

Apparently, the phase of adolescence pose an array of stressors and stains on adolescents and their families. Dealing with adolescent children may be a cause of concern for the family members especially parents. Thus, adolescence is a crucial period for the individual and the family for several reasons, some of which may be delineated.

Adolescence is considered one of the most vulnerable stages of life due to high degree of emotional turbulence. The children in this phase become highly susceptible to be lured away. Desire to be independent is so provoking that many of them 'enjoy' doing whatever they have been forbidden to do. The peer approval is more potent variable to define self-image, rather than family's perception. The emotions related to revolt and rebellion surcharged easily. With such behavioural dispositions, children in adolescent and young phase are highly vulnerable to drug abuse, alcoholism, pre-marital sex, HIV and other such infections.

Parenting adolescent children is not an easy task and may be very stressful for parents. They may first have to bring necessary change in their perception and assumption about transition of their offspring from childhood to adulthood. If deviant and high-risk behaviours of adolescent children are not handled with great maturity and patience, situations may become critical and disastrous.

In this Unit, we would be discussing some of the major issues concerning adolescent children and youth like drug and alcohol abuse among them, their anti-social, high-risk and deviant behaviour, common psychological disorders, youth and sex related issues and the challenges to the parents in the contemporary society.

4.2 DRUG AND ALCOHOL ABUSE

One of the most crucial and potentially harmful problems that encounter today's youth and adolescents is that of substance abuse. Adolescent children indulging in drug or alcohol abuse is one of the worst nightmares of most parents whose ward are in this vulnerable age group. Hence, drugs and alcohol usage by adolescent and young family members bring serious stressors on families.

There is no need to reiterate harmful effects of substance abuse. Health cost of drug abuse is observed in lowered immunity to infections and even malnutrition that may contribute to a variety of health problems. Direct impact is seen on Central Nervous System that even lead to short term memory impairment. In

fact, most of the deaths of adolescents and young adults from accidents, injuries are often related to substance abuse. Combining driving with drinking has lethal impact on young adults and adolescents.

Further, there are long-term effects of substance abuse on the psyche of people. Higher drug use is associated with low social and intellectual skills such as poor problem solving and impaired social relationships. Depression, hostility and anxiety are among the common outcomes of long-term substance abuse. Socially, researches bring out that there is substantial increase in work and school related difficulties among the persons involved in drug use.

One major area of concern for social researchers has been the impact of family life on the susceptibility of adolescents and youth to get involved in substance abuse. It is often held that dysfunctional family life increase chances of drug addiction among children. Steinglass, Bennett, Wolin and Reiss (1987) bring out that the disruption of the functional properties of the family systems (e.g., family rituals, problem solving strategies) would in turn provide an environment conducive to greater drug use and abuse by members of subsequent generations. Another argument is that drug use in a family increases all kinds of abuses — especially sexual and physical abuse, which, consequently may trigger drug abuse among adolescents.

Family history of drug abuse is one of the most potent factors in adolescent drug abuse. The research findings show that sibling or parental drug use have direct bearing on increasing the probability of substance abuse among adolescents. When parents or other elders use drugs such as cigarette and alcohol, it indicates to children that those behaviours are allowed, if not actually expected, in their family.

Another area, in the research of family life and drug abuse, is the impact of latter on the family's functioning and well-being. High drug use in families, especially by parents, disrupts functions like providing care and support to children, positive parenting, problem solving, decision-making, which, in turn, provides a conducive environment for drug use and abuse by children. Undoubtedly, parental drug abuse diminishes their ability to exert effective monitoring and supervision. Such parenting allows children to mingle with peers who are frequently involved in drug abuse. Parental drug abuse poses poor and faulty role modeling for children. It blocks effective parent-child communication and changes interpersonal trust, faith, love and respect. It, thus, may lead to all kinds of child abuse — physical, verbal and even sexual.

Let us look at the impact of drug use on the family processes and family climate in some more detail. Social scientists on family studies have categorized parenting into two broad dimensions: (a) support and (b) control and one facilitating dimension —communication. The **support dimension** refers to positive, affective experiences associated with relationships in the family such as acceptance, encouragement, security and love. High family support, that is, affection, companionship, sustained contacts have been found to be a strong factor in preventing deviant behaviours among children and adolescents like that of drug abuse. If parents are encouraging, supportive, shower affection and care, share activities, ideas and feelings with children, especially those in the adolescent age

group, chances are much higher that children would abstain themselves from substance abuse. On the other hand, if there is lack of perceived closeness, trust and help, affection and involvement, availability and shared activities in parent-child relationship, adolescents more frequently become susceptible to drug abuse and alcoholism. Studies have clearly shown that parental rejection, conflicts and manipulative relationship are all related to the earlier onset of drug experimentation and further use of illicit substances.

Next, the **control dimension** depicts the extent to which children's behaviour is or is not restricted by the caregiver(s), ranging from establishing rules and discipline to varieties of physical coercion (hitting, yelling, etc.). It is a crucial variable in parenting adolescent children. Lack of consistent behavioural control like careful supervision and monitoring has repeatedly been associated with early experimentation with drugs, involvement with drug using peers and progression towards the use of harder drugs. The studies further show that parental permissiveness, even when combined with closeness, is a powerful predictor of adolescent immaturity and peer susceptibility, especially in early and mid adolescence. Thus, we may infer that authoritative parenting that is characterized by control plus closeness is best suited for adolescents and more frequently helps them abstaining from risky behaviours like drug abuse. On the other hand, authoritarian parenting, rigid rule practices, cruel harsh discipline, parent-child over-involvement were extreme types of psychological control and were consistently found to be associated with social withdrawal, lack of social competence and drug abuse among adolescents.

Communication in the families of drug abusers is more often, dysfunctional and negative, loaded with misperceptions. The studies show that communication in these families is blocked either by the use of drugs or by feeling of just not being understood. Contrarily, good communication pattern between parent-child is reflective of strong bond and has the potential to deal effectively with many challenges like susceptibility to drug abuse. Drug addiction also strains family's interaction with the outside social world. More often than not, families of drug addicts isolate themselves from the social environment.

Thus, we may conclude that problem of drug addiction among adolescents is of national concern. Adolescents and youth are the biggest potential of energy, conviction, hard work, intelligence and creativity to play a vital role in the progress and development of any nation, state, society or family. Drug addiction among adolescents and youth is one of the strongest hurdles that may pose brakes in the national development by destroying the most precious human resource of any country. The Studies have shown that family environment, and particularly, parent-child relationship is one of the key factors that reduce or enhance vulnerability of adolescents and youth towards drug addiction. Drug adhering parents prove to be a bad role model for their children. Communication, level of parental control, their support and interaction all are compelling variables that influence degree of proneness towards substance abuse among adolescents and youth.

Check Your Progress 1

Note: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

- 1) As social work professional what tips you would give to parents of those vulnerable adolescents to prevent them from indulging into substance abuse?

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4.3 DELINQUENT BEHAVIOUR

A recent case (December, 2007) of a school boy who shot dead his schoolmate has pressed the panic button about today's adolescent children's mental health. Among all the problem areas related to adolescents, anti-social behaviour arouses the deepest social concern. This is because such activities put in question the safety and security of other people and their property. Children who come in conflict with law are termed as delinquents. Consequences of these delinquent behaviours on the children, their families as well as the community are more often disastrous. In the eyes of public, the juvenile delinquents are stigmatized and labeled, which goes a long way in their life affecting a decent and 'normal' living. Social environment has hardly been conducive enough to help restoration and rehabilitation of delinquent children in a true sense.

Why children enter into delinquent behaviour? Is it due to unfulfilled needs, associated frustrations and poor coping mechanisms learnt from the family? Over the past few decades, researchers have tried to explore the impact of family life on susceptibility of adolescents to indulge into delinquent and high-risk behaviour. Findings have brought out that early aggressive behaviours, such as temper tantrums beyond a normal limit and unacceptable behaviours at the school, if not handled appropriately, have been identified as significant predictors of later delinquent behaviour. This is truer in the case of boys than girls. As social work professionals, your objective should be to look at the causative factors (social learning, faulty parenting, peer pressure and the like) rather than the onset and frequency of delinquent behaviour.

Let us specifically look at some of the salient characteristics of family functioning and patterns, norms and values that play vital role in adding to vulnerability of children showing delinquent behaviour. The researches have shown that in families where one parent is punitive and the other is overly involved, children get utterly confused about the desirable behaviour expected of them and they become

highly prone to high-risk behaviour including delinquency. Added to this, parents who show 'coldness' or are **less expressive** in showing their emotions give signals of **unconcerned and disengaged attitude** towards children, their ward more often show high-risk behaviour. We had studied in earlier units also, in the Ecological Model of Family Assessment, that families with balanced levels of cohesion and adaptability have better inter-personal relationships in between various dyads than families with disengaged or enmeshed relations with rigid or chaotic patterns of adaptability. As a logical corollary, adolescents in former type of 'healthy' families have fewer chances of showing delinquency than their counterparts coming from latter or 'unhealthy' type of families.

Next, parental control is also very vital factor in influencing high-risk behaviours among adolescents as we have seen in the previous section. In this context, techniques of **parenting style** are quite crucial. Parents, who tend to make frequent use of **authoritarian or laissez-faire disciplining styles**, often have troubled adolescents whereas parents of non-high risk adolescents are more likely to use authoritative or democratic styles. Quite interestingly, both extremes — authoritarian or rigid disciplining style as well as laissez-faire disciplining styles have similar outcome — increased chances of delinquency among adolescents. Parents who adopt laissez-faire disciplining style remove almost all control and make their children free of any kind of monitoring and supervision on their behaviours. Consequently, children take it as indifference on the part of their parents and exhibit hostile and apathetic behaviours. The studies have convincingly shown that laissez-faire parenting or lack of structure and monitoring as well as low responsiveness are likely to result in impulsiveness, delinquent behaviour, drugs and alcohol abuse and experimentation with sex at an early age among adolescents. Adolescents who consider their parents as neglectful are consistently compromised in areas of competence, self-perception, misbehaviour and tend to be psychologically distressed.

Further, adolescents belonging to neglected homes (where parents may be overdrawn in their marital discord and associated stress or over-burdened to make both ends meet or involved in any other stressful situation that may amount neglect, avoidance in parenting children) are more frequently disengaged from school, have higher involvement in drug and alcohol use and in delinquent behaviours.

Family environment is another important factor that influences high-risk behaviour among adolescents. The environment of the family is the direct outcome of the dynamics in the family. **Family dynamics** influences the quality of relationship between adolescents and parents and also appears to affect the extent to which adolescents engage in high-risk behaviour. Studies have shown that lack of happiness in the parental home and feelings of social and emotional isolation have been found to be associated with greater incidence of multiple sex partners among adolescents. Adolescents may engage in deviant or delinquent behaviour in order to show hostility towards their parents. Also, seeing parents in pain may give them sadistic pleasure. For example, adolescent girls involving in premarital sex and becoming pregnant may be an attempt on their part to seek attention of 'uninvolved and uncaring' parents, see them tormented or even to establish an identity in an enmeshed family. Inadequate bonding between parents and child appears to be strong predictor of high-risk behaviours among adolescents.

Thus, we may conclude that faulty parenting and disciplining styles, constrained family dynamics and similar family processes have intense impact on the vulnerability of adolescents to indulge in delinquent or deviant behaviours. However, other socializing agents like peers, school, and community (in the order) influence the risk-behaviour among adolescents. Though children learn values, perception as well as coping style mainly from the primary agent of socialization, that is, family, role of peers cannot be ruled out. It has been a well-established fact that during adolescence peer acceptance becomes stronger component in the identity construction than parental acceptance/love/affection. Pressure of peers is so great that many adolescents are reported to have committed suicide after getting lowest marks among the friend circle, despite least parental expectations/scolding on this account.

If, during adolescence, child happens to be in the company of deviant/delinquent peers, chances are higher that he (more applicable in the case of boys) also shows unacceptable social behaviour. Idealism and irrationality, emotional outbursts and gullibility are characteristics of adolescence. This makes the period very precarious due to these emotions. According to most adolescents, idealistically, friendship is one of the greatest virtues: 'Friendship' needs to be maintained at all costs, ignoring and overlooking all vices of their peers. Added to this, gaining peer praise and acceptance, proving his/her point in the group becomes a disproportionately big issue for adolescents. In the next section, we would be studying this aspect at length. When trust and value of 'peer intelligence and ideology' becomes overtly large, it creates problems, as role of parents becomes all the more difficult and complex to protect child indulging into high-risk.

4.4 PROMINENT PSYCHOSOCIAL PROBLEMS

Adolescents may suffer from a lot of psychosocial problems, outcomes of which are reflected in high-risk behaviours like drug addiction, teen aggression, violence, suicide and the like. It may be noted that reasons, causes of psychosocial problems discussed in this unit are quite overlapping. Apart from drug addiction and delinquent behaviours a few prominent concerns are mentioned below:

Bullying is a dark truth of adolescent life. According to an estimate, 30% of adolescents in the country might be caught up in bullying in schools either as a bully or a target of bullying or both. Bullying is found more common among boys than girls. Adolescent males are more likely to terrorize others and be the targets of browbeat. Adolescent boys target both sexes, while girls generally terrorize other girls, using more slight and indirect forms of violent behavior than boys.

Bullying affects adolescents in many ways. Bullying make adolescents feel tense, worried, and terrified. It can severely influence attendance records of the adolescents as many of them may keep themselves away from school to avoid uncomfortable situations. If bullying situations continue for long time, it starts affecting the self-concept, self-respect of the bullied child and may shake his/her confidence. Consequently, child may show anxiety, depression, and withdrawal symptoms and may opt for social segregation. Self-esteem is blown badly which may be reflected in poor academic performance. In severe cases, bullying can be overwhelming for adolescents and they may start thinking of taking revenge.

In the moments of rage and discontent, bullied adolescents may feel to take extreme steps like carrying arms for protection or paying back brutally. Teens, in nervousness, even think about committing suicide. Studies have shown that bad experiences of bullying may have continued negative consequences in adulthood too — even long after the bullying has stopped, adults who were terrorized as teens have more frequently shown higher levels of depression and inferiority complex, poor sense of worth than their fellow beings.

Teen Aggression or violence among adolescents is fast emerging as a cause of concern for parents, teachers and even for society. Aggression among teens is reflected in many forms. The school shootings are an extreme form of aggression among teenagers. Other forms of teen violence are: unhealthy ragging, bullying, fighting, gang rivalry, including cruelty to animals and uncontrollable outbursts of anger or tantrums at home. Suicide bombing and suicides among youngsters have a high incidence. Rape and molestation are other expressions of violent behaviour. Aggression can manifest through arson, destruction of property and any kind of vandalism.

Causes: Social psychology states that violence is a learned behaviour. There are no born criminals. The children observe violence in people around them and imitate accordingly. The children observing or experiencing **domestic violence** are more likely to take up and justify violent behaviour in their adolescence or youth. Even **corporal punishment** qualifies as physical abuse and studies have shown that it is counter-productive. **Subjection to physical or sexual abuse** at home, school or in their social environment may trigger teen violence. **Violence in the media** provides enough stimuli and courage to teen aggression. They may also assimilate hostile ideas through the media. Destructive lyrics in rap and rock songs, movies showing extreme violence, assassination games, books with violent content, and similar others are filling the young minds with ideas and justifications of violence. These days, violent computer and video games have become immensely popular among youngsters. Further, **drug abuse, smoking, alcoholism** all these foster violent behaviour among adolescents, as proved by many research studies. Finally, socio-economic factors like poverty, severe deprivation, unstable family, single parent family, unemployment, lack of family support and the like may also contribute in inciting teenage aggression.

Suicide is one of the most common causes of death among young people. Latest worldwide trends have shown that, on an average, annual rates of suicide per 1 lakh persons are 12.0 for females and 14.2 for males among 15-24 years age group. Suicide is the third leading cause of death among adolescents. In most countries, males outnumber females in youth suicide statistics and attempted suicides are far more than actual completed ones. An epidemiological study has shown the ratio of completed suicides and attempted ones is 1:23, with higher number of teen females attempting suicide than their male counterparts.

Shockingly, statistics show that suicide rate among adolescents and youth has increased by more than 300 times in the last three decades. The reasons for this alarming rate may be attributed to increased incidence of childhood depression, increasing stress arousing stimuli in the social environment and decreasing role of family to provide comfort, support, security and hope to distressed adolescents. Faced with feelings of frustration, helplessness, and

hopelessness and lacking coping mechanisms, adolescents can become overwhelmed and turn to escapist measures such as drugs, withdrawal, and ultimately suicide. Further, adolescence is a time, when ordinary levels of stress are heightened by physical, psychological, emotional and social changes accentuating duality and conflict of identities and roles of childhood or adulthood, both from the side of society as well as adolescents. The achievement-oriented, highly competitive society puts pressure on the teens to succeed, often forcing them to set unrealistically high personal expectations. There is increased pressure to stay in school, where success is narrowly defined and difficult to achieve. In a society, which emphasizes immediate rewards, adolescents are not taught to be tolerant of frustration and they may resort to hard steps like ending their life.

Contrary to popular belief, suicide, among adolescents, is in general not an impulsive act but the result of many intermingling factors. Often there is a previous history of problems (childhood, family related), which is compounded with problems associated with adolescence. Then, a precipitating event, may be a death or end of a meaningful relationship, triggers the suicide attempt. Many factors, as indicated below, add to the susceptibility of suicide among adolescents and youth.

Personal characteristics like history of **psychopathology** triggers suicide among adolescents. The studies have shown that 90% of youth suicides and around 60% of younger adolescent suicide victims have had at least one major psychiatric disorder, most commonly, depressive disorders. Further, a history of **previous suicide attempts** is one of the strongest predictors of completed suicide, especially in boys. One quarter to one third of teen suicide victims have made previous suicide attempts. **Cognitive and personality factors** like hopelessness, poor interpersonal problem solving ability and aggressive impulsive behaviour have been linked with suicidal tendencies. Certain **biological factors** like abnormalities in the function of serotonin, a neurotransmitter, have been associated with suicidal behaviour.

Family characteristics like **Family history of suicidal behaviour** are quite significant. Studies show that teens who kill themselves have often had a close family member who attempted or committed suicide. Also high rates of **parental psychopathology**, particularly depression and substance abuse, have been found to be associated with suicidal behaviour among adolescents. Moreover, family cohesion has been reported to be a protective factor for suicidal behaviour among adolescents.

Further, **stressful life events** such as interpersonal losses and failures in certain goals in life are associated with suicides among teens. Recent trends bring out that academic pressures, conflicts in love relations, poor physical health, familial problems, victimization in domestic violence, childhood depression, bullying, sexual problems are some of the reasons that instigate an adolescent to commit suicide.

Though quite overlapping, certain **socioeconomic and contextual factors** like difficulties in school, dropping out of high school and not being able to attend college pose significant risks for completed suicide. Added to this, **contagion or imitation**, that is, recent reading about, sight or knowledge about suicide also trigger suicidal attempts among adolescents. For instance, students' movement against reservations on basis of Mandal Commission (period: 1990-91) instigated

many teens to commit suicide after getting information about suicides by others in the student community.

Check Your Progress 2

Note: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

- 1) What is juvenile delinquency? Give three reasons as precipitating factor for children showing delinquent behaviours.

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- 2) Write short note on suicide among adolescents.

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4.5 ADOLESCENTS AND SEX RELATED ISSUES

Adolescence is a process denoted by sexual maturation. It is quite a complex situation for adolescents of becoming sexually active adult with required changes in the sexual organs as well as nearly full growth of body and brain. There can be various stressors and issues of concern related to sexuality and sexual growth of adolescents. A few important ones may be delineated below:

Biologically, sexual maturation is a totally new experience, which changes the societal expectations towards adolescents. Adjusting to new body image may be quite distinctive experience for teens. There may be strong desire to explore sexual identity and experiment. It is quite unfortunate that in our society, talking about sex related issues is considered a taboo. The urge to know about sexual issues affecting them is often satisfied by the peer groups, especially elder ones who themselves are hardly aware of adequate knowledge. According to many studies, peers and elder friends are the most popular source of information on sex related issues followed by television, films and video parlor shows. A sizable proportion of adolescents also seek information from roadside book vendors. In these cases, streets become libraries of knowledge of sex and some times even laboratories. Clandestine approach about sexual issues does enough damage to the health and psyche of teens, especially when HIV/AIDS and related infects

have shaken the country. Growing rate of HIV infection, adolescent pregnancies and abortions, pre-marital sex among teens, and similar other indicators depict the harmful effect of keeping sexual issues under the carpet and letting our young children resort to unreliable sources of information.

Being an early or late mature places adolescents in a position of being 'socially deviant' with advantages and disadvantages. Timing of onset of puberty influences even socio-emotional well-being among adolescents. Early maturing girls experience undue self-consciousness about breast development, stress and introversion, embarrassment and sexual frustration. In contrast early maturing boys tend to be more assertive, popular and accepted more readily by adults.

Further, media also has contributed to the growing awareness of sexuality. Media offers an unlimited source of knowledge to the young generation. Even before they get the basic sex education from their parents or elder ones, they must have grasped the glimpses of sexual life from the media. The reports on rape, sexual abuse, porn movies or any other sexual issue on cable, internets fill the young minds with sexual knowledge, largely inadequate. Media in print are often lenient in showing sexual images and narrate explicit sexual content even while dealing with sexual violence against women. Television influences adolescents through providing sexual portrayals, massages in its programmes, thereby, helping them create their own sexual attitudes, values, and beliefs. The influence of web media has revolutionarily increased in the present world. Many sites provide exclusive sexual content for their readers, accessing which is really a child's play. Easy access to porn sites often fills the minds of adolescents with wrong notions, which, is a matter of serious concern for us. It is quite unfortunate that media makes minimum mention of safe sex and related issues.

There is no way to put away adolescents from the influence of media. They may be backed off from their peer group if they are not aware of contemporary events. However, reducing the negative impact of media in this regard should form the focus of intervention for all stakeholders concerned with the well-being of children, adolescents and youth. Involving media to project sexual issues in the right manner, providing adequate and relevant knowledge to our teens is the need of the day. Media can play pro-active role by showing programmes related to life-skill education, STD, HIV and AIDS, family planning, etc., suiting the requirements of adolescents. There is no evidence that the increased sexual knowledge through media has encouraged the modern generation to have sex at an early stage. However, media remains to play a key role in all the upcoming sexual issues.

Ignorance and half-cooked information is doing a lot of damage, physically and mentally, of many adolescent and young people. Many studies done on sexual behaviour of adolescents bring out that a huge majority of teens receive information from their peers and elder friends. Talking about sex and related issues is, more often than not, avoided in discussions with parents and teachers. Sex is a stigmatized word in most families and children are denied access to any sources of information (television, books, etc.,) under parental control, at least when both are around.

The Studies show that among adolescent males, nocturnal emissions and masturbation were the major health concerns. Though chances of 'truthful'

answers, during interviews were limited, on an average, 10% adolescents admitted that they were sexually active. Sexual activity and sexuality related misconceptions among adolescents may be the 'tip of the ice-berg'. Though, in a clandestine way, to check or prove their 'manhood' in their peer group, many adolescent boys visit sex workers. This behaviour makes them vulnerable to STD and HIV infections. 'Condom usage reduced sexual pleasure' — majority of adolescents and youth believe in this myth and show inconsistent condom usage. Other than commercial sex workers, neighborhood girls, lovers, schoolmates are reportedly, the sexual partners of male adolescents and youth. Considering neighborhood girls as 'not kharab' (bad), they confine condom usage to sex workers, and that too is quite inconsistent. Also many adolescent boys reportedly practice homosexuality and, often, young boys are at early age forced into this. Later these 'victims' become perpetrators and sexually abuse other young boys.

Next, studies bring out that masturbation and nocturnal emissions are common among adolescents but related myths and misconceptions are high. Some of the widespread opinions are: masturbation is not a healthy practice as it causes weakness in the body, makes one's body weak because of which one may not be able to perform the sex act successfully in future. Some believe that the growth of the penis would become stunted while others maintain that the penis would grow excessively large. Some opine that masturbation would make the penis 'diseased'. Similarly, nocturnal emissions or wet dreams or *swapna dosh* are experienced widely but most of them do not confide about the same.

Further, more particularly in the case of girls, with child marriage or early marriage on rise and talking about sex being taboo, sexual relations, initially are unplanned and sometimes forced for adolescent and young girls, before they could acquire needed knowledge about sex related issues. Patriarchal social structure expects girls to be unconcerned, ignorant, uninformed and disinterested in sex related issues. Girls showing knowledge or interest are considered 'bad'. However, this does not rule out possibilities of pre-marital sex, teen-age pregnancies, abortions and children born out of wedlock. Rather, many studies have shown that teen-age sex is on rise and so are the problems associated with it. The worst impact of this problem is reflected in the fact that around 4 million people in India are HIV positive and majority of them are in the young age group. Along with lack of proper knowledge about spread of HIV, frequent indulgence in risk behaviour becomes doubly dangerous. The social, economic and psychological costs of HIV infection are astonishingly large.

The above discussion brings out that our adolescents and youth lack proper and adequate information about sex related issues and as a result do not opt safer sex practices, which can be disastrous for our country if timely intervention is not put in place. There is an urgent need for educational interventions. Correct scientific information should be disseminated to adolescents both in formal and informal settings so that they do not pick up sexual myths and misconceptions from their peers.

4.6 RECOMMENDED RESPONSE

Newspapers and news channels regularly bring out incidences of adolescent aggression, delinquencies, and involvement in drug abuse, alcoholism, sexual

violence, suicides, terrorism and other anti-social activities. This definitely shivers spinal cord of most cognizant and conscious citizens of India. The unlimited energy in the form of youth that could have been utilized to add to the progress, development and glory of the nation, is being used in destruction and devastation. What role can we play to resolve adolescent problems, prevent negative behaviours and mishaps and diverting energy of adolescents and youth to constructive activities? In this section, an attempt has been made to look into the prevention and management of problems related to adolescents.

Intervention strategy may primarily be implemented within three domains – family, school and community (neighborhood). Various actors playing significant roles in the intervention may be: parents, peers, teachers, media (print, electronic, web), state, NGOs, educationists, social planners, etc.

School based Programme: It may include curricula components to teach students about vulnerabilities of adolescents at the physical, sexual, emotional and social levels. The contents should include: hormonal changes and their impact on the body and mind, faulty coping styles that may trigger drug abuse, smoking, alcohol, teen aggression, violence, sex related problems, suicide, homicide and other disastrous consequences and the like. There should be holistic coverage of all the relevant issues that commonly adolescents come across.

The goals of school based programme are to increase awareness, promote identification of students at high risk, provide knowledge about the behavioral characteristics that may put teens at risk for violence, drug addiction, suicide, etc. and impart information to students, teachers and parents on the availability of mental health resources and enhance positive coping abilities of teenagers.

The School social workers or school counselors may take the lead of such programme and design specific interventions at the preventive, ameliorative, rehabilitative and promotive levels.

Parents, teachers, peers, school social workers should be encouraged to look for **warning signs** of high-risk behaviours like *adolescent talking about death and dying, signs of depression, taking excessive risks, increased drug use, verbalizing suicide threats, giving away of prized personal possessions, collection and discussion of information on suicide methods, expression of hopelessness, helplessness, and anger at oneself or the world, the scratching or marking of the body, or other self-destructive acts, acute personality changes, unusual withdrawal, aggressiveness, or moodiness, sudden dramatic decline or improvement in academic performance, chronic truancy or tardiness, or running away, physical symptoms such as eating disturbances, sleeplessness or excessive sleeping, chronic headaches or stomachaches, menstrual irregularities, apathetic appearance, sadness, anxiety or 'empty' mood, loss of pleasure/interest in social and sports activities, changes in weight or appetite and similar other stimuli.*

Presence of a few to many of the signs mentioned above in the behaviour of the adolescent child may alarm the significant others of probable high risk activity.

In case, one finds presence of some of these warning signs, then adolescent should not be left in isolation for long. Dealing with low self-esteem in an

effective way is a must. For this, significant others should: listen actively, teach problem-solving skills, encourage positive thinking, help the student write a list of his or her good qualities, give the student opportunities for success, give as much praise as possible, help the student set up a step-by-step plan to achieve his goals, talk to the family so that they can understand how the student is feeling. Such situations call for intensive case work including counseling not only with the affected child/adolescent but also with parents, peers and other significant persons.

Role of school social workers: They can act as liaison between the various stakeholders — parents and school, teachers and mental health professionals and between high-risk teens, peers and parents. They can also alert school officials to the seriousness of the issue, offer stress management workshops to teens, train peer counselors, establish support groups for teens, train teachers, parents in detecting warning signs, develop network with outside school services like NGOs, media, help-line, etc. and take up case work with students having problems.

Role of teachers: They play a significant role in prevention, because they spend a good amount of time, share special bond, are traditionally an authority figure and role model for the students. In parent-teacher meetings, they should discuss warning signs, if any, with parents about their ward and can form referral networks with mental health professionals. They can increase student awareness by introducing the topic in their classes. They should make every effort to develop healthy attitude and vision among students, channelizing their energies into creative pursuits. .

Role of peers: Peers are perhaps the most important group as their attitude and perception have maximum weightage for the high-risk adolescent. According to one study, 93% of the students reported that they would turn to a friend before a teacher, parent or spiritual guide in a time of crisis. Peers can form student support group and, once equipped with relevant knowledge and skills, can train others to be peer counselors. Not keeping the secret that suicidal/delinquent friend has confided and encouraging him/her to seek professional help, if required, would be the expected role of peers in pre-crisis management.

Role of parents: Parents need to be as open and as attentive as possible to their adolescent children's difficulties. Effective parent-child communication, optimum disciplining are potent factors to solve almost all the problems of adolescents, but it requires years to build such healthy relationships between parents and children. Sometimes teens hide their problems, not wanting to burden the people they love. It is extremely important to assure teens that they can share their troubles, and gain support in the process. Parents should be aware of outside agencies for help and must not hesitate to seek professional help to solve the problem their adolescent child is facing. Added to this, it is extremely important for parents not to keep any guns or similar weapons at home. If there is dire need, then, in all cases, it should be beyond the reach of children as studies have shown that adolescents are five times more likely to commit suicide if they have guns or arms at home.

Other Services: Hotlines, NGOs, Adolescent clubs, self-help groups and other support services are also very important in mitigating crisis. Awareness regarding

availability of services should be advertised and popularized properly. School authorities should be strict to take disciplinary action if ragging, bullying and such other harmful activities are found to subsist within students' groups.

Role of State: Restricting access to drugs, alcohol, poison, guns and similar weapons and other lethal means is the must for the State. Ensuring proper implementation of Juvenile Justice Act with adequate systems of rehabilitation in place is the constitutional and moral responsibility of the government.

Role of media: Media is playing a powerful role in shaping the personality of adolescents, the only problem is with the focus. Media has tremendous potential to reach out to remotest of areas in a convincing manner. Encouraging media to take up positive role in providing the relevant information to the adolescents is the need of the hour.

Check Your Progress 3

Note: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

1) What are some of the sexual vulnerabilities of adolescents in India?

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2) List three main areas of positive contribution by media in reducing the risk of adolescent problems.

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4.7 LET US SUM UP

In this Unit, we discussed how adolescence, as a developmental phase, is crucial for the children, family and community. Adolescence is characterized by immense energy, vigor and courage that, if not channel zed in the right direction, may lead to children indulging in drug addiction, alcoholism, smoking, delinquency, sexual assault, terrorism, vandalism, etc.

Family is the primary institutions that play most important role in shaping the attitude, coping style, maturity and other personality domains of children. Family dynamics, parental style of disciplining, inter-personal relationship, and communication patterns determine, to a large extent, whether the child would successfully overcome 'adolescence vagaries' or problems related to adolescence. The next important aspect that influences the personality of adolescents is their peer group. Media is also playing a huge role in building the attitudes, values, coping style of adolescents, which, more often is reflected in a negative manner.

Adolescence is a period of sexual maturation. Early matures as well as late matures have their distinctive pros and cons. There are lot of myths and misconceptions among adolescents and youth related to sexual issues. However, pre-marital sex, teen-pregnancies, spread of STDs and HIV are increasing at substantial proportions affecting the health and even life of adolescents.

It is the responsibility of family, peers, community, school, civil society organizations and the state to develop a well equipped system of intervention at the preventive and management level to reduce the risk of adolescent and youth tribulations like suicide, homicide, violence, drug addiction, rape, molestation, sexual assault, etc.

4.8 KEY WORDS

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| Adolescence | : | it is the period of human life cycle when an individual reaches physical and sexual maturity, normally ranging from 11 years to 19 years of chronological age. It is a milestone in an individual's life denoted by a dramatic change in one's physical, sexual, intellectual and social development. Physically, noticeable changes in outward appearances occur; the intellectual changes reflect modifications in the way experiences are viewed; and social changes occur as a result of the individual's position in the larger society. Sexually, an individual becomes capable of bearing children. |
| Parental control | : | is the degree of intensity to which parents influence their adolescents to comply with parental wishes. |
| Sexuality | : | refers to the total sexual make up of an individual, covering the physical aspects, attitude, values, experience and preferences. |
| STD | : | Sexually Transmitted Diseases. |

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