

ADOLESCENT COMMUNICATION: UNDERSTANDING IT'S DYNAMICS AND FOSTERING IT'S DEVELOPMENT

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The manner in which people communicate influences the nature of the interpersonal relationships that they are able to establish. Although the processes involved in establishing interpersonal relationships and in developing communication skills are lifelong, these processes are particularly important in adolescence.

During adolescence, teenagers are not only expected to expand the number and variety of their social contacts, but to negotiate a change in the nature of the contacts as well. Relationships with parents and peers, for example, must alter if the adolescent is to succeed in accomplishing the developmental tasks of this age group (Duvall, 1971).

Successful negotiation of changes in interpersonal relationships places a greater demand on the teenager's ability to communicate. As Newman (1976) indicates, "One would expect that the adolescent becomes increasingly skillful at conveying his meaning and at expressing himself under a variety of environmental conditions" (p.129).

Review of the Literature

Although communication, in general, has been the focus of much research, little attention has been paid to adolescent communication. The studies we have located have had a variety of foci. Newman (1976) examined the adolescent's ability to establish closeness with others or to use language effectively, and then related it to the adolescent's level of cognitive maturation. Tuss and Greenspan (1979) identified the positive effect of one style of communication on the aquisition of values by a group of teenagers.

In an extensive study in the Isle of Wight, Rutter (1979) compared teenagers without psychiatric problems to those with psychiatric problems, and identified difficulties with communication as one characteristic of the latter group. The incidence of communication problems among the adolescents that he studied was approximately 15% in the non-psychiatric population, but almost 50% in the population of teenagers with a psychiatric disorder.

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Further studies provide evidence that an improvement in the communication skills of teenagers who were receiving treatment for anti-social behaviour is associated with more positive outcomes in therapy. Alexander and Parsons (1973), for example, demonstrated that improvement of family communication skills in a population of delinquent adolescents was associated with a decrease in runaway and truancy incidents. O'Brien (1963) reported positive outcomes in therapy when the importance of interpersonal relationships was emphasized.

Although these studies give us some understanding of the importance of effective communication to individuals and provide descriptions of patterns of communication, we do not have an understanding of teenagers' reasons for communicating as they do. It has been argued that communication plays an important role during the period of adolescence, and there is some research that suggests that increasing the effectiveness of communication may contribute to better therapeutic outcomes. However, no studies seeking teenager's descriptions of the meanings that communication patterns hold for them, and how that meaning is assigned, have been located.

This study then, was designed for three purposes:

1. To describe the communication behaviours of teenagers in interaction with other people in a residential treatment facility;
2. To elicit teenagers' perceptions of the patterns of communication used in the setting; and
3. To describe the meaning that was assigned by the teenagers to communication behaviours.

Theoretical Framework and Method

The theoretical framework for the study was developed using Kleinman's (1978) explanatory model. The model conceptualizes the health care system as being a cultural system composed of three sectors: professional, popular, and folk. Individuals in each sector are depicted as having their own explanations of health, illness and health care. Although there is overlap between the different sectors, or domains of care, each sector has its own explanation for, and understanding of, health related concerns:

From the standpoint of our model these clinical realities are culturally constructed. They differ not only for different societies, but also for different sectors or arenas of the same health care system, and often for different agencies or agents of care in the same sector. (Kleinman, 1978, p.87)

Kleinman (1978) proposes that, by understanding the perceptions of individuals in each sector, one may bridge gaps in understanding between sectors more effectively.

The kinds of questions derived from this perspective are best addressed using the phenomenological approach (Merleau-Ponty, 1964). The researcher approaches the setting with the aim of understanding "both the cognitive and the subjective perspective of the person who has the experience, and the effect that perspective has on the lived experience or behaviour of that individual" (Morris, 1977). The goal of the method is an accurate description of the experience or phenomenon under study (Omery, 1983).

Understanding the client's perspective is particularly important when research is intended to provide guidance to clinical practice. Davis (1978) argues that the effectiveness of interventions is increased when the practitioner is able to understand and to take direction from the client. To take direction from clients, however, one must seek to understand the meaning and value clients attach to events, and to describe how this influences their behaviour (Lynam, 1985).

By studying communication in a social context and by exploring, with teenagers, their understanding of the environment, we hoped to gain insight into the adolescents' understanding of communication and how it subsequently influences the pattern of communication that they adopt.

Data collection and analysis

The participants were residents in two child care units of a residential treatment facility. The facility was developed to treat behaviour disorders of adolescents who were described as being delinquent, having school or family problems, being unmanageable, or having suicidal potential. The facility's two major goals for the adolescent residents focussed on developing interpersonal relationships and on increasing their level of personal responsibility. The study setting was chosen because the staff recognized the importance of communication skills in developing and maintaining interpersonal relationships. As well as having specific child care workers or nurses assigned to work with them, the teenagers were involved in school, athletic, and arts and crafts programmes.

The data were collected over a period of twelve weeks, for two groups of teenagers. The study complied with all the requirements set out by the University's ethics committee, and by the agency's research committee. Prior to obtaining written consent from the teenagers, from their parents and guardians, and from staff members, information meetings were held with groups of teenagers and with staff to explain the purpose of the study and to explain the researchers' roles in the setting. Twenty adolescents participated; 13 boys and 7 girls, each between the ages of 12 and

17 years. The length of stay of each participant, at the time of the study, varied from newcomer to 13 months. During the data collection period, each of two researchers spent an average of 14 hours per week in the setting, participating with teenagers and staff in daily planned activities.

When conducting qualitative research of this nature, use is made of "all data presented or made available in the research experience.... The data are reported in the natural language of the event" (Omery, 1983). In the study being reported here both observation and interview data were collected.

Interviews with individual teenagers were used to elicit their perspectives on the observations made in the setting, and to validate the accuracy of the impressions formed by the researchers. Formal interviews were audio-taped, and later transcribed. As well as assisting the researchers in the provision of an accurate description of events, the interviews were also used to ensure that the descriptions reflected the meaning that was assigned to events by the teenagers.

The purpose of collecting observational data was to record informal verbal exchanges between the teenagers and others in the setting, and to describe the context in which either observed or audio-taped interactions occurred. By recording observations, we were able to document behaviours associated with communication. Observations were collected by audio-video taping group sessions, or by keeping hand-recorded notes.

As data were collected, the researchers met to review transcripts and to discuss emergent themes. Subsequent interactions in the setting were used to validate impressions and to clarify conceptualizations that were being developed. The concurrent collection and analysis of data acts to ensure that conceptualizations are grounded in the data.

Presentation of the Findings

As has been mentioned earlier, staff of the facility worked towards having the teenagers develop and maintain interpersonal relationships. As we explored the teenagers' experiences in the setting, it became evident that when they first began treatment they felt as if they had been immersed in a new environment where expectations and practices were unfamiliar. All of the adolescents recounted events and personal experiences that helped them as they "learned to get along" with others in the setting.

As the teenagers were observed and interviewed, they helped us to understand their ideas about the role that communication skills played in their treatment. Two themes emerged: they have been labelled "understanding" and "relevancy". Their relationship to the facility's goals and expectations will be explored.

One of the approaches used by the facility to achieve their treatment goals was to encourage the adolescents to develop skills in communicating. Example categories of communication behaviours that we perceived were valued in the study setting, and that were later validated with the teenagers, included: being able to express one's feelings about other persons or events; demonstrating respect for the feelings of others in the facility; and learning how to resolve conflicts or issues with others by communicating in a co-operative fashion. Such behaviours are compatible with "therapeutic communication" (Egan, 1982; Gazda, Walters, & Childers, 1975). Effective identification and management of everyday "problems" is often dependent upon being able to establish relationships, to understand others' points of view and to communicate effectively (Egan, 1982).

The performance expectations that the staff held for the teenagers in the study included demonstrating they were able to work with others on tasks; to resolve conflicts with others or make requests by "talking things through", either in groups or in one-to-one encounters; and to plan and account for daily activities. Such behaviours might be demonstrated by teenagers who were learning to get along with others.

The "understanding" component

The first theme related to developing communication skills that will be explored is "understanding". This theme, as it has been conceptualized from the study data, was developed from the teenagers' explanations of their perceptions of the communication norms of the facility. The teenagers' "understanding" included being aware of the conditions that made desired communication behaviours situationally appropriate, and their ability to articulate comprehension of the purpose of the communication norm.

One goal of interactions in the study setting was to encourage individuals to speak up about their needs, and to exercise responsibility towards one another. One way of doing this was to "support" one another. This following account illustrates one teenager's understanding of this goal.

When we say, "I need support," it's an easier way to say help. It might mean different things to different kids. Such as, "I want some time with staff, or don't bother me at this time." Kids and staff have to figure out what the person means. But at least they know if people ask for support they need help, or something or other.

This account demonstrates that the teenager has not only developed an understanding of the meaning of a key word in the setting ("support"), but also of the broader principle that the word may hold a somewhat different meaning for each individual. In order to understand exactly what a person is saying, it is necessary to

clarify or check out the meaning of a message with the sender.

As new persons in the setting, we tried to make sense of the rules of communication that were operating. So did the teenagers. The next account provides insight into the process of developing an understanding of communication norms.

Well, in the beginning you, sort of, just try to say things that you hear other kids say; but just enough so it's okay for you. You try to play the game. But then they (the staff and kids) put some pressure on. I don't know whether you noticed a change; it takes quite a while. But that's what it's all about. Coming out with your feelings and working on things that are inside you. Taking a risk and working on things that are important to you.

The account depicts one teenager's explanation of expectations with regard to speaking in a group. It also describes another communication behaviour valued in the setting: expressing feelings to others. The teenager points out that his learning to adopt the expected behaviour pattern took time. There were two components to this. First, learning behaviours that are appropriate or expected, and secondly, developing an understanding of when and why the staff might have such expectations. As well as perceiving that his communication behaviours had changed, the teenager also perceived that this was beneficial and, therefore, he placed positive value on this expected behaviour.

The relationship of the "understanding" to subsequent communication behaviours becomes more clear when one reflects upon the accounts. The adolescents stated that, initially, they tended to copy the behaviours of others. There was a structural element to deciding what was appropriate to say, and no corresponding understanding of why people were being asked questions in the way that they were or why certain information was being solicited. Several teenagers expressed initial frustration at not having a specific set of rules or precise instructions to follow. However, once they developed an understanding of the principles underlying the expectations or the norms of communication, they were more able to adapt their behaviours to changing situations.

In the following example one adolescent explained how he came to understand why the staff would assume from a teenager's behaviour that there was something going on that should be talked about.

Once they (the kids) do start talking, then everybody gets a clear understanding of what's going on. Like today, he was running around and disrupting meals and stuff. Well there must be something going on; that's what it tells me. In group we clear out the issues, you know, make sure everybody understands why a kid is feeling a certain way.

Understanding in this case was achieved by observing others and by reflecting upon personal experiences.

The "relevancy" component

Upon validating observations and talking with teenagers about their ideas concerning expectations in the setting or the meaning that observed interactions had for them, we identified a progression in the adolescents' adoption of the communication behaviours that were desired by the staff.

For example, while the teenagers might recognize the merits of modifying communication behaviours while in the setting, in order for the change to become permanent there was also a need for them to perceive the communication behaviours as applicable to their experiences outside of the setting.

The "relevancy" component of the communication process identifies the adolescents' perceptions of the value and relevance, or lack of relevance, of the communication norms to their own situations. It is characterized by their varying expressions of desire or lack of desire to modify communication behaviours. In the previous account the adolescent indicated that he perceived that the expected communication behaviours were beneficial to him. The following examples also illustrate relevancy: "What they are trying to teach us here is a middle class way of talking. It would be crazy to use that at home," or, "what family sits around and asks each other how they're feeling today? I mean you just don't do that at home." It is evident that those making the statements do not believe that the communication norms in the facility (consulting with others, demonstrating concern for others by asking how they are feeling) have relevance outside the setting. Nonetheless, the adolescents may be able to modify their behaviours to meet the expectations within the setting as is evident in the following account:

- Researcher: Do you notice any changes in yourself since you've been here?
Adolescent: Yes, I'm more careful about what I say.
Researcher: Why is that?
Adolescent: You get put in your room a lot.
Researcher: For.....?
Adolescent: For mouthing off.
Researcher: So there are clear rules about what can be said?
Adolescent: Yes.

For the teenagers in these facilities such perceived norms as "don't mouth off" or the constructive resolution of conflicts may eventually become "relevant" by being associated with a restriction in activities. The teenager identifies a decision to adopt new

communication behaviours when in the setting. Staff were able to provide adolescents with incentives for modifying their behaviours by virtue of their relationships with teenagers, and by means of their ability to award privileges.

The teenagers' accounts indicated that relevance could also be reinforced when personal satisfaction resulted from "taking a risk" by communicating in the manner valued in the setting.

I thought I was the only kid in here with my problem. I found every kid in here has experiences that leave them feeling angry and alone.... A lot of times people won't talk about things because they're afraid of how people would react.... I'll take a risk, I don't care as long as I get it out and people know what I'm up to....

In this account the teenager indicates that the benefits of communicating his feelings outweigh the risks.

In summary, as the study sought to explore communication behaviours from the teenagers' perspectives, we gained insight into the role that communication played with regard to how the adolescents learned to get along with others in the setting. Two themes, understanding and relevancy, were identified. We would now like to discuss how nurses and others working with adolescents might modify their own interactions in order to foster the development of more effective communication skills by teenagers.

Discussion

What direction does the conceptualization proposed herein provide for nursing? Several points may be made in relation to the goals of our interactions with adolescent clients and how we interact with them.

The study's findings urge us to articulate clearly our goals or purposes in interacting. The teenagers' accounts indicated that being able to articulate the "norms" or principles guiding communication behaviours involved more than observing role-modelled communication behaviours. It seems evident that developing an "understanding" requires repeated role-modelling in a variety of contexts. The findings also indicate that learning would be facilitated if the underlying principles (i.e. why we discuss feelings or values or why we think it is important to respect others' feelings) are made explicit, and are used to reinforce role-modelling. Effective communication and role-modelling by the staff will speed up the process of developing the understanding required to demonstrate the behaviours. An approach such as the one just described could also identify and reinforce behaviours that an adolescent is using that are valued and/or desired.

It is our contention that this conceptualization gives direction to

the manner in which we interact with adolescents. The theoretical framework for the study directed us to elicit the teenager's perspectives; it assumes that there may be differences between how the adolescents view a topic, such as communication, and how the staff view the same topic. It was argued that there is a need to be aware of the teenager's perspectives on communication, in order to provide care in a manner that they perceived as being meaningful. This argument is supported by the study's findings. There were discrepancies between the staff's and teenager's interpretations of the same events. The accounts indicated that teenagers did not always understand or agree with the purpose of interactions or the value of adopting specific communication behaviours.

It was clear that in this setting, as in any other therapeutic setting, certain communication behaviours were valued. Such values, over a period of time, become the assumed knowledge of the staff, and set the everyday standard of care we are providing. This study supports the premise that we cannot presume to share understanding with our clients. We also need to build into our interactions behaviours such as validating affect and clarifying the intent of messages received and sent. There appears to be a need to ensure that information or expectations are conveyed to those in the facility in a process-oriented manner. In this way, we may be able to bridge the gap between what the professionals in the setting view as desirable behaviours and the meaning the same behaviours hold for the teenagers.

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RÉSUMÉ

La communication à l'adolescence: Comprendre sa dynamique et favoriser son développement

L'importance de la communication dans l'établissement et le maintien de rapports interpersonnels efficaces est bien documentée. L'adolescence est vue comme une période au cours de laquelle l'établissement des rapports interpersonnels et le développement des aptitudes à la communication jouent un rôle particulièrement important. Cette étude qualitative avait pour objectif d'explorer les schèmes de communication utilisés par les adolescents dans un service résidentiel de traitement. En participant aux activités quotidiennes de l'établissement, les chercheurs ont recueilli des données sur deux groupes d'adolescents pendant une période de douze semaines.

Les données comprennent des notes prises à la main en observant des interactions, des bandes magnétiques d'entrevues entre les chercheurs et chacun des adolescents ainsi que des bandes magnétoscopiques d'interactions de groupe. La cueillette des données et leur analyse se sont faites simultanément. Des données ont été examinées par les chercheurs et les conceptualisations de départ ont été mises au point. Des entrevues et des observations subséquentes avaient pour but de préciser et de justifier les conceptualisations auprès des adolescents.

Tout en étant observés et interviewés, les adolescents nous ont aidés à comprendre leurs idées sur le rôle de la communication et sur le rôle que jouait l'acquisition d'aptitudes à la communication dans le cadre de leur traitement. L'analyse des données a fait apparaître deux thèmes que l'on a appelés la "compréhension" et la "pertinence". La compréhension est caractérisée par la prise de conscience des normes de communication du milieu qui se manifestent chez l'adolescent. Pour vérifier la pertinence, l'adolescent a examiné la compatibilité entre les comportements de communication souhaités et leur propre situation. Les répercussions de ces observations pour les infirmiers font l'objet d'une discussion.