Original Article

Problems between parents and adolescents' relationships: a qualitative study

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Abstract

Objectives: Adolescence is a stage of life in which fast cognitive, biological, and neurological changes occur that significantly affect one's relationships and psychosocial functioning. Behavioral problems in adolescence are influenced by parent–adolescent relationships and family functions, which may result in emotional, physiological, and social disorders. This study aimed to investigate the relationship problems experienced by Iranian parents in dealing with their teenage children aged 11–16 years.

Methods: This study was conducted through a qualitative content analysis. A purposive sample group of 30 parents from four healthcare systems and four school counselors from two public and two private schools in Tabriz, Iran, were recruited. The study period was from November 2018 to January 2019. Data was collected through semistructured and face-to-face interviews with parents of teenage children. The interviews were voice-recorded and manually transcribed for the following content analysis scheme.

Results: After eliminating similar codes in the data analysis process, 175 codes, 21 subcategories, 5 categories, and 2 themes were extracted from the parents and school counselors' experiences regarding adolescents' relationship problems. The two categories that emerged from the analysis were (1) atmosphere of home and (2) parenting style.

Conclusion: Parents and counselors' perception of relationship problems was categorized into two themes: atmosphere of home and parenting style. It was found that an inadequate adolescent psychological atmosphere at home and inappropriate parenting style cause many problems between parents and adolescents. Based on the findings, these conditions should be considered when designing suitable educational programs for promoting adolescents' health and implementing required family interventions to prevent issues in adulthood.

Keywords: Adolescents; communication; parenting; qualitative research.

One of the most critical relationships for adolescents is the parent–child relationship. Adolescence is a stage of life in which fast cognitive, biological, and neurological changes occur,[1] which significantly affect one's relationships and psychosocial functioning.[2] Adolescents have been the focus of health-related planning and the world Millennium Development Goals.[3] The 2011 census indicates that 12.3 million adolescents aged 10–19 years live in Iran;[4] therefore, it is important to investigate the different aspects of life in Iranian adolescents.

Adolescence is characterized by a key adjustment period for teens and their families[2] during which parent–child relationships find a new equal, interdependent, and reciprocal form.[5] Conflicts between parents and adolescents are common and unavoidable throughout this period.[6] These conflicts take part in the development and formation of adolescent self-identity in the long term.[5,6] Furthermore, parent–adolescent conflict negatively affects harmony in a family in a short time.

[6] The negative relationship between adolescents and parents that can be caused by the age-related conditions of adolescents can arouse conflicts in the family or disrupt family function, emotional bonds, and relationships among siblings.[7]

A key element in psychological development is parent–child relationship, and many studies have shown that suboptimal parenting is a major risk factor for psychological disorders in the representative community and clinical samples.[8,9] The conflict between adolescents and parents is associated with inconsistencies in adolescents, such as unacceptable behaviors, depression, behavioral problems at school, self-esteem problems, and lower academic performance.[7,10] Studies in Iran have shown that several behavioral and emotional problems exist in adolescents. Mohammadi et al. [11] (2013) investigated the prevalence of mental health problems in 5,171 adolescents from 5 different provinces of Iran, with conduct problems having the highest percentage followed by social problems (5.76%) of mental health issues among Iranian students' other problems include hyperactivity problems (13.95%), problems with peers (7.25%), overall criteria on problems (14.26%). Furthermore, they reported that the prevalence of mental health issues was higher in male than in female adolescents, which is consistent with global reports. Accordingly, behavioral problems in adolescence are influenced by parent–adolescent relationships and family functions, which may result in emotional, physiological, and social disorders. [7] Behavioral problems occurring in infancy and adolescence (particularly external problems such as substance use and violence) can be extended throughout adulthood and associated with social nonadaptation, drug abuse, and conflicts. [12] Parent–child social interactions mostly affect emotion regulation and one's ability to recognize their emotions, so that it modulates one's emotions throughout childhood and adolescence.[13] For example, the guidance, emotional support, and warmth experienced during parent–adolescent interaction are indicative of more effective adolescent emotion regula-

tion skills and a lower level of internalizing and externalizing symptoms.[14] Several studies have demonstrated that parents who can provide warmth, autonomy, and structure facilitate adolescents' adaptation and well-being.[15,16]

Prioritizing adolescents and providing them with optimal services is a way to guarantee health in the family and new generations. Plans to provide medical and psychological services to highly vulnerable groups, such as adolescents, require parents' views and experiences to be identified and interpreted as a key part of adolescents' upbringing. Therefore, this qualitative study investigated parents' relationship problems with their adolescent children, reflecting the effects of the factors constituting the goal of the study. The following research question was developed to guide the study: What are the relationship problems between parents and adolescents?

Materials and Method

Population and Sample

The participants were parents with children aged 11–16 years. Parents with parenting concerns and had agreed to voluntarily take part in the study were included. A purposive sample of 30 parents from four healthcare centers, which are the most crowded with the diversity of population and had suitable facilities in Tabriz, Iran, took part in the study . In healthcare centers, telephone calls were made from the list of included families with adolescents (aged 11 to 16 years) and whose identities were registered in the integrated health system. If parents had problems in their interactions with their adolescent children and had agreed to voluntarily participate in the study, they were invited for an interview in the mental health unit of these centers. Because the greater trust of parents in the confidentiality of interviews and convenience through healthcare centers than schools, sampling was performed in these centers. Sampling was continued until data saturation. For interview with counselors, two private and two public schools in the same region of the healthcare centers were selected.

Data Collection Procedure

This qualitative study was conducted via content analysis from November 2018 to January 2019 in Tabriz, Iran. The required data was collected through a face-to-face semistructured interview in Türkiye-Azari. The probe questions were what, what does that mean to you, why, could you give examples, and explain more. The interview was started with an open-ended question (i.e., Explain how you feel about your parenting problems. What problems arise in your interactions with your teenage child?). In the next step, the interviews continued based on the participants' responses to each question and their behaviors. With the participants' permission, the interviews were voice-recorded and lasted 30–45 min each. The key points in the interviews were summarized, and the participants were asked to elucidate the issues detected in the interviews. In addition to the interviews, field notes were

taken, and nonverbal data (such as tone and behavior) was recorded to create a comprehensive dataset for the investigation of the different dimensions of this phenomenon. After 27 interviews, when through the course of interviewing, was noticed the same information coming out, repeatedly data saturation was realized and three extra interviews to ensure the lack of new data were performed afterward. The interviews were transcribed verbatim on the same day.

Data Analysis

Data were analyzed using the qualitative content analysis approach. Many studies in the field of nursing use this approach in a conceptual manner. The main three phases of this approach are (1) preparation, (2) organization, and (3) reporting of the findings.[17] The preparation phase is implemented to align the data with the objective of the study and the questions formulated based on the findings.[18] The use of unit of analysis in qualitative study has the advantage of providing opportunity for the researcher to familiarize themselves with the dataset. Furthermore, through the preparation phase, the researcher can immerse in textual data.[18,19] Following Graneheim and Lundman[19] (2004), the analysis was conducted by the author. Data analyses are summarized in five steps:

Step one: Voice-recording, reading of the transcribed text several times, and obtaining a general idea about the data

Step two: Identifying units of meaning in the text and labeling them with codes

Step three: Developing an abstract from units of meaning using codes and labeling them

Step four: Code-sorting based on differences and similarities and obtaining subcategories and categories

Step five: Formulating themes

As the units of analysis, the interviews were read to achieve meaningful units. The processes of abstracting and condensing included shortening of texts into sentences, paragraphs, or phrases about the clinical questions. The condensed text was formed into a higher-level heading known as categories.[19] The content areas pieces of text determined based on theoretical assumption based on previous studies of parents and school counselors' perceptions of interactive problems that they experience in dealing with teenage children including the transcribed interviews . The content areas were labeled with codes of the described feelings, events, or phenomena. Through abstracting, categories were created and labeled answering the question what. The whole data in one content area were of one category, and categories of the same underlying meanings were linked as theme. The themes were used to answer the question of how, although they were not necessarily mutually exclusive.

Ethical Dimensions of the Research

The whole procedures that involved human subjects were performed in accordance with the standards of the institutional and/or national research committee and Helsinki Dec-

laration 1964 and the following amendments. The study was ethically approved by the ethics committee of Tehran University of Medical Sciences (IR.TUMS.FNM.REC.1397.105) as part of a Ph.D. dissertation. Sampling permission was issued by Tabriz University of Medical Sciences. Informed consent was obtained from all the subjects. The participants were allocated to researchers for briefing and signing a letter of consent. They also allowed voice-recording of the interviews. The date, time, and place of interviews were determined in advance. In addition, the participants were informed about the voluntary nature of the study, that they could withdraw from the study whenever they like, and that their information will remain confidential.

Rigor

A total of four principles were covered in this qualitative research: credibility, dependability, transferability, and conformability. To guarantee the credibility of the research, triangulation and member check were adopted. Using different data sources (diverse participants), methods of data collection (interviews, observations, and field notes), and investigators (using three researchers to make decisions regarding coding, analysis, and interpretation), also with data feedback to the respondents and gaining their approval, the validity of the research was achieved. To achieve dependability, the transcriptions were submitted to colleagues along with the extracted codes and categories, and their viewpoints were regularly used. External viewpoints were used to achieve confirmability, such that by the provision of the initial codes which have been derived from the analysis and examples of how the concepts were extracted for the four researchers of psychology, who acted as the external observers, it was determined whether they also had a similar understanding of data. Sufficient number and diversity of participants, as well as purposeful sampling, were used to achieve transferability. Furthermore, a thick description of the research process enables the reader to determine whether the findings are transferable to other settings.

Results

Analysis of the participants' demographic characteristics revealed that the mean age of adolescents was 13.83±1.7 years. Among the adolescents, 16 (53.3%) were boys, and among the parents, 20 (66.6%) were mothers of adolescents (Table 1). Majority of the school counselors were women and ranked as Master 3 (75%).

Main themes

After categorizing the codes and eliminating similar codes in the data analysis process, 175 codes were categorized into 21 subcategories, 5 categories, and 2 themes. The two themes were "atmosphere of home" and "parenting style" (Table 2).

1. Theme of the atmosphere of home

The results indicated that adolescents face many types of

Table 1. Sociodemographic characteristics of participants

Variable	Mean (SD)
Age of adolescent (in years)	13.83 (1.7)
Age of mother	41.9 (1.00)
Age of father	46.2 (1.12)
Number of children	2.03 (0.97)
Variable	Number (Percent)
Sexuality of adolescent	
Male	16 (53.3)
Female	14 (46.7)
Educational level - Mother	
Less than a high school diploma	4 (20)
High school diploma	10 (50)
University	6 (30)
Educational level - Father	
Less than a high school diploma	3 (30)
High school diploma	4 (40)
University	3 (30)
Single parent	2 (6.66)
Death of parent	1(3.33)
Divorced	1(3.33)

pressure at home and outside; they have difficulty adapting to their environment. During this period, the child goes through a lot of changes physically, emotionally, and socially. These changes have a considerable impact on them and can either make or break them. The inadequate adolescent psychological atmosphere that causes problems in parent–adolescent interaction was categorized into two.

1-A. Category of intrapersonal atmosphere

This category refers to what is occurring within the mind or the self-intrapersonal concerns of the adolescents. This category was derived from five subcategories: aggression, inability to manage anger, lack of communication skills, feelings of insecurity and anxiety, and feelings of hatred and revenge toward the parent.

"During elementary school, I put a lot of pressure on my son because of his lessons, and sometimes I physically punished, humiliated, and reprimanded him. Now, he does not treat me well at all; he tries to turn his father against me in matters of life; he always reminds me how I treated her before and calls me a bad mother; he makes me feel guilty; he says he hates me." (p. 24)

One of the participants stated: "My son cannot communicate well with his friends, and there are frequent conflicts between them; he has short-term friendships; I feel he has low self-esteem." (p. 4)

Mehri, the school councilor (34, MS Psychology) said: "because of the excessive attention of his parents and school officials, Sana has not learned the right way to communicate with others." (p. 7)

Arian's mother stated: "Sometimes there is such a fight between us over a trivial matter that he is angry for hours and his anger does not subside and I, helpless and anxious, do not know what to do." (p. 7)

1-B. Category of extrapersonal atmosphere

This category refers to what is happening outside the atmosphere of the adolescent. This category was derived from six subcategories: cognitive distortions in parents, discrimination between children, differences in the interests of siblings, perfectionism about the teenager , the mother feelings of being disrespected, and the mother feelings of being ignored. Five of the parents stated the following:

"Her father's expectations make my daughter anxious. She says she wishes to marry soon so that she doesn't have to study; her unstable mental state causes her to get angry quickly and fight with me and his brother." (p. 9)

"When I think about my son, he's not what I liked, and I get nervous and hopeless." (p. 5)

"My daughter feels that her father is more interested in her half-sister than her. Now my daughter is closer to me spiritually than her father and has trouble interacting with him." (sad and angry) (p. 2)

"I feel lonely in this life; my husband does not care about me and sometimes treats me violently; this weakens my relationship with my daughter. Sometimes I tell myself that because of her, I have to endure this situation." (p. 22)

"I am too self-giving; I work hard for this life; the mother is not appreciated; sometimes I get tired of everything." (p. 21)

2. Theme of parenting style

Parenting style has been defined as a global climate in which a family functions and childrearing takes place.[20] Researchers have categorized parenting styles based on two dimensions: "acceptance–responsiveness" and "expectation–control." According to these dimensions, Baumrind has presented three types of parental behavioral patterns: authoritative, authoritarian, and permissive.[21] Martin and Maccoby added uninvolved parenting style to these types.[22]

This theme was categorized into dominance of parents, negligence of parents, and unfamiliarity with authoritarian parenting, which were derived from 10 subcategories.

2-A. Category of dominance of parents

The authoritarian parenting style is correlated with parents who emphasize obedience and conformity and expect rules to be obeyed without explanation in a less warm environment. in addition, authoritarian parents display low levels of trust and engagement toward their children, discourage open communication, and engage in strict control.[23] Three of the parents stated the following:

"When I get angry at my son's actions, sometimes I get out of control and I beat him. I'm afraid something will happen to him. Honestly, I wish he would grow up sooner and be able to defend himself and not be harmed." (p. 16)

Table 2. Classification of themes, and categories

Them	Categories	Subcategory
The atmosphere of home	Intrapersonal atmosphere	Aggression in adolescents
		Inability to anger management in adolescent
		Lack of communicational skills in adolescent
		Feelings of insecurity and anxiety in adolescent
		Feelings of hate and revenge towards the parent
	extra personal atmosphere	Discrimination between children
		Cognitive distortions in parents
		Differences in the interests of siblings
		Perfectionism about the teenager
		The mother feelings of being disrespected
		The mother feelings of being ignored
The atmosphere of home	Dominance of parents	Over controlling
		Physical punishment
		Conversations that reduce self-esteem
	Negligence of parents	Poor Controlling
		Low expectations of adolescent
		Lack of quality time with teenager
	Unfamiliarity with authoritative parenting	Inattention to the teenager's need for independence and responsibility
		Lack of empathy and active listening
		Lack of legislation for adolescent
		Lack of problem-solving

"My wife causes a lot of conflict between them due to over control and strict monitoring that she exerts over him." (angrily) (p. 26)

"Blame, comparison, humiliation occur willy-nilly. I compare him with his classmates." (p. 4)

2-B. Category of negligence of parents

Permissive parenting is described by high levels of responsiveness and low levels of

demandingness. Permissive parents behave affirmatively toward the adolescent's impulses, desires, and actions while consulting with the adolescent regarding family decisions. Furthermore, permissive parents do not set rules, avoid the involvement of behavioral control, and set few behavioral expectations for adolescents.[23] Three of the parents stated the following:

"My husband, although educated, ignores my son's lessons and books and does not ask if Sadra is studying or not. From a very young age, he provided him with smartphones and computer games. He is busy with his phone until midnight. I cannot set the rules on this alone; everything my son says, meets his wishes . He tells me not to bother the child. I am upset about this situation, and it often leads to conflicts between us." (p. 25)

"From childhood until recently, we have done my daughter's daily chores, and our expectations of her were very low. After the twins were born, we expected her to do daily chores herself, but she is very clumsy and lazy. She is insecure and dependent and has a poor decision-making power. This leads to problems between us." (p. 7)

"He was very good student until the seventh grade; we neglected him because we were busy building a new house; then, he gradually joined his friends and stayed out a lot. Now he comes home at 12 midnight. His actions lead to conflicts." (p. 29)

2- C. Category of unfamiliarity with authoritative parenting

Authoritative parents are highly responsive and demanding. Furthermore, they exhibit more supportive than harsh behaviors. Authoritative parents encourage verbal give-and-take, convey the reasoning behind rules, and use reason, power, and shaping to reinforce objectives.[24] Lack of clear approaches for directing children's behaviors was found to be a predictor of more behavioral problems among adolescents. Lack of familiarity with authoritative parenting techniques, such as positive interaction, legislation, problem-solving, reward, and privilege, leads to increasing interaction problems between parents and adolescents. For instance, two of the parents stated the following:

 "He doesn't have any study plans. I wait until 2, 3, 8 o'clock, and he does everything, watching TV, boxing…everything except studying." (anxious and worried) (p. 8)

"Smoking and riding a motorcycle with his friends cause con-

cerns and conflict." (p. 29)

"When he has a problem with others outside the house and is upset and angry, he likes to talk to me, but I do not bother to spend time with him at all." (p. 30)

Discussion

Through content analysis, the relationship problems between parents and adolescents were investigated. The findings of this study indicated that the parents and counselors had experienced a range of factors in the development of problems between parents and adolescents within two themes: atmosphere of home and parenting style. The atmosphere of home was categorized into two conditions: intrapersonal atmosphere of adolescents and extrapersonal atmosphere. Intrapersonal atmosphere of adolescents was found to be an important agent causing interactive problems. Anger permits a "fight" response and has been associated with hostility, aggression, and violence, particularly among adolescents, aside from leading to physical and verbal aggression.[25] However, adolescents' anger management or regulation was exceptionally vital for healthy physical, mental, and socioemotional developments in this challenging transition period, regardless of gender or levels of anger experience. Educational settings for adolescents often exposed to violent behaviors and bullying, which keep increasing in frequency, could set up anger management programs to help at-risk students handle difficult emotions masked with explosive anger.[26] The results of this study indicated that inappropriate parent–child interactions in childhood can lead to hatred, insecurity, and revenge-seeking attitude toward the same parent in adolescence, thereby further affecting parent–child relationships. The major biological needs of children and adolescents are positioning and control, avoidance of hardship and hedonism, maintenance of self-confidence, and attachment or belonging.[27,28] Adolescents with secure attachment are less likely to have emotional or social problems compared with their counterparts with insecure attachment. For this reason, the establishment of a secure attachment to children and adolescents is a principal issue. Parents, despite all the tasks in their adolescent development , creating and maintaining a warm atmosphere as well as defining boundaries and rules instead of judging is necessary.[27,29] This study found that some problems result from insufficient life skills among adolescents, and for this reason, they do not have proper reactions in daily interactions. Teaching life skills is an interventional sociopsychological approach to promote the sociopsychological health of adolescents. It has an important role in the approaches used to improve adaptability, self-confidence, emotional intelligence, critical thinking, problem-solving, and decision-making skills.[30] Extrapersonal atmosphere of adolescents has significant effects on the creation of problems and conflicts. It has been shown that cognitive distortions of parents cause problems in interactions with their adolescents. According to Beck et al.,[31] cognitive distortions are cognitive constructs developed when information processing is not effective or is wrong and

guided by key beliefs and schemas of the individual. The major cognitive distortions are arbitrary inference, mind reading, catastrophizing, emotional reasoning, all-or-nothing thinking, mental filter, personalization, overgeneralization, "should" statements, labeling, and lowering or disqualifying.[32,33] In this way, the positive cognitive treatment examines the beliefs and ideas correlated with emotions, physical experiences, behaviors, and current events of life. In addition, it concentrates on changing these ideas by replacing them with different and more logical ideas, which facilitate adaptive behaviors and feelings.[33] Sibling relationships are some of the longest relationships that individuals have. When they are maintained, they can be beneficial to both parties. Maintenance includes specific interpersonal behaviors or strategies that work to sustain a desired relationship status; it can also include the use of positivity, openness, assurances, as well as task- and network-sharing.[34] In this study, stress and depression in adolescents caused by high parental expectations were among the most common factors considered to be effective in disrupting the atmosphere of home. Ma et al.[35] (2018) explored the effect of high parental expectations on academic performance and depression among adolescents in Hong Kong. They demonstrated that while high parental expectation was associated with a positive academic performance, it was negatively correlated with depression. In addition, discrimination between children at home causes problems in the home environment. Goosby et al.[36] (2018) have demonstrated that youth with higher average discrimination reports have worse average sleep relative to their counterparts. Sibling fixed effects estimates revealed that perceived discrimination was associated with lower levels of conscientiousness and extraversion as well as higher levels of neuroticism. Also, gender differences, such as perceived discrimination, were associated with lower conscientiousness only for women and lower extraversion only for men. The positive association with neuroticism was apparent for both men and women.[37] Based on the findings of this study, some mothers were frustrated and hopeless as they received less love and attention from their husbands and children, and this affected the quality of their relationship with their adolescent children. A mother's life satisfaction is an important factor in family welfare and is the bases of positive parenting practices and child well-being.[38] In addition, a mother's quality of life, such as welfare and life satisfaction, may affect the behavioral and emotional health of the child.[38] In most studies, parenting, and thus the child's health, is negatively affected by depression, anxiety, stress, and/or other factors affecting maternal health.[39,40] Parental mental health problems, particularly those of mothers, are also associated with an increased risk of adolescent depression- and suicide-related thoughts and attempts.[41] Children with depressed parents have three to four times higher risk of various mental health disorders than those with nondepressed parents. The former groups also have a higher risk of adverse health, poor social and educational outcomes, and higher risk of suicide.[42]

The second factor causing interactive problems between

parents and adolescents was parenting. Studies have clearly demonstrated that compared with other factors, parenting has by far the highest effect on adolescents' externalizing behaviors.[43] It was found that inappropriate interactions and lack of parental behavioral management are among the most important factors that cause problems between parents and adolescents. Parent–adolescent interactions are based on parent–adolescent relationships, which include spending time together, relationship pattern, and information exchange.[44] Confident parenting and a close parent–adolescent relationship in which adolescent disclosure is promoted, protective of adolescent engagement in risk behaviors.[45] Based on the findings of this study, adolescents and parents who do not spend time together, do not disclose their problems by discussing them, neglect communication skills, do not manage their conflicts, and do not know how to contact and communicate encounter problems. Strohschein and Matthew[46] (2015) have shown that adolescents need the physical presence of parents to prevent deviant activities altogether. One may conclude that the parent–adolescent relationship is not adequate to prevent an individual from becoming deviant. Because of this, the presence and supervision of parents are necessary to maintain the attachment between the two. In the case of extreme monitoring, the child construes it as an invasion to themselves rather than a caring behavior. In other words, adolescents return the aggressive behavior they receive. Furthermore, parental psychological control inhibits the development of autonomy, achievement of self-determination, formation of identity, and individuation of adolescents. Simultaneously, behavioral control can increase competence in children.[47] It was observed that parents who had more problems with their children did not have any behavioral solution for dealing with their adolescents and were either lenient or strict. Unfamiliarity with techniques such as rule-setting; praising; positive attention; problem-solving (used in authoritative parenting); use of humiliation; insults–showing the adolescents' lack of acceptance by parents–domination ; close control (in authoritarian parenting); negligence; and lack of supervision and monitoring (in permissive parenting) lead to parent–adolescent conflicts and problems. Parents with authoritarian and permissive parenting styles reported anxiety, depression, educational failure, and low self-esteem in adolescents.[48] In a study conducted on US Mexican adolescents, fathers and mothers who were less involved and mothers who were moderately demanding were less likely than authoritative parents to have youth exhibiting high levels of prosocial behaviors.[49] In a previous study conducted on Caucasian authoritarian families, adolescents exhibited poor social skills, low levels of self-confidence, and high level of depression.[50] Strohschein and Matthew[46] (2015) have demonstrated that adolescents who enjoy parental support and encouragement have a less risk of rebelling in the family. Such an interaction between parents and children creates attachment that conveys a sense of being cared in children . In most of the cases, the child refrains from disappointing their parents. Thus, they would not consider rebelling against the parent when such an attachment is formed with parents. Through such attachment, children avoided taking part in actions that might disappoint the parents. As a pivotal factor in the family system, family communication plays an important role in affecting children's development. A communication can break or make the bond between parents and children.

Conclusion

This study has demonstrated that relationship condition influences parent–adolescent relationship and social incompatibility. The obtained evidences indicate that parent–adolescents and conflicts result in emotional detachment from parents, overmonitoring, maladaptation and secrecy in adolescents, and a sense of inability in parents. Such a problem can lead to family bond collapse, high percentage of violence and pessimism, lower family function, and demonstration of risky behaviors in adolescents. Furthermore, without social adjustment in adolescents, there would be peer rejection, depression, and loneliness. The development of suitable interventions at family and society levels might prevent more severe issues that might inhibit future progress in adulthood. The focus of this study was on parent–adolescent problems. Knowing that parents play a pivotal role in the maturation of their adolescents' health, approaches for providing support to parents are critical. One possible approach to providing parental support is the use of healthcare provider (HCP) anticipatory guidance (brief, office-based feedback to parents from HCPs) and provision of parenting programs (structured curriculum provided to parents either in primary care or community settings with the use of technology or in-person consultations). In addition, given the high prevalence of mental health disorders, significant impact, and unmet treatment needs, psychiatric mental health nurse practitioners have the opportunity, as well as the ethical and professional obligations, to play a leading role in improving child and adolescent mental health.

Limitations

In this study, a qualitative methodology was adopted, and all the participating families were Azari. Majority of them were married, and the results may not be generalized to other groups with different specifications in terms of cultural norms and marital status. In future studies, quantitative methods can be used, and the results can be compared with the results of this study. It was also recommended that a qualitative study be conducted on a sample of adolescents regarding facilitators of their problems with their parents. In this study, the issues were examined in more detail and depth.

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