



ADOLESCENCE, FAMILY AND PEER GROUP: THE DISCOURSE OF THE ADOLESCENTS AND THE IMPLICATIONS FOR NURSING

ADOLESCÊNCIA, FAMÍLIA E GRUPOS DE IGUAIS: O DISCURSO DOS ADOLESCENTES E AS IMPLICAÇÕES PARA ENFERMAGEM

ADOLESCENCIA, FAMILIA Y GRUPOS DE IGUALES: EL DISCURSO DE LOS ADOLESCENTES Y LAS IMPLICACIONES PARA ENFERMERÍA

Ítalo Rodolfo Silva¹, Francisca Georgina Macedo de Sousa², Ana Larissa Araújo Nogueira³, Daniele Castro Barbosa⁴, Thiago Privado da Silva⁵, Leda Barros Castro⁶

ABSTRACT

Objective: to know the meanings attributed by teenagers to their family, their peer group and the process of being adolescent. **Method:** qualitative study, having as subjects of research 14 adolescent students of a learning public institution of a capital city of Northeast in Brazil who participated of a previous stage of the matrix search Structure, Dynamic and Meanings of Family for Parents and Students Adolescents. To collect data it was used the semi-structure interview in the period from June to August 2010 and to analyze them, the method of the Collective Person Discourse. The study has been approved by the Ethics Committee in Research of the Federal University of Maranhão, under protocol number 23115-006943/2009-99. **Results:** three speeches are presented: Describing the adolescence; the family in the concept of being a teenager and describing the peer group. The speeches show that the adolescent understands the family as the axis of affective and emotional support and shortage of openings in this social group allows for greater approximation of the peer group. On the other hand, the adolescence is noticed as a transition process characterized by the manifestation of ambivalent desires and behaviors. **Conclusion:** the study reveals the influence that family and peer groups play in the adolescent development, demonstrating the importance of thinking, valuing and to involve such dimensions in the attitudes of nursing care to adolescents. **Descriptors:** nursing; family; adolescent.

RESUMO

Objetivo: conhecer os significados atribuídos pelo adolescente à sua família, ao seu grupo de iguais e ao processo de adolecer. **Método:** estudo qualitativo, tendo como sujeitos da pesquisa 14 adolescentes escolares de uma instituição pública de ensino de uma capital do Nordeste brasileiro que haviam participado de etapas anteriores da pesquisa matricial Estrutura, Dinâmica e Significados de Família para Pais e Adolescentes Escolares: conhecer para intervir. Para coleta dos dados utilizou-se a entrevista semi-estruturada no período de junho a agosto de 2010 e para analisá-los, o método do Discurso do Sujeito Coletivo. Aprovado no Comitê de Ética em Pesquisa da Universidade Federal do Maranhão com o número de protocolo: 23115-006943/2009-99. **Resultados:** apresentam-se três discursos: Descrevendo a adolescência; A família na concepção do ser adolescente e Descrevendo o grupo de iguais. Os discursos demonstram que o adolescente compreende a família como eixo de sustentação afetiva e emocional e que a escassez de aberturas nesse grupo social possibilita maior aproximação do seu grupo de iguais. Por sua vez, a adolescência é percebida como um processo de transição caracterizado pela manifestação de desejos e comportamentos ambivalentes. **Conclusão:** o estudo revela a influência que a família e o grupo de iguais exercem no desenvolvimento do adolescente, demonstrando a importância de se pensar, valorizar e envolver tais dimensões nas atitudes de cuidado de enfermagem ao adolescente. **Descritores:** enfermagem; família; adolescente.

RESUMEN

Objetivo: conocer los significados atribuidos por los adolescentes a su familia, a su grupo de iguales y al proceso de ser adolescente. **Método:** estudio cualitativo, teniendo como sujetos de la investigación 14 adolescentes escolares de una institución pública de enseñanza de una capital del nordeste de Brasil que participaron de etapas anteriores de la investigación matriz Estructura, Dinámica y Significados de Familia para Padres y Adolescentes Escolares: conocer para intervenir. Para la colecta de datos fue utilizada la entrevista semiestructurada en el período de junio a agosto de 2010 y para el análisis, el método de Discurso del Sujeto Colectivo. Aprobado en Comité de Ética en Pesquisa de la Universidade Federal do Maranhão con el número de protocolo: 23115-006943/2009-99. **Resultados:** se presentaron tres discursos: Describiendo la adolescencia; La familia en la concepción de ser adolescente y Describiendo el grupo de iguales. Los discursos demuestran que el adolescente comprende la familia como eje de apoyo afectivo y emocional y que la escasez de aberturas en ese grupo social posibilita más cerca de su grupo de iguales. Por otro lado, la adolescencia es percibida como un proceso de transición caracterizado por la manifestación de deseos y comportamientos ambivalentes. **Conclusión:** el estudio revela la influencia que la familia y el grupo de iguales ejercen en el desarrollo del adolescente, demostrando la importancia de pensar, valorizar y envolver esas dimensiones en las actitudes de cuidado de enfermería al adolescente. **Descriptor:** enfermería; familia; adolescente.

¹Nurse, Master Student in Nursing at Anna Nery School of Nursing/UFRJ. Rio de Janeiro (RJ), Brazil. CAPES scholarship, a member of GESPEn/UFRJ and GEPSFCA / UFMA. Rio de Janeiro (RJ)/São Luís (MA), Brazil. E-mail: italo-rs3@hotmail.com; ²Nurse Doctor Professor, Department of Nursing, Federal University of Maranhão/UFMA, Program Coordinator of Graduate Nursing, Federal University of Maranhão/UFMA and GEPSFCA. São Luís (MA), Brazil. E-mail: fgeorginams@ufma.br; ³Nurse, Master students in Nursing at UFMA, a member of GEPSFCA, CAPES scholarship. São Luís (MA), Brazil. E-mail: analarissaan@hotmail.com; ⁴Nurse, Master student in Nursing at UFMA, a member of GEPSFCA/UFMA, CAPES scholarship. São Luís (MA), Brazil. E-mail: danielecastro_13@hotmail.com; ⁵Nurse, Master Student in Nursing at Anna Nery School of Nursing/UFRJ, and member of GEPSFCA GESPEn, CAPES scholarship. Rio de Janeiro (RJ), Brazil. E-mail: thiago-p-silva@hotmail.com; ⁶Nurse, a member of the Study Group on Family Health, Children and Adolescents - GEPSFCA/UFMA. São Luís (MA), Brazil. E-mail: ledabarro1985@hotmail.com

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INTRODUCTION

Generally adolescence is characterized as a process of transition between childhood and adulthood, permeated by significant changes and biopsychosocial transformations¹⁻² that are processed in time and different intensities for each teenager. Therefore, the characteristics of psychosocial development are not universal³, because the parameters which bound it are not fixed and vary according to constitutional aspects, cultural, psychological, historical and geographical. It is further added, the cultural of each connection, making the process of becoming an adolescent is unique for each individual in this stage of life.⁴

In spite of this, the physiological changes that come with puberty constitute mostly delimit the beginning and end of adolescence⁵, according to the traditional model of health care and consequently focused on the cure of diseases.

However, thinking in adolescent health requires going beyond the comprehension of biological factors⁶. This thought points to the need to learn the multidimensionality that permeates the teenager's living and being. Thus, we must consider the context to be feasible to plan and implement nursing care based on needs, weaknesses, priorities and potential involving their environment.

In this sense, it emphasizes the importance of interpersonal relationships for the healthy development of adolescents, because in general, their behaviors are too influenced by the relationships they have with world⁶, especially with family and peer group.

Therefore, one side is the family group, complex, dynamic and permeated by a range of meanings that go through the blood relations, because it is constituted, supported and strengthened by the emotional bonds between the members³, who exerts strong influences on construction and maintenance of values and principles of the individual.^{4,8-9} Another is the peer group, which appears at this stage of life as an alternative to the family and, in parallel, as a facilitator for the consolidation of the identity of adolescents themselves.¹⁰

The adolescence, in this perspective, is also described as stage of ruptures¹¹, which highlight the natural separation of the family group and intense approach to the peer group, configured as a desire to belong to the group. This movement can be enhanced to the extent that there is a shortage of openings for

communication of quality in the family. However, the desire to acquire, in other ways, answers to the problems and solutions / emotional needs of the supply, could trigger, in some cases, adolescent behaviors of pathological character¹², because not always the peer group is able to provide these needs.

At this juncture, depending on the intensity and quality of relationships between peers, there may be requirements for assimilation of typical behaviors of the group, including sexual initiation and/or drug use.¹³ In this regard, it is understood that nursing needs to develop and articulate strategies for health promotion can reach adolescents and their peers. Therefore, it is essential to recognize and appreciate the multidimensionality of relations established by the adolescent and their particularities regarding the reality in which each process.

It should be noted that there are studies¹⁴⁻⁵ that emphasize the need for research that addresses issues related to the family, as well as the interdependence and the resulting consequences for health and development of its members in various fields of knowledge and contexts, because of cultural and social development.

In a more specific field is the nursing, that although there has been, in recent years, increasing dissemination of studies that include the family in its objects¹⁴, the changes in the attitudes of nursing care to this population are not reflected in significant impacts¹⁶ especially in relation to relational skills, and attitudes of subjectivity involved in the care of healthy subject for maintenance of health, because the analysis of nursing scientific production related to the family, in the last years, showed concentration of studies addressed to the experience of the disease.¹⁴ This same reality extends to studies related to adolescent health.

So, assuming that the subject's interdependence with the environment is directly reflected in their development, while being biopsycosocio-espiritual, the question is: what meaning do the teenagers attach to the adolescence and family? How do they understand the family's influence in the process of adolescence? What significance do they attach to their peer group? For as shown, it is incoherent to think of the teenager and his health not to mention family and other groups to which they are related.

Thus, to answer such questions as delimited objective of this study:

OBJECTIVE

- To understand the meanings attributed by adolescents to the process of becoming an adolescent and family.
- To know the importance of the peer group in adolescence.

METHOD

Descriptive study with qualitative approach.

The study subjects were 14 adolescent students between 15 and 17 years-old of a public high school in Northeast Brazil. It was established by convenience a sample from the interest of adolescents who had participated in previous stages of the search matrix structure, dynamics and meanings of family in the eyes of parents and adolescent students: knowledge for action, linked to the Department of Nursing, Federal University of Maranhão, articulated and developed by members of the Group of Study and Research in Family Health, Children and Adolescents - Grupo de Estudo e Pesquisa na Saúde da Família, da Criança e do Adolescente (GEPSFCA).

Data related to the qualitative research were collected from June to August in 2010 through semi-structured interviews, which were previously scheduled and performed in the space provided by the school.

The choice for semi-structured interview occurred because of being able to explore more fully the research question. With this feature the interviewee can express their opinions and feelings and the interviewer leads the respondent to talk about a subject, without forcing to answer or limit in the answers.¹⁷

The interviews were conducted in individual meetings with teenagers, with the guiding questions: What does adolescence mean to you, teens? What influence do the family have in this process? What does it matter the other teens to you? To these main questions we need round answers for the reports of adolescents met the scientific requirements of the deepening of the phenomenon investigated. The interviews were recorded in digital form and subsequently transcribed.

For analysis and interpretation of the data we used the method of the Collective Subject Discourse - Discurso do Sujeito Coletivo (DSC), for understanding that this methodological approach allows to preserve at all times of

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the research discourse inseparable from collective thought.¹⁸

For the construction of the DSC, we worked with data in three methodological approaches: Expressions Key (ECH), corresponding to parts of speech that reveal the essence of the testimony of the subject interviewed. The Central Ideas (CI), linguistic expressions that concisely reveal the meaning of each of the speeches analyzed, and Anchor (AC), a language expression that supports the ECH, expressing a given theory, ideology, belief or hypothesis.¹⁸

The DSC is constructed from the junction of isolated stretches of testimony so that this aggregation forms a cohesive and coherent discourse in which each of the interviewees is recognized as a constituent of the whole.¹⁸ In this study, the DSC's were prepared from the verbal expression of the subject allowing the consideration of the issue/problem in descriptive and interpretive levels.¹⁸

It is noted that the elaborate speeches should express original, distinct and specific positions facing the research theme, as several speeches may be derived from a single response. When this occurs, the researcher will be able to distinguish using as a criterion difference / similarity and complementarity or antagonism between them. When antagonistic, it is necessary to separate the presentation, when additional, the way of presentation will be subjected to the option of the researcher wants more detailed results or not.¹⁸

The interview analysis supported by the DSC method aims to highlight the ECH and by other analyzes, to delimit the IC's. The delimitation of the ICs possibled the construction of discourses. After the construction of each speech, we described the Theme Generator Meanings, formulated from the analysis of discourses, configured as Anchor.

Thus, the DSC method allows the expression of the thought of a particular population or group on a given theme statement in first person singular, seeking this way, the collective expression of an individual subject's speech.¹⁸

In regard to ethical aspects of research involving human beings, the participation of the subjects happened in voluntarily, the objectives and purposes of the research were explained and consent to the collection and dissemination of results. As the study subjects were underage, the term of consent was signed in duplicate by their legal

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representative (parent) as specified in Resolution 196/96.¹⁹

It should be emphasized that the research matrix was approved by the Ethics in Research - Comitê de Ética em Pesquisa (CEP) of Federal University of Maranhão, in the registration of no. 23115-006943/2009-99 and funded by the National Council of Scientific Development - Conselho Nacional de Desenvolvimento Científico (CNPq).

RESULTS

It was possible to select a variety of ECH's that, aggregated for similarities, were

Adolescence is the time when we most need support, It's in this phase when I most need the help of my parents and my whole family, but not always. We have many adolescent conflicts, sometimes we want one thing and sometimes another, sometimes we laugh and do not know why you're smiling, sometimes we cry and do not know why we're crying. It's like they say, adolescence is a difficult phase, only those who are going through it to understand. Most adults generalize us, they think we are all equal, but we are not. Dad says he does not trust what the teenager says, so no point in saying anything to him because he will not even listen! This label that the rebel teenager has annoys me, they (parents) do not understand me, because we don't usually talk. Furthermore, adolescents have that issue of freedom, they always want to do things that feels right, and sometimes acts without thinking of the consequences of their actions, and so maybe there is that whole issue of young adults deem as inconsequential, immature and irresponsible. But not every teenager is like that! (DSC1)

Picture 1. IC 1. Describing the adolescence

The family is my foundation, my ground, because since the moment I was born they give me support to live. Therefore, the family is the most important thing we have in the world, with them, we feel complete and important, that's why I say that my family is everything to me. Because from them I receive much love and affection, my parents taught me the core values of life and so, I understand that the family has great influence in shaping the character and how you relate with others, the way you relate with other people reveals where you came from, or the family. Therefore it is important to have a good relationship among family members, because it is strengthened when you have a good relationship between members, moreover, if the family is united, I will also be united with other people, with my friends for example. My family has a very strong connection that nothing can break it, we're strengthened in the trust we have in each other, rely heavily on my family, more than anywhere else in the world, more than any friend. The people who make up my family are all those that have great importance to me, not necessarily the people that I possess a blood relation, because sometimes a friend or teacher welcomes us better, so they also regard as family. Thus, the family are all those people who give us love and affection. (DSC2)

Figure 2. IC 2. The Family in the teenager's conception

I have friends who are like siblings, because they are more present in my life than my own family. I share things with them which I would never talk to my parents, so a friend knows more things in my life than my own family, because I can talk to them, I can open up and feel free to do so, because I trust them. I know my friends will understand me better because they are the same age as me. My only reason for living for many times is my friends, with them I have another type of connection, I feel understood, feel valued. In times of trouble they stop being friends and become like siblings. (DSC3).

Picture 3. IC 3. Describing a peer group

DISCUSSION

• Featuring the adolescent

It is understood that human beings are constituted by their relationships/interactions which establish and society,²⁰⁻¹ for these reasons we're characterized as a complex being. Nevertheless, the social dimension attributes to the teenager a range of meanings and representations guided by symbolic systems that frame on behavioral rulesdirected by parameters of normality and abnormality, behaviors which are opposed to such rules and socially reprehensible.

However, the teenager expresses ambivalent desires and behaviors, characterizing it as being dialogical, as demonstrated by referring to "sometimes we

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creating the IC's and concurrently the DSC. Then, to discuss the results we could develop the following Generators Meanings Themes / TGS: Featuring the adolescent; Revealing the dimensions of the adolescent and family; The importance of the peer group in the process of adolescence, presented below, which together reveal the magnitude of the meanings that permeate the triad Adolescence, Family and Equal Group and its influence in the process of adolescence.

Thus, the first DSC reveals the teenager as a singular subject that demonstrates the need to be valued in their particulars.

want one thing and sometimes another, sometimes we laugh and do not know why we're smiling, sometimes we cry and do not know why we're crying "(DSC1), and that sometimes these expressions prove to be contrary to the behavioral standards set by society and therefore, they give the image of a disarray and immature person.

Historically the stereotype assigned to adolescence as a generator phase of conflict begins to be built in the Middle Ages²² and get larger nowadays, given the persistence in understanding this stage under the gaze of unpredictability. In this sense, the conflicts and turmoil during the process of adolescence are characterized as crises of adolescence, conceived as a human condition necessary for the teenagers' development.²²

Although this phase of life has been the

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focus of several actions and public policy measures, adolescence is still characterized as a period imbued with challenges, mainly due to the social demands made by the family, the peer group, and society as a whole, contributing to exacerbate the difficulties that underlie this process.⁶

Teenagers show in DSC1 the need they have of being perceived and valued in interpersonal relationships with their families, emphasizing the importance of understanding in their individuality when they declare: "[...] they think we are all equal, but we aren't [...] not every teenager is like that."

In this direction, it is inconceivable to plan and implement nursing care to adolescents without understanding them as a being / individual and therefore they have specific features. This may be a starting point for nurses to establish their care to the customers efficiently.

● Revealing the dimensions of the Family for adolescents

Teenagers comprise the family as structure in their lives, this was evidenced in the speech they spoken, when they mentioned that "the family represents my floor, my foundation, because since the moment I was born they're the foundation that sustains me" (DSC2). However, this base of balance and support will be in constant threat if family relationships are fraught with conflicts that may impair the communication quality in this environment. This thought is conceived by adolescents when they report that "the family that lives in conflicts will surely generate a lot of negative aspects to the formation of the individual" (DSC2). So, the teenager understands the necessity of living together in harmony to their healthy development.

The communication among the family members is in an essential tool to enhance and assist the establishment of satisfying interpersonal relationships²², because the dialogue is configured as a primary condition for the establishment of understanding²³ and, therefore, it is necessary to balance and quality of family dynamics, because the family that enables the members favorable conditions for the establishment of communication of quality, certainly provide a natural flow to family life, thus allowing to the family members meet and recognize better one to another, considering the ability of the communication has to promote awareness and understanding of each other as constituent members of this dynamic, complex and socially group.

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It should be noted that the support desired by the teenager to face the challenges that are presented in the process of adolescence is strengthened by trust in affective relations that they keep. However, such trust shall be permitted only by engaging in dialogue, so communication as evidenced in his speech "with them, I feel supported and this support is allowed when there is dialogue and trust" (DSC2).

In this direction, we could also understand that the teenager realizes the family beyond the dimensions of consanguinity as expressed in the speech:

My family are the most important people to me they are not necessarily those people whom I have a blood relation, because sometimes other people as friends and teachers welcome us better, they are also family. Therefore, the family are all those people who give us love and affection. (DSC2)

Thus, we start from the understanding that the meanings and dimensions of the family for adolescents are directly related to the field of human subjectivity, since it corresponds to capacity, quality and intensity of affective bonds established and fed back in the relationship between individual/individual as well as of individual/collective.

In this perspective, the actions that guide the practice and health care to adolescents should include the family based on the representations and meanings that it has in its development process and therefore the influence to the promotion and maintenance of health.

● The importance of the peer group in the process of becoming an adolescent

The understanding of adolescence as a complex process, where there is intense reorganization and disorders inhabited by action systems⁹, makes this stage of life the characteristics of dynamics and multidimensionality, because there are various aspects and phenomena of changes within it.

In this sense, the peer group is in an interdependent relationship with the healthy development of adolescents, therefore, the interactions and feedbacks set of balance disorder potentiate the risk of becoming an adolescent process. Moreover, the teenager in the search for the peer group, parameters and conditions to (re) define/(re) join/(re) organize and rebuild thoughts and conceptions. Thus, it appears as a supplementary means of its own.⁹

These statements support the justification

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of the peer group influences for adolescent behavior, a fact that deserves to be valued, because as mentioned, the process of becoming an adolescent is surrounded by proximities of the peer group and detachment of the family group. However, it is necessary to define thresholds of normality and abnormality for the detachment of the binomial adolescent-family, given the importance showed by this social group in the process of becoming an adolescent.

The DSC3 shows that the strengthening of relations between adolescents and their peers are based on open dialogue and therefore the trust established between them, as shown by mentioning "I can talk to them, I can open up and feel the will to do it because I trust them".

So, the trust must be valued by adolescent's family members. This same understanding must permeate the attitudes of nursing care in order to allow the mechanisms of action lined in the subjectivities involved in the becoming an adolescent process and their relationship with family and peer group.

CONCLUSION

The study allowed us to understand the perspective of being a teenager, which in turn, the teenagers are shown as a person who has specific characteristics that differ from each one. In the meantime, being a teenager demonstrated their weaknesses while recognizing their conditions of ambivalence and sometimes conflicts that pervade the process of adolescence, highlighting the need for support to face the challenges that arise in this stage of life.

Thus they have the ability to perceive, interpret and understand the weaknesses and needs which surround the relationships with family and peer groups, well as the influences for their development.

The family for the teenager was revealed as the main emotional and psychological support, being characterized as a hub for support and balance. This concept points to the importance of quality communication in interpersonal relationships established in this environment.

In respect to the peer group, the teenager in the speech expressed the importance that assumes for the healthy development, emphasizing that in many cases it is among peers that it is found a moment to express themselves and therefore feel valued.

Thus, there is an unquestionable need for

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nurses to the dispense their care to adolescents, to understand the context in which they are inserted.. Therefore, it is necessary to know the social groups with which the adolescent is related, especially the family and their peers, because only in this perspective it will be possible to plan, implement and evaluate the nursing care in resolving this clientele.

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Corresponding Address

Ítalo Rodolfo Silva

Cond. Elisa de Albuquerque

Rua Elisa de Albuquerque, 157, bl 10, Ap. 402,

Bairro Todos os Santos

CEP: 20770-290 — Rio de Janeiro (RJ), Brazil