

Social Emotional Disturbances Of Adolescents: Familial Explanation

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Abstract

Social emotional disturbances being considered a behaviour deviation having a detrimental effect on the child and adolescent's development and adjustment. Family plays a crucial role in the development of psychosocial problems in the adolescents. Family factors are, particularly important for explaining the origins of behaviour disturbances in youth. The aim of the present research was to investigate the social emotional disturbances in relation with family environment among adolescents. The sample comprised 200 adolescents (100 boys and 100 girls) within the age range of 13-17 years selected randomly from various public schools of Patiala region. Measures of social emotional disturbances (J.B. Hutton & T.G. Roberts, 2004) and family environment (R.H Moos and B.S. Moos, 1994) were used. The data was analyzed using correlational analysis for the variables under study. Further, findings have been discussed in the light of relevant literature.

Keywords:- Social Emotional Disturbances, Family Environment and Adolescents.

Emotional and behavioural disturbances refer to a broad range of maladaptive, dreadful and irregular emotions, thoughts and behaviour. Behavioural disturbances encompass symptoms of anxiety and depression, and are most common mental health problems in childhood and adolescence. Behavior disturbances in children and adolescents are those that (a) are experienced as troublesome by adults(such as teachers, parents). (b) are known to disrupt normative social development. The Federal criteria for emotional disturbance found in The individuals with disabilities education act(IDEA,1997; IDEIA,2004) specify the term exhibiting specific characteristics as 1. An inability to learn which cannot be explained by intellectual, sensory or health factors. 2. An incapability to build or maintain adequate interpersonal relations with others. 3.Inappropriate type of behavior or feelings under normal conditions. 4. A general pervasive mood of unhappiness or depression. 5. A

tendency to develop physical symptoms pains or fears associated with personal or school problems.

Bower (1969) proposed a developmental continuum for identifying emotional disturbance in children and youth, and his work has served as the foundation for the definition of emotional behavioral disturbances. Epidemiological estimates indicate that approximately 20%, or one in five school age children, exhibit a mental health condition causing at least mild functional impairment (Bazelon Center for Mental Health Law, 2004; Department of Health and Human Services, 1999; National Institute of Health, 2001). In contrast, the percentage of students identified for special education supports and services under the classification of emotional disturbance (ED) has remained constant at approximately 1% of the school-age population (Forness & Kavale, 2001; National Center for Education Statistics, 2005; U.S. Department of Education, 2008).

Emotional and behavioural problems are perceived to be as potential causes of disciplinary problems in the adolescents. The interpersonal relationships and conduct problems combine to form externalizing behavior composite. Externalizing problems are related to lack of social functioning and academic problems in adolescence (Hinshaw, 2002). Internalizing problems is combination of inappropriate behavior, depression and anxiety.

The theoretical framework of problem behaviour theory (Jessor, 1987 , 1991) with three major systems of explanatory variables ie. Behavior system, Personality system and Perceived environment was a broadband and widely used framework to explain dysfunction and maladaptation in adolescence.

Family environment maintains its importance for the psychological development of the child. Family environment continues to be of crucial importance throughout adolescence and young adulthood (Van Wel, 2000). A positive family environment (eg. Open communication, low conflict, high support and moderate effective involvement) can support youth's healthy adjustment (Grant et al. 2006, Conger & Conger, 2002). Typology of family environment classifies families using a specific procedure according to their most salient features considering the personal growth, relationship and system maintenance characteristics (R.H. Moos & B.S. Moos, 1994).

Present study

Family plays a crucial role in the development of psychosocial problems in the adolescents. Family factors are particularly important for explaining the origins of

behavior disturbances in youth. Families of children with emotional disturbances may also need help in understanding their child's condition and in learning how to work effectively with the child. As the number of adolescents experiencing social emotional disturbances (internalizing and externalizing problems) continues to increase, further research is needed to identify the correlates of such problems. The current study aimed to examine the social emotional disturbances of adolescents in relation with typology of family environment. We hypothesized that (a) Achievement orientation, intellectual cultural oriented, moral religious oriented and support oriented families would be negatively correlated with social emotional disturbances. (b) Conflict oriented, disorganized families and individual oriented families would be positively correlated with social emotional disturbances.

Method

Participants

The present study comprised total 200 adolescents (100 boys and 100 girls) within the age range of 13- 17 years. All the participants were school going students from various public schools of Patiala region. To obtain information about the personal details socio demographic data sheet was used.

Measures

Social emotional dimension scale 2: Social emotional dimension scale 2 (Jerry B. Hutton and Timothy G. Roberts, 2004) the SEDS-2 provides school personnel such as teachers, counselors, educational diagnosticians, and psychologists with a means for rating student behavior problems that may interfere with academic functioning.

Family environment scale (Moos and Moos, 1994): It is self report questionnaire that can be administered on 11 years and older. It has 90 items with 10 sub-scales organized into three dimensions (Relationship, personal growth, system maintenance). Scores for 10 sub-scales are derived to create an overall profile of family environment. Internal consistency reliability estimates for sub-scales range from 0.61 to 0.78. inter-correlations among these 10 sub-scales range from 0.53 to 0.45. To facilitate the interpretation of family profiles typology of family environment was developed based on data from a representative community sample.

Procedure

Before starting the procedure prior permission for data collection was taken from the principal of respected schools. First, rapport was established with the students to collect the pertinent data. Written consent was obtained from the respondents before

collecting the data. The purpose of the testing was conveyed to all the participants and instructions for the test administration were given to the participants of all tests one by one. Researcher asked them to respond promptly without any bias to make sure that the data will be free from any error or copying of responses from others.

Results

Table 1 presents the Summary of the Correlation of subscales of Social Emotional Disturbances and the dimensions family environment.

Variables		IR	CP	IB	DEP	AI	OSE
Family Typology	Social Emotional Disturbance						
Cohesion	Support Oriented	-0.09	-0.20**	0.01	-0.04	-0.14*	-0.12
Expressiveness		0	0.07	-0.1	0.01	-0.06	-0.01
Conflict oriented families		0.14	0.09	0.20**	0.02	0.23**	0.14*
Independent oriented		0.02	-0.08	-0.06	0.11	-0.04	0.04
Achievement Oriented		-0.21**	-0.1	-0.17*	-0.06	-0.07	-0.15*
Intellectual Oriented	Cultural	-0.17*	-0.03	0.07	0.01	-0.03	-0.03
Moral Religious oriented	Emphasis	-0.22**	-0.05	-0.09	0.05	-0.18**	-0.07
Disorganized Families		-0.24**	-0.14	-0.25**	0.01	-0.23**	-0.16*

**p<0.01, *p<0.05

*IR- Interpersonal relationship, CP- Conduct problems, IB- Inappropriate behaviour, DEP- depression, AI- Anxiety/inattention, OSE- Overall social emotional

The results of the present study (table no 1) revealed that the subscale of social emotional disturbances (SED) ie. Interpersonal relationship was negatively and significantly correlated with family typology viz. achievement oriented (-0.21, p<0.01), intellectual cultural oriented (-0.17, p<0.05), moral religious emphasis (-0.22, p<0.01) and disorganized families (-0.24, p<0.01), however on cohesion, expressiveness, conflict oriented families and independence oriented dimensions showed no significant correlation. Further, the subscale of social emotional disturbances ie. conduct problems was found to be negatively correlated

with only cohesion under the support oriented families ($-0.20, p < 0.01$) in a significant manner.

Results of present study further revealed that inappropriate behaviour the subscale of Social emotional disturbances was significantly and positively correlated with conflict oriented family ($0.20, p < 0.01$) but negatively correlated with achievement orientation ($-0.17, p < 0.05$) and disorganized families ($-0.25, p < 0.01$). Anxiety and inattention of Social emotional disturbances showed negatively correlation with cohesion ($-0.14, p < 0.05$), moral religious emphasis ($-0.18, p < 0.01$) and disorganized families ($-0.23, p < 0.01$) but positively correlated with conflict oriented families ($0.23, p < 0.01$) in a significant manner. However, depression subscale of social emotional disturbances showed no significant correlation with any of the dimension of family typology. Overall social emotional disturbances was found to be negatively and significantly correlated with family typology viz. Achievement oriented and disorganized families ($-0.15, p < 0.05$, $-0.16, p < 0.05$), while positively correlated with conflict oriented families ($0.14, p < 0.05$).

Discussion

The present research was designed to assess the relationship of adolescent's social emotional disturbances and family environment. For this purpose correlational analysis was computed. The results (Table 1) clearly revealed that achievement oriented and disorganized families were significantly correlated with interpersonal relationship, inappropriate behaviour and overall social emotional disturbances. Paul (1996) found that there was a significant degree of conflict with less cohesion and organization in emotionally disturbed families. Families of outstanding adolescents showed high achievement orientation and organization in the family regardless of social class (Paul, 1988). A positive emotional tone in adolescent's parental relationships predicted less of behavioural problems and more of academic success (Repinski and Zook, 2005). Bakker et. al. (2012) showed that development in unstable family environment has long lasting negative mental health effects on adolescents. Perceived family organization found an inverse federation with parent abuse, suggesting that a positive family environment was a protective factor against the development of violence against parents (Ibabe, Jaureguizar & Bentler, 2013).

In the present study, the results (Table 1) also showed that support oriented and cohesive families found to be significantly and negatively associated with conduct problems and anxiety/ inattention. Family support plays an crucial role in diminishing

emotional and behavioural problems in adolescents (Heerde & Hemphill,2018) and lack in family support can leads to increasing depressive symptoms(Stice et al.,2004; Santens et al.,2018). Family processes, including parental involvement and support and communication between parents and adolescent are closely related to delinquent behaviour and conduct problems (Demurth & Brown, 2004; Loeber et al., 1999; Stouthamer- Loeber, Loeber, Wei, Farrington,& Wikstrom, 2002). Posel et al. (2018) showed that Family is the most important source of support throughout adolescence. Cohesion has been shown as a positive feature and viewed that cohesiveness has dynamic effects on adolescent development as cohesive families showed better psychosocial development in adolescents and families that marked by cohesion and moderate amount of control with moderate sovereignty serve as right combination for children's growth by reducing their anxiety (Tung & Sandhu, 2008).

Further, results revealed that conflict oriented families were positively correlated with inappropriate behaviour, anxiety and overall social emotional disturbances. However, moral religious emphasis oriented families was negatively correlated with interpersonal relationship and anxiety. These findings are in line with previous research focusing on these specific characteristics of family functioning. Cohesive families are less likely to have children with behaviour problems (Lucia and Breslau 2006) and greater family conflict has been attributed to lower levels of family cohesion and higher levels of anxiety and stress in adolescents (Johnson et al.,2001). Adolescents who have more conflicts with their family have more behavioural and emotional problems (Tucker et al.,2003). Several studies provided evidence that negative associations between adolescent problem behaviour and social climate of the family (Cuffe, Mc Keown, Addy & Garrison, 2005; Halpern, 2004). In other study showing the externalizing problems (aggressive behaviour and interpersonal relationship) in adolescents found a significant association between family factors (conflict and moral religious emphasis) (Aziz, Maqbool, Gul & Quershi, 2014).

Poorer family functioning (Higher conflict, lower support and open communication) was associated with emotional problems such as anxiety and depression (Anerbach & Ho,2012; Hughes, Hedtke and Kendall,2008) and conduct problems (Karriker-Jaffe, Foshee, Ennett and Suchindran, 2012). Anxiety was found to be high in adolescents those who were in disturbed family environment. Jorge (2000) said that children who had inter parental conflicts presented higher anxiety.

In brief, the results of the present study pertinently revealed an inference that family environment strongly connected with emotional and behavioural disturbances in children & adolescents and parents influence them through their parenting techniques in a particular family typology. The topic is heavily researched; however, more research can be done. A qualitative study with more factors could be identified for what influences emotional and behavioural disturbances among adolescents. The findings from the research suggests the implications that interventions programmes could be designed to examine and enhance the family environment. Family based interventions which focus on improving relationship and communication within the parents and adolescents can lead to some success in dealing with social emotional disturbances.

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