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Aberrations in Personality make-up through Socio- cultural perspectives: A Critical Review

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Abstract:

Children who are exposed to negative experiences like abuse, violence, illness and death of family members, socio- economic stress, impoverishment, etc., tend to develop aberrated personality traits, which become pronounced during adolescence. Factors such as age, gender, family dynamics, parental interactions, environmental stress, academic demands and the adolescents' perception of the stimuli they are exposed to, affect changes in personality make- up. Literature elucidating these effects has been reviewed in the present study. Research on the effects of counselling practices has also been examined. The paper concludes that there is an urgent and serious need to address many detrimental issues surrounding children and adolescents, especially their family and social environment, so that they may grow up to overcome these threats, to become well-adjusted and healthy adults.

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Introduction:

Adolescence is the transitional period between childhood and adulthood, causing the individual to experience much turbulence in both mind and body. These are the years when an adolescent has to work towards fulfilling academic and career goals; parental expectations are high and in the process she/ he has to cope with a lot of stress. This stage can be completed relatively smoothly if the adolescent receives a lot of emotional and moral support from her/ his environment. This stage in life is also important because an individual's personality, attitude and qualities become crystallized during this period, thus preparing her/ him for a successful adult life. Development of personality depends on the various stimuli the individual is exposed to throughout childhood; so all experiences - favourable or detrimental result in the formation of the personality traits accordingly. The development of a personality trait that does not favour the adjustment and progress of an adolescent is what is termed as an aberration in the personality. This study reviews the various researches conducted to understand some major factors that directly or indirectly affect the development of aberration in the personality make- up. The focus is on the effects of age, gender, traumatic experiences in early years, family dynamics, health status of parents and quality of parenting and socio- economic environment, on the magnitude of Personality Aberrations among adolescence mediated by other socio- cultural factors.

Age:

Recent research shows that changes are very conspicuous during the transitional ages from childhood to adolescence and into adulthood. These changes are pronounced but can vary from one age to another and from one gender to another. Feingold (1994) conducted a meta- analysis of normative data obtained from recognized personality inventories (1940-1992), from literature published between 1958 and 1992. There were marked differences between males and females in many of the traits, but some traits like impulsivity, locus of control, orderliness and social anxiety seemed to be of the same levels in both males and females. He also found that gender differences were generally constant across ages and educational levels of the subjects, the years and countries from which data was gathered.

In a study by Mõttus, Soto and Slobodskaya (2017), the changes in personality traits from childhood to adolescence were examined. In this study of children belonging to two very different social groups, the role of age in variation of personality traits was examined; the individual differences in most of the traits showed a marked increase, as age advanced from early childhood to adolescence. However, the authors warn that future studies should consider other factors such as socialization pressure and specific periods in age where these mechanisms may be predominant. Hence studying individual differences using Variance is necessary in a research process to understand the effect of each of the factors coming into play. In fact, there is persuasive evidence that personality traits keep changing throughout our lives. Specht, Bleidorn, Denissen, Hennecke, Hutteman, Kandler , Luhmann, Orth, Reitz, and Zimmermann (2014) compared theoretical perspectives to understand the mechanisms of personality development. Only a few of the theories provide direct evidence for the propositions, and the neo- socioanalytic theory allows the integration of specific aspects of personality development like the role of time, differences in

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social roles or the active participation of the individual. But all theories offer some empirical support for the proposition that changes in personality occur all through life.

An extensive study (Soto, John, Gosling, & Potter, 2011), using the Big Five, supported the assumption that late childhood and adolescence were crucial stages, wherein some traits were particularly pronounced and distinctly different from the changes in adults. Along with differences in genders, psychosocial maturity and adjustment trended negatively in adolescence. Agreeableness, Conscientiousness and Openness were found to be higher among the girls in their pubertal period, they also became more extraverted according to Gollner, Roberts, RodicaLudtke,Jonkmann and Trautwein (2016). In a similar study on British and German populations, Lucas, and Donnellan(2009), found that Extraversion and Openness were associated negatively with age, while Agreeableness showed a positive association. But all the four traits showed marked changes during mid- adolescence.

Gender:

In a study, the perception of early adolescents about the social support from parents, classmates, friends and teachers was investigated. The results showed marked differences in perceptions of girls and boys. While the girls reported more support from their social milieu, the boys said they felt significantly less support. The authors (Rueger, Malecki, and Demaray (2008), stressed upon the importance of studying gender differences in social experience research particularly among adolescents. A similar study, two years later, by the same researchers (Rueger, 2010), showed a significant difference in the adjustment levels of boys and girls; while for boys, the support of classmates was a strong predictor, parental support was a key factor in the adjustment levels of girls. This difference seems to be consistent even among adults, in that each gender reacts differently to similar social stimuli. In a Minnesota Twin Family Study (Hicks, Blonigen, Kramer, Krueger, Patrick, Iacono&McGue(2007), examining developmental changes and gender differences among other contributions to externalizing disorders, men increased in symptoms for externalizing disorders at a greater rate than women. The study illustrates the importance of gender and developmental context for future developmental studies.

Behaviours that demonstrate gender differences may also be a result of the perceptions that develop at younger ages.

How boys and girls understand the support they receive from significant adults in their lives and their closeness/ dependency on friends, determines their future understanding of gender based roles/ behaviours. Adolescents from Hong Kong were administered the Multidimensional Scale of Perceived Social Support by Cheng and Chan (2004). While younger boys reported the highest level of support from family, girls of all ages reported more support from friends than from family. Costa Jr., Terracciano,McCrae& Robert (2011), focused on the examination of R-NEO Personality inventory data from various cultures across the globe and suggested through predictions from the evolutionary theories and social role models that gender differences were more pronounced in cultures where traditional sex roles were at a minimum. The results also showed that men were higher in some traits, while women reported higher levels in others.

According to self -reports, women showed higher levels of Neuroticism, Agreeableness, Warmth, and Openness to emotions, whereas men reported higher levels of Assertiveness and Openness to Ideas. Contrary to predictions from evolutionary theory, the degree of gender differences varied across cultures, which seems to contradict the predictions of evolutionary theories; again differing from the predictions of the social role model theories, traditional gender roles were minimal in the European and American cultures. The authors have given some reasons for these findings and attribute these behaviours more to gender roles than traits in the more traditional societies. Gender differences were also very pronounced in a study of coping strategies in stressful situations for children and early adolescents (Eschenbeck, Gmünd &Lohaus (2007). It was found that girls scored higher in seeking social support and in problem solving, but boys scored higher than the girls in avoidant coping.

Gender differences seemed to be more pronounced in stressful social situations. The researchers suggest that coping strategies should be studied with gender differences in focus. Post- traumatic stress disorder (PTSD) has been found to occur much more in women than in men; also women seem to be at more risk for PTSD than men. The reasons for this difference are a matter for research. A review by Olff, Langeland, Draijer&Gersons (2007), pointing out the need for further research in gender differences in PTSD, suggests that the higher levels of risk of PTSD experienced by women, seems to be due to the type of trauma, age at exposure and higher levels of perception of threat and loss of control and many other such factors. These results seem to be consistent with the findings of another study by Hyde, Mezulis, & Abramson, (2008), where, about twofold the women showed depression in comparison to men and more adolescent girls were depressed than boys. The authors also propose a model comparing various factors to account for gender differences in depression. Among adolescent girls and boys too, this difference in physical and psychological problems was quite pronounced. In a study twice or thrice as many girls as boys, reported that they had headaches, exhaustion, muscular pain, difficulty sleeping and sadness along with anxiety. More girls than boys experienced pressure from school and perceived more stress than boys. However, authors (Wiklun, Malmgren-Olsson, Öhman, Bergström&Fjellman-Wiklund (2012), suggest that this gender gap should be explored further and should be addressed particularly in schools, so as to reduce health problems earlier to help better adjustment in adulthood.

Parent- Child Relationship:

The effect of depressive episodes of parents can be quite pronounced on their adolescent children and continuous exposure makes them more sensitive to the depressogenic

effects of life stressors in adulthood. It was also found that girls were more affected by the depressive states of their parents than the boys. The researchers found that these effects were stronger in adolescence (Bouma, Ormel, Verhulst&Oldehinkel2008). A substantial body of evidence was gathered by Tess Rigde (2010), through a review of a decade's worth of qualitative research to show that poverty permeates all facets of the lives of children from disadvantaged homes. This limits social relationships and participations in the children who also associate shame, sorrow and fear with the socio- economic differences. With differences in economic status comes the difference in access to good educational resources. The education levels of each of the parents also had a marked effect on the development of personality traits in children belonging to low socio-economic families. When the mother's education levels were high, the children showed high extraversion and openness; in contrast, the father's low education levels were associated with low levels of conscientiousness and high neuroticism in the children (Jonassaint, Siegler, Barefoot, Edwards& Williams, 2011); with enough evidence to support the benefits of authoritative parents who have a warm, firm and accepting relationship with their adolescents, it has been suggested by the study of Steinberg (2001) that parents need to be educated about the needs of adolescents on a large scale.

In a review by Pfefferbaum, Jacobs, Houston & Griffin (2015), family demographics, interactions between parents and their style of parenting was studied against social factors such as media coverage of disasters, indirect exposure to adversities, and the extent of social support received- these were the factors that measured children's reactions to disaster. It was found that the outcomes were more adverse in the case of children from lower SES families, who had highly stressed parents, where parents themselves could not cope and among children who had contact with media coverage and were exposed to secondary adversities. Social support is highly recommended to protect children from post- disaster stress and trauma.

General Health:

The deleterious effects of poor socio- economic status (SES) on the well- being of adolescents have already been mentioned in the review of researches (Ridge, 2010). More studies have emerged in the past few decades demonstrating the associations between SES and health and behaviours of adolescents. Poor diet, inactivity and substance abuse are commonly present in adolescents from poor SES homes (Hanson & Chen, 2007). In a survey conducted by Väistö, Aronen, Simola, Ashor&Kolho (2010), the parents of adolescents suffering from inflammatory bowel disease reported that their adolescents had more emotional problems, social and thought problems and lower competence than the non- suffering adolescents. Of course further research into this has been recommended to assess psychosocial well-being.

It is well- known that poor physical health affects the well-being of children, social pressures also affect the psychological health of children. In a study of Chinese pre-adolescents, the relationship between pressures to perform well academically and psychosomatic symptoms of abdominal pain and headache was examined. Across rural and urban populations, fear of punishment especially from parents, worries about exams and bullying were common stressors. Boys were bullied much more than girls and parents punished much more than teachers. The authors of this research article, Hesketh, Zhen, Lu, Dong, Jun & Xing(2010), insist on introducing measures to reduce the punitive and competitive educational environment to improve the psychological well- being of Chinese children. In a Russian study conducted a year and a half after a terrorist attack, adolescents aged 1417 years were assessed for depressive symptoms and the extent of social support received, the sense of community they perceived. Both females and males showed lower depression levels if they felt supported by family and peers. Also they themselves strongly believed in collectivism and this heightened their sense of community support received (Moscardino, U., Scrimin, S., Capello, F. &Altoè, G., 2010).

Traumatic Experiences:

Research on normal personality development in childhood and adolescence &personality disorders, shows that personality disorders are present in childhood and that they can be moderately stable and quite impairing (Shinera, 2009). A review of research studies has been carried out by Sharma and Tripathi (2015) to understand the impact of socio-cultural milieu combined with impoverished living conditions, financial constraints and traumatizing experiences on the development of personality of adolescents.

A longitudinal study was conducted to examine the role of personality factors in the risk of exposure to trauma and of developing post- traumatic stress symptoms (PTSS) among adolescents. Significant gender differences were found, in that, males high in Extraversion and Openness were at a higher risk for exposure to traumatic experiences, while females with low Extraversion and Openness scores but high levels of Neuroticism scores were at a higher risk for PTSS after any traumatic exposure (Gil, 2015). The effects of traumatizing experiences on the development of personality was studied among Chinese adolescents (XianBin Li, ZhiMin Wang, YeZhiHou, Ying Wang, JinTong Liu, ChuanYue Wang, 2014), using the Childhood Trauma Questionnaire and the Eysenck Personality Questionnaire. The effects of rates of emotional, physical and sexual abuse and emotional neglect were marked, which meant that Neuroticism and Psychoticism scores were high. Furthermore, a significant number of the tested adolescents reported that they had experienced abuse and neglect during childhood.

Abuse in the form of victimizations by either siblings or peers during childhood also had considerable effect on the mental health (Sharma &Tripathi, 2018).Victimization by siblings made the children vulnerable to bullying by peers as well; and the children and adolescents who reported the highest mental distress were the ones who were being abused by both parties (Tucker, Finkelhor, Turner & Shattuck, 2014). Siblings could

also become aggressive with each other when exposed to violence either directly in the form of community disputes, parental disagreements or physical abuse of children themselves or indirectly through continuous exposure to violent shows on television.

A study by Miller, Grabell, Thomas, Bermann& Graham-Bermann(2012),shows that living with depressed mothers, abusive fathers and exposure to community violence increases aggression between siblings. The effect of watching violent television material seemed to be more significant than the other exposures (Villani, 2001). Childhood trauma and poor living conditions can have strong links with physical pathologies like obesity and diabetes. The psychobiological consequences of traumatic experiences and adverse living conditions were studied; although little is known about the mental state of adolescents during the occurrence of trauma, there seems to be enough evidence to support the changes in hormone levels that result in physiological maladjustment- the hormonal changes being brought about as a consequence of traumatizing experiences (Ehlert, 2013). There is a lot of research cautioning us about the repercussions of childhood maltreatment on the physical health consequences in adults. In a large survey of middle school students, more than 23% reported chronic headaches and physical maltreatment and also a tendency towards depression (Fuh, Wang, Juang Lu, Liao & Chen, 2010). Somatic disorders such as functional pain in the abdomen was commonly seen in children exposed to physical or psychological illness of family members, dysfunctional climate and most of all traumatic experiences especially insecure relationships (Wiklund, Malmgren-Olsson, Öhman, Bergström&Fjellman-Wiklund, 2012).

Adverse experiences such as maltreatment during childhood can also have pronounced effects on the lives of adults, even in the absence of poor living conditions. In a study that aimed at disentangling the adult personality traits from the effects of childhood maltreatment, it was found that even though there were other conditions like parental alcoholism and divorce, maltreatment during childhood seemed to be a large contributor in the development of aggression, substance abuse and psychiatric conditions. The authors conclude that there are several, long term mental health consequences of mistreatment during younger years (Sergentanis, Sakelliadis, Vlachodimitropoulos, Goutas, Sergentanis, Spiliopoulou, &Papadodima, 2014).

The care- giving system for any child should provide safety and stability for the healthy development of a child; hence conversely, continuous and repeated exposure to stressors can have long term and negative mental health outcomes, behavioural issues and complex trauma. The authors, Kinniburgh, Blaustein, Spinazzola & Van der Kolk (2005), discuss the various needs of children suffering from complex trauma and propose that while non- exposed children have the opportunities to develop other competencies, children with complex trauma have to focus only on surviving the adversities they are exposed to nearly every day. Hence, the intervention should also be rooted in the social and development context while addressing available competencies that can be used by therapists to help the children.

The long-term implications of persistent negative experiences on childhood and adolescents has been discussed in a study of female delinquents (Cernkovich, Lanctôt & Giordano (2008); the results of this study show that such sexual and physical abuse are strong predictors of criminal tendencies during adulthood. Significant and strong associations between abuse and neglect were seen with psychotic symptoms like delusions and hallucinations. In the children who are abused over a long period of time, it is more probable that psychotic symptoms intensify during adulthood (Nierop, Lataster, Smeets, Gunther, Zelst, Graaf, Have, Dorsselaer, Bak, Myin-Germeys, Viechtbauer, Os&Winkel, 2014). Major Depressive disorder may manifest itself in late life if the adults have been exposed to continued trauma during childhood, especially if they had low resilience. A study by Schulz, BeckerVan der Auwera, Barnow, Appel, Mahler, Schmidt, Ulrich,Freyberger&Grabe(2014), demonstrated that even if adults are highly resilient, they maybe only partly protected from the damaging effects of neglect and abuse. Many more studies have supported these findings and have gone on to suggest that maltreatment affects the integration of other experiences and predicts unresolved issues of loss. This may then lead to dissociation, identity crises and problems in forming or sustaining relationships. The authors Bailey, Moran & Pederson (2007), also found support for strong association between unresolved attachment and dissociative processes. Perry &Szalavitz (2006) have described many studies and reviews in their book "The Boy Who was Raised As a Dog", that have described the profound and lasting consequences of traumatic experiences. They cite a paper by Franey, Geffner, & Falconer, (Eds.) (2001),mentioning that, about 40% of American children experience atleast one traumatizing incident in the form of death of a sibling or parent, persistent physical and/ or sexual abuse, neglect, accident, natural disaster and violence- domestic or a crime. Of these most eventually suffer from serious psychiatric problems, many have obvious psychological problems, and some even end up with heart disease, obesity and cancer.

Center for Disease Control and Prevention (CDC) in association with Kaiser Permanente, a health care company conducted a study of over 17,000 Americans from the middle income strata, in 1998. The study showed that over 60% adults are affected by physical and mental health problems due to adverse childhood experiences. The American Academy of Pediatrics in a recent study in 2014, listed the following as Adverse Childhood experiences (ACE): Emotional, Physical and/ or Sexual abuse, Emotional and Physical neglect, Mother treated violently, Household substance abuse, Household mental illness, Parental separation or divorce and Incarcerated household member. These experiences may occur once or over a sustained period of time; but what makes them "effective" is the lack of protective and supportive relationships with significant adults (AAP, 2014).

Duke, Pettingell, McMorris&Borowsky(2010), in their study of ACEs describe the relationship between different types of adverse occurrences in the life of children and resulting violence during their adolescence. Over 28% of the adolescents who took the survey experienced atleast one of the adversities in the form of family dysfunction due to alcohol/ drug use, physical and/ or sexual abuse, during their childhood years. Each of these experiences was found to be associated with a set of violent behaviours by the adolescents. Each additional type of adverse experience increased the risk of perpetration of violence (in the form of bullying, destructive behaviours, weapon- carrying, self- mutilation, suicidal ideation) by over 110%. The authors suggest that each of these experiences and their specific consequence should be studied in greater detail to improve the support process. In a detailed study, Sharma &Tripathi (2015), have elucidated the behavioural consequences of traumatizing experiences in childhood, combined with lack of healthcare, basic amenities and general impoverishment; the cases studies also note the poor quality of parenting, lack of secure and loving relationships with parents, abuse, alcoholism and violence in neighbourhood, that lead to the maladaptive behaviours of the adolescents and the detrimental changes in their personality make-up. The authors suggest that continued counselling of both the adolescents and the families to help overcome the serious consequences of adverse and traumatic childhood experiences.

A survey conducted on about 10,000 adolescents and young adults, showed that with the increase in number and types of experiences, the number of multiple health problems in adults too increased. The results also highlight the impact of ACEs on the long- term health in the adult life- span. Additional complications are caused by the fact that much of these cases are not reported and no help is sought to mitigate the consequences of these experiences. Assessments and intervention programs should focus more on building strong and supportive relationships between family members and improving socio-economic status, so that they feel less threatened to seek help (Chartier, Walker, &Naimark, 2010).

A review by Chapman,Dube&Anda (2007), has examined the association between adverse childhood experiences such as emotional, physical, and sexual abuse, neglect, family dysfunction and other traumatizing experiences and the psychiatric symptoms that emerge over the adult's lifespan. The theories of Freud, Erikson and Piaget have been compared with the findings of recent studies on adverse experiences and their deleterious consequences on mental health. A lot of research has been conducted in the field of neuropsychiatry to understand the implications of childhood trauma. The study by Perry, Pollard, Blakley, Baker& Vigilante (1995), suggests that the development and functioning of the brain are affected by traumatic experiences in such a way, that the responses become maladaptive. The brain tends to remain in a state of hyper-arousal and this leads to difficulties in organizing and internalizing information in the child's still developing brain. This can result in the maladaptive traits in adolescents and is an area that requires further research.

Socio- Economic Environment:

It is generally accepted that the lower the socio- economic status of the population, the higher the mental health problems. Studies have consistently shown that poor family economy predicts problems in mental health, even in cases where the parents are educated. The Family Stress Model proposes that low income and financial hardships induce strain on the parents, which takes a toll on their mental health, can increase conflict and thus interfere with the style and quality of parenting. A study by Gershoff, Aber, Raver& Lennon (2007),implies that financial difficulties and resulting parental stress has a strong impact on the cognitive and social emotional competency of the children. Emotional distress and antagonistic behaviours can result from unfavourable economic conditions. A study by Sutin, Evans&Zonderman (2013), discusses the conditions that increase the risk of substance abuse by adolescents and adults alike. If economic conditions are good, people have a better chance of being protected against use of drugs, because they tend to be more disciplined and deliberate in their daily actions. With poverty, there is an increasing in emotional distress and hence the risk for drug use is higher.

Some researchers have gone so far as to call poverty “toxic”. In a longitudinal study of 300 individuals of which 164 were adolescents and pre- adolescents, poverty related stress was directly related to symptoms of anxiety or depression and social problems. Symptoms of delinquency, attention issues, and somatic problems worsened with increase in poverty. Not just family poverty but also disadvantaged neighbourhoods increased the chances of psychological problems. The authors Santiago, Wadsworth& Stump (2011),conclude that low SES within the family and neighbourhood and resulting stress takes a toll on children, adolescents as well as adults and hence can be aptly called toxic.

Researchers also, however warn that it would be incorrect to measure psychological well- being purely on the basis of economic status or poverty levels. Factors like rapid economic growth can also be detrimental to the psychological health of the individual who has faced poverty for an extended period. The author, Rojas (2011), after a micro-level investigation of a survey in 16 Latin American countries, on the basis of over 12,000 observations, suggests that the impact of economic growth on the psychological health of poor families differs from that on wealthy families. Even in a developed country like Norway, where the standards of living are considered to be high, psychiatric problems were more prevalent in the poorer families. Both internalizing and externalizing symptoms were seen in the families with lower incomes and other SES factors (Bøe,Øverland, Lundervold&Hysing(2012).

Data from the National Danish Registries was analysed to understand the long term implications of poverty during early childhood years. Psychological difficulties resulting from chronic stress resulted in conduct problems and attention deficits with hyperactivity, in children who were exposed to intermittent poverty during the perinatal period and early childhood years. Elevated levels of psychosocial

maladjustments in the form of externalizing behaviours and high levels of stress were characteristically present in children who grew up in families with financial instability (Pryor, Strandberg-Larsen, Andersen, Rod& Melchior, 2019).

In many developed countries, the living conditions of immigrants may be considered poor in comparison to the economic status of the rest of the population. Discrimination is strongly perceived by the Hispanics and African Americans who live in the lower- socio- economic strata and the stress of poverty combined with fewer opportunities- in terms of education, healthcare and jobs, result in externalizing behaviours in young children and adults and other psychological problems. Racial discrimination perceived by Mexican- American adolescents was studied by Flores, Tschann, Dimas, Pasch & de Groat (2010). These adolescents exhibited heightened post- traumatic stress symptoms and indulged much more in substance abuse and fights with peers.

School Environment:

Impact of school environment is also seen in Chinese children, who are under a lot of pressure to produce high academic results. The students are constantly worried about exams, punishment from teachers, bullying by other boys and physical punishments from parents. These caused extreme stress in the children leading to psychosomatic symptoms. It was recommended that the schools should introduce measures to reduce this stress urgently (Hesketh, Zhen, Lu, Dong, Jun & Xing, 2010). Sharma and Tripathi (2017) have discussed in detail five cases and conclude that the impact of family dynamics, quality of interaction between adolescents and significant adults and poor socio- cultural stimulations, have a significant effect on the personality make-up of the adolescent. They go on to propose a very specialized counselling model for the adolescents belonging to deprived/ disadvantaged socio- cultural milieus.

In general most of the studies emphasize the prevalence of physical and psychological/ emotional/ mental problems in children and adolescents who experience stressful situations either once (in the form of disasters, crime, etc.) or over many of their formative years (physical and sexual abuse, neglect, poverty, dysfunctional family relations, etc.). The cumulative effect of these adverse childhood experiences result in maladjustments in adults, poor coping skills and further debilitate relationships and emotional stability. In the event that such experiences are addressed by knowledgeable adults and children taken care, the severity of the traumatizing experiences maybe reduced.

Conclusion:

Ultimately, one can conclude with some certainty that the role of adults around these traumatized children and their interactions with them, is very crucial and significant. Children should be able to trust and depend upon the significant adults in their lives to love, support and encourage them towards coping, healing and subsequently empowering them. The interaction between the people and their socio-cultural environment is what will determine the development of a strong personality in the adolescents of society.

- The individual differences in most of the traits showed a marked increase, as age advanced from early childhood to adolescence.
- Along with differences in genders, psychosocial maturity and adjustment trended negatively in adolescence.
- There were marked differences in perceptions of girls and boys in terms of social support received. Girls reported more support from their social milieu in comparison with the boys' reports.
- Men exhibited increased symptoms for externalizing disorder at a greater rate than women, in the context of developmental changes.
- Gender differences in personality traits varied across cultures, contradicting the predictions of evolutionary and social role model theories.
- Younger Chinese boysreported the highest level of support from family, but girls of all ages reported more support from friends than from family.
- Gender gap in terms of development of personality traits should be explored further and should be addressed particularly in schools, so as to reduce health problems earlier to encourage adjustment in adulthood.
- Extraversion and Openness were associated negatively with age, while Agreeableness showed a positive association.
- The effect of depression in parents can have a pronounced effect on their adolescents.
- Adolescents with authoritative parents who offer a warm, firm and accepting relationship benefit much more than other types of parenting styles.
- Parents need to be educated about the psychological and emotional needs of adolescents on a large scale.
- While physical health affects the well- being of children, social pressures affect the psychological health of children.
- Personality factors- Neuroticism and Psychoticism- were high in adolescents who had been exposed to childhood traumatic experiences like emotional, physical and sexual abuse and emotional neglect.
- Depression in mothers, abuse from fathers and community violence result in aggression between siblings.
- Mistreatment during younger years results in long term mental health consequences.
- Maltreatment affects the integration of other life experiences and predicts unresolved issues of loss, which is strongly associated with dissociative processes.
- Accumulated traumatic experiences during childhood lead to maladaptive behaviours of adolescents and result in detrimental changes in their personality make-up.
- Financial difficulties and the resulting parental stress has a strong impact the cognitive and social- emotional competencies of children.
- Economic growth of a society has different impacts on the psychological health of economically different types of families.
- Measures to reduce stress should be introduced urgently as these have been proved to lead to psychosomatic symptoms.

- Social support is highly recommended to protect children, especially from post- disaster stress and trauma.
- Continuous counselling of both the adolescents and their families are necessary to overcome the harmful consequences of adverse and traumatic childhood experiences.
- Assessments and intervention programs should focus on building strong and supportive relationships between parents and children/ adolescents and on improving their socio- economic status

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