CHAPTER TWO

REVIEW OF LITERATURE
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Adolescence has been well accepted as an independent developmental stage having unique developmental characteristics. However, there has been hardly any discussion exclusively on adolescents’ psychological problems among the mental health professional in our country. Adolescents’ problems are discussed either with children’s problems or as a small part of discussion with general mental health problems. Being an independent and important phase of development, adolescence and problems of adolescents must be discussed separately (Sinha, 2003).

A preliminary survey of the literature revealed that there has hardly been any published information with regard to how different dimensions of personality, perception of home environment and school environment, predicts, psychopathology, i.e., internalizing and externalizing disorders in adolescents. But representative studies of childhood psychopathology and different personality dimensions, relationships between adolescents’ psychopathology and home environment or school environment have been included in the review.

The present review has been organized on these perspectives covering important empirical works in 1990 to 2007 and grouped in the following 5 areas-

1. Personality and psychopathology.
2. Home environment and psychopathology
4. Interactive effect of Personality, environment (Home/School) on adolescents psychopathology.
5. Development of Prosocial behaviours.
2.1. PERSONALITY AND PSYCHOPATHOLOGY:

Just as individual personality shapes individuals' adaptation over time, childhood personality plays an important role in the development of psychopathology. Eysenck (1975) proposed that both in adulthood and in childhood personality and psychopathology are linked, though the links are yet to be discerned. Though Eysenck (1975) suggested that links between personality, social situation and psychopathology should be thoroughly explored in children and adolescents, till date it has been minimally explored. Studies concerning several dimensions of personality and their relationships to different types of childhood and adolescents' psychopathology have been included in the review.

Many researches were conducted to clarify the nature of personological diathesis (i.e. predispositions) for mental disorders. If personality serves as a diathesis for mental disorders, it would represent a logical target for prevention and intervention efforts, it could be aimed at modifying the maladaptive personality that maintains disorder once developed.

Temperament has been conceptualized as a set of inherited personality traits that appear in infancy (Buss & Plomin, 1984). Many researches have been studied the relationship between early temperamental characteristics and subsequent development of behavior problems. Kolvin et al., (1975) found that children with high antisocial scores differed significantly from normals on all dimensions of temperament.

Temperament is regarded as constitutional facet of child development that may be observed very early in childhood, appears biologically based, and when deregulated, may evoke maladaptive parenting (Lytton, 1990, 1991) and may facilitate the progression from early disruptive problems to conduct disorder (Cole et al, 1992).

Fonseca & Yule (1995) in Portugal conducted two studies to test the hypotheses derived from Eysenck's and Gray's theories of personality regarding antisocial behaviour, for this purpose the Junior Eysenck Personality Questionnaire (JEPQ) and card task aimed at measuring sensitivity to reward were used in each of the studies. The first study compared a
group of juvenile delinquents with a group of non delinquents and the second study compared a group of severely conduct-disordered children with a group of normal children. The results did not support Eysenck’s claim that delinquents score higher than their normal counterparts on extraversion, neuroticism and psychoticism. Some support was found for the hypothesis derived from Gray’s theory: Children and adolescents with severe antisocial behaviour were more sensitive to rewards than their normal counterparts.

Francies (1996) conducted a study with a sample of 20,968, age ranging from 13 to 15 year old secondary pupils. They completed a scale of attitude towards substance use along with short form of the Junior Personality Questionnaire. The data demonstrate that rejection of substance use among this age group is associated with tender mindedness, introversion, stability and social conformity.

Another study was conducted by L.J. Francies et al., (1996). The Rosenberg Self-Esteem Scale was completed by 802 eleven-year secondary school pupils, together with the neuroticism, extraversion, and lie scales of the Junior Eysenck Personality Inventory. The data demonstrate that good self-esteem was associated with extraversion, emotional stability and with being male.

Francies et al., (1999) on a sample of 236, 16 to 19 year old adolescent girls. They completed the Eysenck neuroticism scale and rated their perceptions of how desirable British society in general considers the items of the Bem Scale of felinity for men and for women. The data demonstrate a relationship between neuroticism and the tendency to emphasize greater differentiation between the cultural stereotypes of men and women.

In a review primarily focused on longitudinal studies, Sanson & Prior (1999) concluded that early temperament (specifically negative emotionality, intense and reactive responding and inflexibility) is predictive of externalizing behaviour problems by late childhood. In addition, an inhibited or approach-withdrawal temperament has been associated with fewer externalizing problems in late childhood.
Hoyle (2000) focuses on the role of personality in sexual risk taking. He undertakes a quantitative synthesis of the extent literature on the association between higher-order personality factors and risky sexual behaviour. The meta-analysis indicates that sensation seeking, impulsivity, agreeableness are associated with all sexual risk-taking behaviours typically studied; neuroticism and conscientiousness are associated with some risky sexual behaviours but not others. The author argue that more research on personality and sexual risk-taking is needed, and that relatively small number of studies completed to date give good reason to believe that personality processes are important to understanding of sexual risk taking.

Krueger et al. (2000) conducted a research to identify the personality profiles associated with different health risk behaviours. The findings suggests that five personality traits consistently predicted which person will become involved in health-risk behaviour three years later and which persons would not. Adolescents who at age 18 scored lower on traditionalism, harm-avoidance, self-control, social closeness and higher on aggression in multidimensional personality questionnaire (MPQ) were significantly more likely to become involved in a health risk behaviour by age 21. However, the effects of personality traits on health-risk behaviours are likely to be indirect, mediated through various social and self-regularity process (Jensen et al., 1997).

A study conducted by Wills et al., (2000), on an epigenetic approach in understanding the relation between simple dispositional characteristics and complex problem behaviours with focus on adolescent substance use. A series of studies conducted over the age range from 10 to 15 years of age. The research suggests that temperament dimensions serve as a substrate from which more complex attributes develop. Temperament characteristics are not positive to have invariant relationships with adolescents or adult characteristics, but rather to provide a “range of reactions” that can influence trajectories of development either toward proneness to problem behavior or away from it (Tarter, et al., 1995)
Shiner and Caspi (2003) proposed a preliminary taxonomy of individual differences in personality traits that can be measured in children from approximately pre-school age up. For each higher order traits they describe the lower-order traits that are likely to be subsumed with in it (Table: 2.1)

Table: 2.1  A proposed taxonomy of higher-order and lower-order personality traits in childhood and adolescence:

<table>
<thead>
<tr>
<th>Higher-order traits</th>
<th>Lower-order traits</th>
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<tr>
<td>Extraversion/ Positive Emotionality</td>
<td>Social inhibition/ Shyness</td>
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<td></td>
<td>Sociability</td>
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<td></td>
<td>Dominance</td>
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<td></td>
<td>Energy/Activity level</td>
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<tr>
<td>Neuroticism/ Negative emotionality</td>
<td>Anxious distress.</td>
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<td></td>
<td>Irritable distress.</td>
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<td>Conscientiousness/ Constraint</td>
<td>Attention.</td>
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<td></td>
<td>Inhibitory control.</td>
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<td>Agreeableness</td>
<td>Antagonism</td>
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<td>Prosocial tendencies</td>
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Extraversion / Positive Emotionality encompass several lower-order traits: social inhibition, sociability, dominance and activity level. Social inhibition reflects reluctance to act and feeling of discomfort in encounters with strangers or possibly other groups of people (Buss & Plomin, 1984).

Shyness is distinguishable from sociability, the preference to be with others rather than alone (Asendorpf & Meier, 1993). This distinction is especially apparent by middle childhood (Harrist et al, 1997; Mathiesen & Tamble, 1999). When children have increasing control over how they spend their time and whether they spend it alone or with others; at this point of development, individual differences in sociability and shyness may increasingly
represent two different behavioural systems. Sociability may primarily tap elements of approach and positive emotionality, as it does in adults (Church, 1994).

Dominance represents that extent to which a child exerts influence on others' (particularly other children's) behaviour, in part through organizing their behaviour. This dimension also encompasses a child’s ability to act cooperatively and competitively to procure desirable resources (Charlesworth & Dzur, 1987; Hawley, 1999).

Energy/activity level emerges as another component of extraversion or surgency (Goldberg, 2001: Rothbart et al., 2001). Children vary in their motor activity from infancy through at least early adolescence. Eston (1994) has argued that overtime the high energy and motor activity of some children may become transformed into the greater talkativeness associated with extraversion in adults.

A number of researchers have suggested that Negative Emotionality encompasses two related but distinct lower-order traits, one tapping fear and other tapping anger and irritability. Rothbatt and Bates (1998) provide compelling evidence for two traits they label 'fearful distress' and 'irritable distress' in both infancy and early childhood. In older children the former trait may be more appropriately labeled anxious distress because anxiety connotes a broader range of negative emotions including fear. Anxious distress appear to tap inner focused distress, including a child’s tendency to withdraw fearfully from new situations; Big Five studies of children suggest fearfulness is also linked with tendency toward anxiety, insecurity and guilt. This tendency to experience inner-directed negative emotions has been identified as both a vulnerability factor and a core feature of many types of adult psychopathology, particularly anxiety and depressive disorders (Mineka et al., 1998; Watson et al., 1994).

In contrast irritable distress tap distress directed outward, including children's tendencies towards irritability, anger and frustration; these hostile emotions are often evoked by external limitations placed on children by adults (John et al., 1994; Rothbart & Bates, 1998). Conscientiousness/ constraint include at least three lower-order traits: attention,
inhibitory control and achievement motivation. Attention taps children’s capacity to regulate attention by shifting mental sets, focus attention and persists at tasks in the face of distractions. A second lower-order dimension of Constraint encompasses inhibitory control vs. behavioural impulsivity, a dimension that ranges from the tendency to be playful, cautious and controlling one’s behaviour to the tendency to be incautious, careless and under controlled (Kochanska et al., 2000).

A third component appears to be achievement motivation (Mervielde & Defruyt, 2002); children who are high on this trait strive for high standards, work hard, and are persistent in completing activities.

The two poles of Agreeableness-antagonism and prosocial tendencies –have been studied separately as distinct traits (Bohart & Stipek, 2001). Quite understandably, developmental researchers have been very interested in the process that supports the development of prosocial traits and the inhibition of antisocial traits.

Helgeland et al., (2005) study to investigate continuities between emotional and disruptive disorders in adolescence and personality disorders in adulthood. One hundred thirty subjects (age: mean = 43.2 years) who have been diagnosed with emotional and disruptive behavioural disorders during adolescence (age: mean = 14. years) and rediagnosed based on hospital records, according to DSM-IV, were interviewed with Structured Interview for DSM-IV Personality to establish whether they suffered from personality disorders at the 28-year follow-up. Results showed that adolescents with disruptive behaviour disorder were significantly more likely to have cluster B personality disorders at follow-up than adolescents with emotional disorders. Logistic regression analysis revealed that disruptive behaviour disorders in females were significantly more strongly associated with high risk of cluster B diagnoses at follow-up than in males. Emotional disorders were significant and independent predictors of cluster C personality disorders in women but not in men. Disruptive behaviour disorders were a significant and independent predictor of antisocial personality disorders in men.
A longitudinal study on developmental typology of personality and its relation to antisocial behavior conducted by Morizat and Blance (2005), demonstrated that four developmental types of personality identified from the measures of Disinhibition, negative emotionality and Extraversion, seemed to be related to antisocial behavior. Levine and Jackson (2003), suggested that high psychoticism predicts delinquency whereas high psychoticism and neuroticism predicts under socialization.

**Indian Studies:**

Study conducted by Daniel (1989) at NIMHANS aimed at investigating the three groups of disorders, i.e. disorders of conduct, of emotion and mixed disorder of conduct and emotion in the Indian context, with a control group of normal children in the age group of 8 to 12 years. The sample consisted of 33 children in each of the four groups, and interactional patterns, attitudinal variables, cognitive, temperament and personality variables were studied. The conduct disordered were predominantly males in comparison to the emotionally disordered groups. The normals differed from the clinical groups in temperamental characteristics. The conduct disordered had significantly higher mean ratings than normals. The normals were friendlier, approachable and responsive, being high on emotionality, which consisted of mood and persistence, and energy factor which comprised activity and intensity, attentivity or distractibility factor and rhythmicity factor. The emotionally disordered had significantly lower ratings on all these factors. The mixed group had low sociability and emotionality and was more irregular in their sleep and food habits but was comparable to the normals in their energy and attentivity levels.

The study done by Shenoy (1992) of a group of five to eight year old boys and girls found externalization to be correlated highly with activity, low threshold of responsiveness, high intensity of emotionality, high distractibility and low persistence. There was also high correlation with the approach dimension indicating that they were sociable and careful.

Another study in Indian context by Dutta & Basu (2006) examines the relation between psychopathology and different Eysenck's personality dimensions as well as relationship between prosocial behaviour and different personality dimensions. An attempt
was also made to develop norms of Junior Personality Questionnaire (JEPQ) since it has been scarcely used in the Indian population. The study was conducted on a sample comprised of 320 school going adolescents (165 boys and 155 girls), age ranging from 12 to 15 years. The tools used were JEPQ (Eysenck & Eysenck, 1976) and Strength and Difficulties Questionnaire (SDQ) (Goodman, 1997). The results showed that different personality dimensions were significantly related to psychopathology and prosocial behaviour. Moreover, norms of JEPQ developed in Indian context were found to be comparable to the Western standardized norms.

Krishnakumar et al (2006) analyze the temperamental traits associated with conversion disorder in children. Thirty children with conversion disorder attending a child guidance clinic were compared with an age and sex matched control group of normal children for life stresses and temperamental dimensions. The temperament measurement schedule (TMS) and life event scale for Indian children (LESIC) were used for evaluating the temperament dimensions and life stresses respectively. Children with conversion disorder experienced significantly more stressful life events compared to the children in the control group. The stress factors included scholastic difficulties, examination failures, punishment by teacher, conflict with peers, parental disharmony and family problems and sibling rivalry. The characteristic temperamental traits associated with conversion disorder were low emotionality and low threshold of responsiveness.

Das & Basu (2007) attempt to determine whether adolescents' personality dimensions differ among internalizing disorders, externalizing disorder and normals. The sample consists of 16 subjects with internalizing disorders, 16 subjects with externalizing disorders and 20 normal subjects. Junior Personality Questionnaire (JEPQ) was administered to all subjects. F values were found to be significant in all the 4 dimensions- Psychoticism (P), Extraversicn (E), Neuroticism (N) and Lie (L). Further t tests revealed significant differences exist among clinical groups and normals in terms of different dimensions of personality. Results indicate that different profiles of personality dimensions emerge for internalizing and externalizing disorders, which corroborate theoretical concepts given by Eysenck & Eysenck (1976).
Another recent study by Kohli et al., (2007) compares the drawings (Draw-A-Person Test) of normal children with those of children with externalizing disorders and internalizing disorders. Forty children (20 with externalizing disorders and 20 with internalizing children) attending Child and Adolescent Psychiatry OPD were recruited and 20 matched controls from schools were inducted for comparative purpose. The drawings of three groups were analysed on various parameters of size, sequence, omissions, distortions, location, strokes, depiction of various body parts, cloths and accessories. Results show children with internalizing disorders have some sought of sexual aversion or confusion of sex identification as they drew the figures of opposite sex first. Drawings of children with internalizing disorders are bigger in size and they use more of medium pressure strokes whereas figures of externalizing disorders group were smaller in size and had more of high pressure strikes. High pressure strokes denote great deal of drive and energy in children with externalizing disorder.

Some longitudinal studies as cited above explore how the early childhood temperamental/personality traits relate to later childhood or adult psychopathology. Some of the studies described relation to childhood psychopathology and temperamental traits. However, in adolescence, how psychopathology has been related to different personality dimensions has hardly been reported. Though theoretical orientation (as described in Chapter-I) suggests relation between personality dimensions and psychopathology, researches in this area are minimal and hence inconclusive. Furthermore, the use of Junior Eysenck's Personality Questionnaire (JEPQ) in determining personality dimensions of adolescents in Indian setting and their relative contributions in the development of psychopathology are very few. Hence the present study has attempted to explore this aspect.

2.2 HOME ENVIRONMENT AND ADOLESCENT PSYCHOPATHOLOGY:

The family is basically a unit in which parents and children live together. It is the family, which gives the adolescents his first experience of living. Family also plays a crucial role in development of psychopathology in children.
Simons et al., (1988) studied 300 adolescents to investigate the relationship between parental rejection and delinquency. Parental rejection continued to show moderate associations with delinquency after relevant controls were introduced. The results were the same across sexes. Analysis indicated that the predominant causal flow is from parental rejection to delinquency. Some studies show that poor parenting is related to disruptive behaviour (e.g. Frick et al., 1992), while favorable parenting behaviours may be protective (Mc Cord, 1991).

Various factors contribute to adolescent adjustment within the family. It would be interesting to take up the socio-economic status of the family. Socio-economic status is related to many disorders. Blazer et al., 1994 reported that in general depression is more with lower social status. Numerous studies, one of them again by Blazer et al., 1994 have shown that poverty is associated with increased risk for virtually all forms of psychological disorder often the co-relation is bi-directional. People with disorders are too impaired to sustain work and income and also poverty is a stress that may overwhelm healthy coping.

The size of family is a variable that must also be considered. Overall a smaller family size enhances parent child interaction (Powel & Steelman, 1993; Grant, 1994) report that children who grow up in smaller families are healthier have some what higher intelligence test score, do better in school attain high level of education and engage in lower rates of anti-social behaviour. Rodgers et al., 2000 report that parents with lower intelligence test score (many of whom are poorly educated) tend to have larger families.

According to Mein et al., (1996) the following family factors are considered contributing to conduct disorder during adolescence:

- Inconsistent rules and hostile parenting.

- Lack of enough supervision and guidance.

- Frequent change in caregivers.

- Poverty.

- Neglect or abuse.
Much of the research has been done on boys, however parents interact differently with boys and girls, especially with regard to the development of conduct problems. Differential treatment between siblings by parents, particularly regarding parental negativity, influences disruptive behaviour (Pike et al., 1996). The assessment of conflict in the context of the dynamic structure of the family (e.g. mother daughter dyads, inter sibling differences in parental behaviour) may be particularly important for girls at risk for externalizing disorders (Deater-Deckard & Dodge, 1997). Coercive parenting behaviours appear to lead to aggressive behaviours in younger girls as well as boys (Eddy et al., 2001).

Siqueland et al., (1996) assessed differences between families with a child diagnosed with anxiety disorder and control families on self report measures of parenting and independent observers’ ratings of family interaction. Children rated their parents, and parents rated themselves on the parental variables of warmth/acceptance and psychological autonomy/control. Similar constructs were rated by independent observers of family interaction generated via a revealed differences discussion task. Parents of children with anxiety disorders were rated by observers as less granting of psychological autonomy than controls. In addition, children with anxiety disorders rated both their mothers and fathers as less accepting than control children rated their parents.

The style of the interaction between parents and child is linked to peer outcomes. Parents who are hostile over controlling and express negative affect have children, who experience more difficulties with age mates (Parke et al., 1998; Harris, 1994).

Another study of boys in Pittsburgh examined factors associated with multiple problem youth outcomes (Loeber et al., 1998). In this study, Loeber and his colleagues examined the co-occurrence of the following problem behaviours: delinquency, substance use (including alcohol, drugs and smoking) attention deficit problems, conduct problem, physical aggression, covert behavior (e.g., concealing and manipulating behaviour) depressed mood and shy / withdrawn behaviour. They assess three samples, first, forth, and seventh graders, and screened approximately 850 boys in each grade for behaviour problems.
Loeber and colleagues (1998) examined a large variety of individuals, family, and community or macro level (e.g., bad neighborhood and low socio economic status) predictors. Hierarchical regression revealed that lack of guilt, hyperactivity – impulsivity – attention problem, low achievement, anxiety, parent anxiety or depression, poor parent child communication, and parental stress were the best independent predictors of multi problem status.

Woodwarth et al., (1998) studied to examine the parenting and family life correlates of childhood hyperactivity in a community sample of London school children. Twenty-eight boys with pervasive hyperactivity were compared to 30 classroom control children on range of parenting and family functioning measures. Results show that poor parent coping and the use of aggressive discipline methods were significantly associated with hyperactivity after adjusting for the effects of conduct disorder and parent mental health. The best parenting predictor of hyperactivity was disciplinary aggression.

Investigators at Oregon Research Institute (ORI) have done a series of studies that examined the relationship among problem behaviours and parent and peer influences on engaging in problem behaviour. These studies consistently showed that antisocial behaviour, academic failure and tobacco, alcohol and other drug use were sufficiently correlated to justify creating a single problem behaviour construct (Ary et al., 1999; Metzler et al., 1998).

Little evidence disentangling parenting behaviours from parental psychopathology is available, but Kaplan and Liu (1999) suggest that while both contribute, parental psychopathology may be a stronger determinant of disruptive behaviour in offspring than parenting behaviour. Several aspects of child rearing practices, such as degree of involvement, parent-child conflict management, monitoring, harsh and inconsistent discipline, have been correlated with children’s disruptive or delinquent behaviour (Frick, 1994; Wasserman et al., 1996).
Stormshak and colleagues (2000) found that positive and negative parenting behaviours were relatively independent of one another and that punitive discipline by parents was a common risk factor among children with oppositional, aggressive, hyperactive, and internalizing behaviours. Specificity between parenting and child behaviours was found links between physically aggressive punishment and child aggression, and low parental warmth/involvement and oppositional child behaviour (Stormshak et al., 2000). It is clear that the relationship between parenting behaviour and child conduct problems is a dynamic and reciprocal one.

Barrera et al. (2001) found that a problem behaviour construct consisting of antisocial behaviours, academic failure; and tobacco, alcohol and marijuana use was replicable across Caucasian, Hispanic and Indian youth.

These studies consistently predicted the problem behaviour construct from measures of family conflicts, inadequate parental monitoring and associations with deviant peers (A-ye
tal., 1999; Barrera et al., 2001).

Some other study by Horning & Gordon-Rouse (2002) reveals that authoritative parenting has been demonstrated to promote healthy, loving children across home environments of different socio economic status income levels.

Jaffee et al., (2002) used a genetically sensitive design to determine whether domestic violence accounted significantly for the variation and co-variation of externalizing and internalizing problems, independent of genetic effects on these behavior problems. They used the Achenbach family of instruments, mothers and teachers reported internalizing and externalizing problems for 1116 monozygotic and dizygotic five years-old twin pairs in the United Kingdom. Mothers reported their experiences of domestic violence in the previous five years. Structural equation models were tested to determine the effects of mothers’ experiences of domestic violence on children’s emotional and conduct problem controlling for latent genetic and environmental effects on these behaviours. A multivariate model showed that adult domestic violence accounted for 2% and 5% of the variation in children
internalizing and externalizing problems, respectively, independent of genetic effects. The co-occurrence of externalizing and internalizing scores was accounted for by genetic (62.6%) and shared environmental (29.2%) factors and by domestic violence (8%).

Brennan et al (2003) examine the relationship between maternal depression, parent-child relations and resilient outcomes in the context of risk in a cross-sectional study of 816, 15 years old adolescents in Australia. Resilient outcomes were defined as the flowing: no current Axis I diagnosis, no history of depressive disorder diagnosis, no current internalizing problems, and no indication of current social functional difficulties. Parent-child relationship qualities were measured using the Five-Minute Speech Sample, the children report of parent behaviour inventory, and a child report questionnaire concerning perceived maternal warmth and hostility. Results supports positive parent-child relationship qualities would act as protective factors for adolescent children of mother with history of depression. They found that high level of perceived maternal warmth and acceptance and low level of perceived maternal psychological control and emotional over involvement were associated with higher level of resilient outcomes in adolescent children of mother with history of depression. These results are consistent with findings from NICHD study of maternal depression (NICHD Early Child Care Research Network, 1999) and suggest that this protective effect continues in to adolescence, a developmental time period of vulnerability to both psychiatric and behavioural disorders.

To learn more about the roots of internalizing and externalizing problems in low income, African – American children, aged 8 – 12 years, particularly for family and community factors, Kaslow et al., (2003) aimed to determine which variables (mother’s psychological functioning, mother’s intimate partner violence status, family cohesion and adaptability, neighborhood disorder) uniquely predicted a child’s internalizing distress and externalizing distress. Result from the regression model predicting internalizing distress indicates that the five-predictor variables accounted for 38% of the variance. Two of the five predictors were significantly related to child internalizing distress score: mother’s intimate partner violence status and maternal psychological distress. Results from the regression model predicting externalizing distress indicates that the five-predictor variables accounted
for 8% of the variance. The two predictors significantly related to child’s externalizing distress scores were levels of family cohesion and maternal psychological distress.

Cummings et al., (2005) focused on maternal dysphoria and child adjustment. A community sample of 235 mothers and fathers completed measures of depressive symptoms, family functioning and child adjustment. Teachers also provide measures on child adjustment. Results show both maternal and paternal depressive symptoms, even in community sample, were associated with deficits in marital relations, parenting and child functioning, including increased marital conflict, insecure marital attachment, less parental warmth, more psychological control in parenting and children’s greater internalizing and externalizing problems, peer exclusion and reduced prosocial behaviour.

Frye and Garber (2005) study to examine the relationship between maternal criticism and externalizing and internalizing symptoms in adolescents who varied in their risk for psychopathology. Both maternal effects and child-effects models were examined. The sample consists of 194 adolescents and their mothers; 146 mothers had history of depressive disorders and 48 did not. When adolescents were in 6th and 8th grade, maternal criticism was measured with five-minute speech sample and adolescents’ symptoms were assessed with Child Behaviour Checklist. Maternal criticism was significantly associated with both adolescents’ externalizing and internalizing symptoms, beyond the contribution of the chronicity/severity of mothers’ depression history.

**Indian Studies**

In Indian context Ramanujam’s (1976) highlighted the lack of close relationship with the father, over expectation, control and discipline which was punitive and inconsistent. He observed lack of close relationship with the mothers, over protection, over expectation and harsh discipline. He noted that learning difficulties were an expression of passive-aggressive attitudes of the child toward his parents. This is significant in context to the inexplicably large extent of scholastic backwardness at school in children of average intelligent.
Another study by Indiramma (1986) studied the families of the neurotic children and normal children, and reported significant differences in the pattern of interaction amongst the families. When interaction occurred between the child and the parent, it was mainly in the form of discipline and control. The child in turn was either too compliant or too demanding. Sibling rivalry and open conflicts were significantly evident in the neurotic children. Sex differences were present only in that the father had better interaction with the girls, while no such difference was seen in the control families.

A study conducted by Malhotra (1990) on parental care and control of emotionally disturbed and normal children in the age range of five to ten years revealed that the emotionally disturbed had significantly low care and high control when compared to normal children. Thus control versus autonomy to be a crucial factor in the development of emotional disorders in the present day Indian context.

Das & Basu (2003) attempt to study different dimensions of home environment in adolescents with conduct disorder. The sample consists of 20 adolescents boys with conduct disorder of age range 13 to 18 years and 20 normal adolescents boys of same age range. Home environment inventory was administered individually to all the subjects. Results show that adolescents with conduct disorder are found to have received more punishment, they are socially isolated, deprived from privileges and rejected in comparison to normal adolescents. On the other hand, their families have less control on them, they are less protected, they get less amount of reward and nurturance.

In Indian setting a sociodemographic and comorbidity study of children with obsessive-compulsive disorder (Das & Basu, 2004) shows that mental disorders are mostly seen among the mothers (71%) of these children. Most of them have obsessive-compulsive disorders followed by anxiety or depressive disorders.

In the above section the focus has been on the home environment or the 'psychological atmosphere' related to the development of psychopathology in children and adolescents. Thus it might be said that families do play a crucial role in the development of...
psychopathology in children. Family problems, such as family conflicts, harsh or inconsistent discipline, parental rejection and poor parenting were most commonly identified causes of mental health problems. Besides this, parental psychopathology is one of the important contributing factor for development of psychopathology among children and adolescents. In Indian setting few studies have been conducted to explore the nature of home environment of adolescents either with some emotional or with conduct or with behavioural disorders as a whole. However, studies comparing home environment of adolescents with different group of disorders (like internalizing and externalizing disorders) and normals and how environment contributes to psychopathology are very few.

2.3 SCHOOL ENVIRONMENT AND ADOLESCENT PSYCHOPATHOLOGY:

Next to the family is school, school play a crucial and formative role in the spheres of cognitive, language, emotional, social and moral development of child. However, the role of school in the emergency of psychopathology has generally overlooked. There is a growing recognition that school may play a significant role in producing psychopathology, especially due to the formative influence of schools on normal as well as pathological development (Kapur, 1985).

Problems encountered within the school system may be of two kinds. First, the problems which manifest mainly as scholastic backwardness and consequence emotional and conduct disturbances. Second, the disturbances due to intrapsychic or interpersonal problems at home, school or with peers, which in turn cause a drop in scholastic performances.

One of the most interesting and typical phobia in children and adolescents is school phobia. School phobic adolescents often have over protective parents who foster their dependence so that staying home is reinforced as a way of coping with stress in the outside world (Malmquist, 1965).
Classroom climate is a term first coined by Moos (1974) that describes the main features of the atmosphere, ethos or milieu of the learning environment in which students acquire (or fail to acquire) knowledge, skills and attitudes deemed relevant to their education and social development. Although there is no precise consensus on what constitutes a positive classroom climate, its features include what may be termed "a supportive classroom environment" in which students feel personally supported and respected by teachers and enjoy positive relationships with others in the class. In addition, a positive classroom climate is one that is stimulating, task-oriented and orderly. The quality of the classroom climate is seen as determined largely by the contributions made by the teacher and also the profile of students attending the class.

According to Weiner (1980), school underachievement may occur because of sociocultural factors such as family and neighbourhood value systems that minimize the importance of education and peer group attitudes.

Teachers are central to girls' and boys' engagement in learning, their influence being "powerful and pervasive ... the most constant factor in determining the quality of school life for students". (Batten & Butcher, 1981). High quality teacher-student relationship facilitates academic motivation, school engagement, academic success, self-esteem and more general socio-emotional well being (Deci & Ryan 1985; Eccles et al., 1998; Goodenow 1993; Roser et al., 1996)

Teacher responsiveness has been found to have significant effect on Australian primary and secondary students' attitude to school (emotional engagement), attentiveness (behavioural and cognitive engagement) and, through these, on achievement (Hill et al., 1996). Students say they respond positively when classes are taught by teachers who:
- enjoy teaching students as well as the subject,
- respect students and don't put them down,
- involve them in making decisions,
- care about them,
- listen to them and don't shout at them,
• are fair, approachable and speak to them individually,
• have fun with them,
• explain things clearly,
• respond to requests for help, and
• don't give up on them.

Teacher plays a significant role in the development of disordered condition in children and adolescents. When students perceived the expectation of the teachers, they experience a greater sense of self-worth and competence as learners, feel more connected to their teacher and resist involvement in problem behaviour (Eccles et al., 1998; Roeser et al., 1998; Rutter, 1983; Weinstein 1989).

David et al., (2000) examined the effect of school culture on adolescent behavioural problems. Data were obtained from the self-reports of 1,100 grade nine students attending four southern Ontario high schools. Structural equation model results revealed that student exposure to an unfavorable school culture (marked by perceptions of low teacher and classmate support, student conflict, unfair school rules and disciplinary practices, and low student autonomy in school decision-making and affairs) was positively associated with low attachment to learning and peer approval of deviance each of which were positively associated with disciplinary problems, conduct disorder, oppositional-defiant disorder, attention-deficit hyperactivity, and substance use. Significant direct effects of school culture were found for most outcomes.

Gentry & Gable, 2001 investigated whether differences existed in perception of class activities for students in grade III to VIII and between genders. It was found that middle school students found their classroom activities less frequently interesting and enjoyable with fewer opportunities for choice, than did elementary students. Girls indicated that their class activities were more frequently interesting and enjoyable than did boys that contributed significantly gender difference.
Using a range of measures, Ken et al (2006) compares individual student perceptions of 'school climate' in several South Australian single sex and coeducational schools. The results indicate that some students' perceptions of their 'classroom climate' may reflect their involvement in bully/victim interactions with their peers. These findings suggest that it may be possible for teachers to identify victims, bullies and bully-victims among those students who are unhappy in the classroom situation. School staff may then be able to work with these students to reduce bullying in the school context.

2.3.1 Peer relationship and Psychopathology:

Adolescents spend one third of their time talking with peers compared with 8% of their time talking with adults (Spear, 2000). A longitudinal study by Hymel et al., (1990) examined the predictive relations between social difficulties in early childhood (grade 2) and subsequent internalizing as well as externalizing problems in middle childhood (grade 5). A longitudinal sample of 87 children were assessed in both grades 2 and 5 on a variety of measures, including sociometric rating, peer assessments of aggression and isolation, and self-appraisal of social competence. In the second grade, observation of isolated and aggressive behaviour was made, as well, and teacher ratings of internalizing and externalizing difficulties were obtained. In the fifth grade, teacher ratings of shy-anxious and acting out behaviour and self-reports of loneliness and self-esteem were collected. Results demonstrated predictive links between early peer rejection (unpopularity) and aggression and subsequent externalizing difficulties. Internalizing problems in middle childhood were significantly related to early social difficulties, particularly those of an internalizing sort, including poor peer acceptance, social isolation, and perception of social incompetence.

Bierman et al. (1991) examine the mediating role of conduct disorder by linking family characteristics with poor peer relations. Parents, teachers and peer rating were collected for 75 school boys to test the hypothesis that certain family interaction patterns would be associated with poor peer relations. Path analysis provided support for a mediational model, in which punitive and ineffective discipline was related to child conduct problems. Further analysis suggests that distinct subgroups of boys could be identified who
exhibited conduct problems at home only, at school only, at both settings or in neither setting. Boys who exhibited cross-situational conduct problems were more likely to experience multiple concurrent problems (in both home environment and school setting) and were more likely to than any other group to experience poor peer relations. However only about one third of the boys with poor peer relations in this sample exhibited profile profiles consistent with the proposed model (e.g. experienced high rate of punitive/ ineffective home discipline and exhibited conduct problems in home and school setting) suggesting that the proposed model reflects one common (but not exclusive) pathway to poor peer relations.

Analysis reported by Capaldi (1992) revealed that boys defined as both depressed and antisocial were most at risk of variety of factors, including involvement in a deviant peer group, poor academic skills and future involvement in substance use.

Deviant peer involvements are highly associated with transformation of childhood antisocial behaviour into adolescent problem behaviour (Patterson, 1993). Peer influences were found to be critical in the development of early-onset substance use (Dishion et al., 1995). The analysis of the study suggests that the deviant peer group and deviancy training within friendships, underlies the progression from antisocial behaviour to more serious forms of adolescent problem behaviour. Therefore it is hypothesized that children who are problematic at home and school are involved in a deviant peer network supportive of problem behaviour. Young adolescents who are comorbid for both internalizing and externalizing disorder will show the highest level of deviant peer involvement and the poorest prognosis for long-term emotional and social adjustment.

Zakriski & Coie, (1996) have suggested that perception of rejection might ultimately advantage children who are in fact rejected by their peers, especially in those cases where rejected children acknowledge responsibility for their own social circumstances. The perception of rejection functions as a double-edged sword in this view, possibly precipitating the internalizing problems, but also engendering socially adaptive behaviour change. That is, one can paint a picture of a child who is saddened and troubled by the rejection the child accurately perceives, but who is thereby motivated to make the changes, behavioral and
otherwise, necessary to improve his or her social fortunes. Although data suggest that many (physically) aggressive-rejected children maintain overly optimistic views of their own social standing, those aggressive-rejected children who are aware of their negative status may make effort to decrease their physically aggressive behavior in order to secure a better standing among peers.

The stability of peer rejection in children identified as having conduct problems is significant (Coie & Dodge, 1998; Coie & Lenox, 1994) and related to aggressive responding (Dodge et al., 1990), whereas peer rejection within a non-referred community sample showed little consistency and little relation to aggression (Dumas et al., 1996). Furthermore chronically maltreated children are more likely to be aggressive and to be rejected by peers (Bolger & Patterson, 2001). Aggressive girls may be more rejected by their peers than aggressive boys. However, the combination of peer rejection and aggression was found to predict serious delinquency in boys, while only aggression predicted serious delinquency in girls (Miller-Johnson et al., 1999).

In Kistner et al.’s (1999) research, negative social peer perceptions were associated with heightened depressive symptomatology even in the absence of “actual” peer rejection. Perception of social rejection can have significant affective-motivational consequences irrespective of accuracy of that perception.

David & Kristner, (2000) reported a concurrent association between inflated perception of acceptance and heightened levels of physical aggression. Adolescent’s social status, a construct indexing the extent to which an adolescent is broadly liked or accepted by peers, has received a great deal of empirical attention over the past two decades, owing largely to evidence suggestive of a link between children’s rejection by peers and later internalizing, externalizing, and academic problems (Geurra et al., 2004).
Indian Study:

In Indian context John & Kapur (1986) and John (1988) have examined those children who presented with complaints of scholastic backwardness. John found the scholastically backward to have significantly lower perceptual motor abilities, reading, writing and arithmetic skills. Qualitative aspects of the deficit were suggestive of a maturational lag. One third of the sample also had a psychiatric diagnosis along with scholastic backwardness.

A comparative study of school environment between disturbed and normal adolescents (Das & Basu, 2006) found that adolescents of clinical groups have less amount of cognitive encouragement, creative stimulation, acceptance, permissiveness and control.

From the above review, it has found that the studies have examined the association between school environment (conflicts, teacher-student interaction) and different psychopathology. Influence of school environment is next to home environment in adolescent’s life. Adolescents spend maximum time with their peers at school. Peer interaction is also an important factor for adolescent development. The review suggests that peer interaction (acceptance, rejection) is related to adolescent’s adjustment, self-esteem and different psychopathology. However very few studies are available particularly in Indian setting on the relation between different aspects of school environment and psychopathology of adolescents.

2.4 INTERACTIVE EFFECT OF PERSONALITY AND ENVIRONMENT (Home/School):

Understanding how child characteristics and various environment factors relate to increase and decrease in problem behaviours across childhood and adolescence is of key interest to developmental and clinical psychologist.
2.4.1 **Personality and Home Environment:**

Shaw et al (1997) depressive behaviours in preschool boys were predicted by interaction between high temperamental negative emotionality and exposure to parental conflicts. These studies suggest an emotional, fearful temperament interacts with characteristics of the family environment to predict internalizing problems.

Ruchkin et al. (1998) studies interrelation between temperament, character and parental rearing in male delinquent in northern Russia. The comparison between 192 male delinquent adolescents and 121 controls using Temperament and Character Inventory (TCI) and Own Memories of Parental Rearing (EMBU) questionnaire on perceived parental rating showed significant differences. The delinquent group had a higher level of Novelty Seeking, Harm Avoidance and Self-transcendence, and also scored lower on Self-directedness. Delinquents who committed nonviolent crimes (thefts) appeared to have a higher level of Harm avoidance compared with those who committed violent crimes (hooliganism, robbery, rape and murder). As concerns perceived parental rearing practices, delinquents experienced more parental rejection and overprotection. Most of the personality dimensions were found to be highly correlated with the level of parental warmth. Furthermore both temperament traits and maternal rearing practices predicted the development of character dimensions.

Several studies have shown that family environmental factors might moderate the relationship between specific child temperamental characteristics and child internalizing, externalizing behaviours (Bates et al., 1998; Morries at al., 2002; Stoolmiller, 2001). However knowledge about the unique and interactive effects of temperamental characteristics and family environmental on change in internalizing and externalizing behaviours from early childhood to late adolescence is limited.

Lengua et al., (2000) found that inconsistent parental discipline was most strongly related to externalizing problems for children high on impulsivity. Thus family environment characteristics and impulsive temperamental characteristics appear to jointly contribute to later externalizing problems.
Mesman & Koot, (2000) examined the specificity of various child characteristics and environmental correlates of childhood internalizing and externalizing problems using both cross-sectional and longitudinal analyses (from ages 2-3 and 4-5 years) in a general population sample of 10-11 year-olds. Specificity was defined according to a between-subjects and a within-subjects method, using parent and teacher reports of psychopathology. Temperamental withdrawal, parental internalizing psychopathology, and early single parenthood (for girls) were identified as correlates that are specific for internalizing problems, whereas temperamental high general activity level was identified as externalizing-specific. Further, parenting stress, poor school results (only for boys), and stressful life events (only for girls) were found to be common correlates of psychopathology.

Harsh discipline has been identified as a key variable in accounting for variance in child externalizing outcomes (Eddy & Chamberlain, 2000; Keiley et al., 2003). Harsh parenting is often correlated with maternal depression and marital discord but each has been shown to have independent effects on externalizing behaviours (Burke, 2003). Like harsh parenting, maternal depression is related to growth in child externalizing problems (Munson et al., 2001). Morries et al. (2002) found internalizing problems in childhood who were high in irritable distress and had mother who used high levels of psychological control.

Akse et al., (2004) studies the relationship between personality, perceived parental rejection and problem behaviours in adolescence. It has been well documented that adolescents run a heightened risk for developing depression and aggression when they feel rejected by their parents and that parental rejection has different effect for gender in developing depression and aggression. Whether personality in combination with gender plays a role in the association between parental rejection, depression and aggression has not yet received much attention. In this study a total of 1142 early and middle adolescents completed questionnaires about parental rejection, depression, aggression and personality. The associations between the variables were tested in multi-group moderation models using structural equation modeling. Results shows perceived parental rejection was associated with depression and aggression in most of the combined personality type and gender groups. Personality type and gender moderated the associations between perceived parental rejection, depression and aggression.
Ruschena et al, (2005) examine the impact of family transitions that is parental separation, divorce, remarriage and death, upon the lives of Australian children and adolescents in a longitudinal study of temperament and development. No significant group differences were found with regard to behavioural and emotional adjustment concurrently or across time, or on academic outcomes and social competence. Significant differences between the groups were revealed in the measures of parent-teen conflict and parent-child attachment. A number of gender differences were found, with female participants displaying both greater adaptive and maladaptive behaviours. Particular dimension of temperament, as well as the parent’s overall rating of their child as easy or difficult, were found to be important predictors of adjustment status for both transitions and comparison group.

2. 4.2 Personality, Home & School environment:

Piko et al. (2005) analyze youth’s externalizing problem behaviors based on a risk and protective factors framework in two different cultural settings. Data were collected among secondary school students in Szeged, Hungary (N=1240) and in Birmingham, AL, USA (N=1538). The self-administered questionnaires contained items on youth’s externalizing problem behaviors as well as risk and protective factors. In both samples, first year students in secondary (high) schools and boys reported greater levels of problem behaviors. Multiple regression analyses revealed that substance use, gang membership and low academic achievement were consistent risk factors and associated with higher reporting levels of problem behaviors in both cultures. Parental monitoring served as an important protective factor in both samples, while school protective factors were only significant for American students. Findings draw attention to similar structures of certain risk and protective factors of youth’s externalizing problem behaviors in different cultural settings. While there are universal risk factors (e. g., substance use, gang membership and low academic achievement), parental monitoring seems to be a universal protective factor against youth’s externalizing problem behavior. An important difference is that the school domain seems to act as more important protection for American youth.
Another study by Lopez et al., (2006) aimed to analyze differences between aggressive and non-aggressive rejected students in four sets of variables: Personal, Family, School and Social. Participants in the study were 843 Spanish adolescents ranging in age from 11 to 16 years old, of whom 47% were boys. Results indicated that these two subgroups of rejected students show a different profile. Aggressive rejected students informed of lower level of family self-esteem, less parental support, higher level of aggression between their parents at home, and a more offensive parent-child communication in comparison with non-aggressive rejected adolescents. Moreover, aggressive rejected students showed lower levels of academic self esteem, a more negative attitudes towards school and studies, poorer relationship teachers, and more academic difficulties than did adolescents in the non-aggressive rejected sub group. Finally, aggressive rejected students indicated the presence of more undesirable life events and changes in their lives and, in general, higher level of perceived stress.

Brookmeyer et al., (2006), of Georgia State University studied to examined the main and interactive effects of parent and school connectedness as buffers of violent behavior within a hierarchical linear model, focusing on both students and schools as the unit of analysis. Using data from the National Longitudinal Study of Adolescent Health (Add Health), this study utilized an ecological approach to investigate the joint contribution of parents and schools on changes in violent behavior over time among a sample of 6,397 students (54% female) from 125 schools. Results show that students who feel more connected to their schools demonstrate reductions in violent behavior over time. On the school level, their findings suggest that school climate serves as a protective factor for student violent behavior. Finally, parent and school connectedness appear to work together to buffer adolescents from the effects of violence exposure on subsequent violent behavior.

**Indian Study:**

An Indian study by Das & Basu (2006), attempt to determine whether adolescents’ perception of different dimensions of home environment and school environment differ among internalizing disorders, externalizing disorders and normals. The sample consists of 40
subjects in each group. The study revealed that disturbed adolescents and normals differed significantly on almost all dimensions of home environment and school environment. However adolescents with internalizing disorders and externalizing disorders do not differ significantly in all the dimensions of home environment and school environment, except 'protectiveness' of home environment. Findings of this study implies that home environment and school environment contribute to the development of psychopathology, but manifestation of specific psychopathology, i.e., internalizing or externalizing disorder, do no depend upon home environment and school environment per se.

The earlier sections (2.1, 2.2 and 2.3) describe the studies, which show the association between personality and psychopathology, or family environment and psychopathology or school environment and psychopathology separately. The above section focused on the studies dealt with interactive effects of above variables (personality, home and school environment). More studies are available on interactive effects of personality and home environment than personality and school environment or home environment and school environment. However there are hardly any studies, particularly in Indian setting, which include all the variables like personality and home environment and or school environment altogether and examine their role on the formation of adolescents' psychopathology.

2.5 THE DEVELOPMENT OF PROSOCIAL BEHAVIOUR IN CHILDREN AND ADOLESCENTS:

Prosocial behaviour refers to positive interactions with other people, including helping, sharing, cooperating and comforting (Jackson & Tisak, 2001; Hay, 1994). Such social interaction are highly relevant to any assessment of child psychopathology as children who show excessively high or low rates of prosocial behaviour may be at risk for behavioural problems and affective disorders (Hay, 1994; Eisenberg & Fabes, 1998). For example, in longitudinal observation, girls who showed a high degree of concern for moral issues are more likely to have depressive symptoms (Gjerde & Block, 1991) In contrast low levels of prosocial behaviour have been linked to the externalizing disorders of childhood. Deficits in
social cognitive ability are believed to be involved in such disorders (Cohen et al., 1995; Lochman & Dodge, 1994) and conduct disordered children are often low in empathy (Martin & Hoffman, 1990). The development of prosocial behaviour has been conceptualized in various ways. Some have considered that prosocial behaviour is acquired as children grow older, as a result of behavioural modeling or cognitive and emotional development. Others have proposed that the capacity for prosocial behaviour develops in the second year of life, then over the course of childhood actions become regulated and increasingly differentiated on the basis of gender, with intrinsic differences emerging so that a tendency to prosocial behaviour becomes incorporated into the individual personality (Hay, 1994). Twin data offer an opportunity to examine some aspects of the development of prosocial behaviour, specifically the role of genetic and environmental influences on this type of behaviour and the influences of age and gender on the relative importance of genetic and environmental effects (Goodman, 1991).

Heritability estimated ranged from 27% in toddlers (Plomin et al., 1993) to about 65% in older children and adolescents (Saudino et al., 1995; Stevenson 1997) with shared environmental effect generally being negligible.

One twin study of prosocial behaviour in children and adolescents based on parents reports (Stevenson, 1997) found a heritability of 54% with 20% of the variance in scores due to shared environmental influences. There have been several other twin studies of traits related to prosocial behaviours. Scourfield et al. (1999) examined social cognition in 5-16 year-old twins using parent-report data and found it to be highly heritable and there have been also many twin studies on the temperamental dimension of sociability, which has also been associated with prosocial behaviour (Silva, 1992).

Laura et al., (2002) examined the relationship between adolescents’ prosocial problem solving strategies and prosocial behaviour, and their associations with social acceptance among their peers. Age-and gender-related variance was also examined. The subjects were 777, 14 year-old adolescents (381 girls and 396 boys) and 877, 17 year-old (464 girls and 413 boys). Prosocial problem solving strategies were measured by means of self rating questionnaire, while prosocial behaviour and social acceptance were evaluated in
terms of the dimensions of social popularity and rejection as well as the classification of adolescents into popular, rejected, neglected, controversial and average status groups, on the basis of peer nominations. The results show that prosocial problem solving strategies and prosocial behaviour were only minimally related but both predicted social acceptance among peers. The rejected adolescents had low level and controversial adolescents had high levels of both prosocial strategies and behaviour, while popular and neglected adolescents did not differ from the average ones in the terms of strategies, but they did in their behaviour. The popular adolescents have high level, and the neglected adolescents had a low level of prosocial behaviour. As a dimension, social popularity correlated positively and rejection negatively with prosocial behaviour but not with strategies. Analysis of gender and age differences revealed that the girls and the 14-year-olds achieve higher scores on both prosocial strategies and behaviour than the boys on the 17-year-olds.

One of the studies by Scourfield et al., (2004) aimed to examine the genetic and environmental influences on prosocial behaviour using parents and teacher report from a population based sample of twins aged 5-17. Effects of sex, age and rater were examined. Parents and teacher ratings of prosocial behaviour show no significant sex differences in the magnitude of genetic and environmental influences acting on this behaviour. Individual differences in prosocial behaviour emerge as children develop into adolescents, with increasing heritability and a declining influence from the shared environment. Prosocial behaviour ratings by parents and teacher show considerable overlap with a highly heritable common phenotype. Parental ratings are subject to significant bias, with parents tending to give higher prosocial score than teachers.

One of the very recent study by Hing et al., (2007) investigated the relation of peer interactions, family social environment and personality to prosocial orientation in Chinese adolescents. The results indicated no sex differences in general prosocial orientation and inclination to help others, but sex differences in inclination to maintain an affective relationship and inclination to co-operate and share with others. In general, prosocial orientation was associated negatively with peer negative influence and peer delinquent behavior, and positively with peer positive influence. Prosocial orientation was associated with positive family social environment. In addition, prosocial orientation was associated
negatively with psychoticism and neuroticism, but positively with social desirability. The findings suggested that positive peer interactions, good family social environment and positive personality tended to increase the prosocial orientation of adolescents.

One Indian study by Dutta & Basu (2006) on adolescence population also showed negative relationship between personality dimensions such as, psychoticism (P) and neuroticism (N) with prosocial scores.

The existing literature suggests that both genes and environment have significant effects on the variance of prosocial behaviour in children, with some evidence of different influences between the sexes and differences according to rater, at least in very young children. Very high or low rates of prosocial behaviours are related to some behavioural and affective disorders. However most studies were conducted with community sample. So far very few studies have been conducted on prosocial behaviours and its relations to adolescents’ personality, environment among the different clinical groups.

2.6 Summary of review of literature

The above review of literature suggests that studies on adolescents’ psychopathology were conducted either on its relation with personality/temperament, or on some variables of family environment and neighborhood like school environment, peer group influence etc. Many studies focus on exploring temperament as vulnerability or risk factor for mental disorder. A good number of longitudinal studies were conducted to explore how the early childhood temperamental/personality traits lead to different psychopathology in later childhood or adolescence. Available literature suggests continuities between emotional and disruptive behaviour disorders in adolescence and personality disorders in adulthood.

Others groups of studies were conducted on personality characteristics of a specific psychological disorder like obsessive compulsive disorders, conversion disorder and like. Though theoretical premises considered personality to be the best predictors for both the
early onset of psychopathology and psychological well-being, there has hardly been any study relating different personality dimensions to adolescent’s psychopathology, especially in Indian context. The personality profiles of child or adolescents with different disorders are not available particularly in our setting. In the same manner the profile of adolescents home and school environment with different disorders are not very clear, though these two are the important contributing factors for adolescent’s psychopathology.

Research on school environment suggested healthy teacher-student relationship facilitates academic motivation, self-esteem and general socio-emotional well-being. Most of the studies on school environment dealt with scholastic backwardness. How the school climate relates to different psychopathology particularly in adolescent population is very few. Though some studies suggest that presence of excessively high or low amount of prosocial behaviours are related to different types of psychopathology, these has been hardly explored. Numbers of researches (twin studies) were conducted to examine the genetic and environmental influences on prosocial behaviour. Studies show declining shared environmental and increasing genetic influences. There is hardly any study available on the role of personality, environment (home/school) on the development of adolescent’s prosocial behaviours particularly in Indian setting.

Most of the above studies use parents or teacher’s ratings rather than adolescent’s self-perception. The adolescents’ perception has been ignored. Most of the researches in the related areas are conducted either on community /normal sample or on a specific disorder or group. On the basis of the available literature it can be concluded that personality, home environment, school environment have important roles on the development of adolescent’s psychopathology. In Indian setting there is almost no study on the relationship among personality, environment (home/school) and adolescent’s psychopathology.

At the same time theoretical underpinnings (as described in chapter – I ) suggest roles of personality and /or home environment and /or school environment, but how they differ among clinical groups and normals and how they contribute relatively to psychopathology have been minimally explored and hence these factors have been taken into consideration in
the present study. Hence, the present study attempts to find out the roles of personality, perception of home environment, perception of school environment in the development of psychopathology and prosocial behaviour in adolescents with internalizing and externalizing disorders and normals. This was done by comparing these three groups on different variables (personality, home environment and school environment) and how these variables contribute to different type of psychopathology and prosocial behaviour in these three groups.