CHAPTER 6

SUMMARY AND CONCLUSIONS

6.1 SUMMARY

In the context of rapid social change being witnessed in India, it is suggested that there is a need to research the appropriate parenting models which may play a role in preventing mental disorders in early adolescence while also building resilience into adulthood. Mental and behavioral problems are increasingly a part of health problems the world over. The burden of illness arising from psychiatric and behavior disorders is enormous. It is in this light that the present study aims to thoroughly study the impact felt on mental health of adolescents and the effect it has on their intrapersonal and interpersonal lives. The current study chooses to focus on adolescents and to understand the interplay of certain psychological processes from their angle. It supposes an underlying condition i.e. *individual productivity is the product of a sound mental, emotional, social and psychological state and that parents and the home environment play a critical role*. It is in the light of prevailing mental health status especially among adolescents that the researcher chose the current topic “A Study of Perceived Parenting in relation to Mental Health and Social Maturity among Adolescents in Goa”.

The statement of problem for the current research was to study perceived parenting in relation to mental health and social maturity among adolescents in Goa. The research design used in the present study is hence relational in nature. The study aims to explore the relationship between perceived parenting, mental health and social maturity of adolescents, and to arrive at therapeutic conclusions. The study also intends to analyze and explore the influences of demographical as well as psycho-
social factors on perceived parenting, mental health and social maturity of adolescents. The demographical and psycho-social factors, which serve as grouping variables include: phase of adolescence, gender, family structure, birth order and adolescents’ mother’s working status.

The population in the study comprised of the entire adolescent population from various schools, higher secondary schools and colleges across the north and south districts of Goa. The total sample for the study comprised of 450 adolescents (195 males and 255 females) from the various schools, higher secondary schools and colleges across the north and south districts of Goa. The age group of the sample was taken to be between 11 years to 20 years. The sample was further categorized into three groups, 150 participants in each: Early adolescence (10 – 14 years), Middle adolescence (15 – 17 years) and Late adolescence (18 – 21 years) (Elliott & Feldman, 1990). The stratified convenient sampling procedure was used to gather participant data. The responses of the questionnaires answered, were manually scored, entered on to the excel sheet and the Statistical Package for Social Sciences (SPSS) version 14 was run over to arrive at correlations and to conduct t-test, one way analysis of variance, post hoc anova (for phases of adolescence), two way analysis of variance and regression. The findings of the current research will better help understand the psycho-social influences operating on the adolescents and assist in arriving at possible intervention strategies.

Correlations computed reveal positive and significant coefficient between perceived parenting and mental health, 0.35, p< 0.01 and perceived parenting and social maturity, 0.29, p< 0.01. The positive relationship reveals that positive perceptions of parenting are related to better, positive outcomes when it comes to mental health and social maturity. This highlights the pertinent role that parenting
plays in helping adolescents integrate their personal and social lives more effectively and also opens up avenues for effective interventions when it comes to dealing with adolescents and improving prognosis.

Correlations were also computed between perceived mothering and mental health, perceived mothering and social maturity, perceived fathering and mental health, and also perceived fathering and social maturity. Following are the values of the correlation coefficients between perceived mothering and mental health (0.31, p< 0.01), perceived mothering and social maturity (0.27, p< 0.01), perceived fathering and mental health (0.30, p< 0.01), and also perceived fathering and social maturity (0.26, p< 0.01). The positive correlations again bring to light the fact that it is both, the mother as well as the father and the positive perceptions of the same that lead to better mental health and social maturity scores among adolescents. Implicitly it also highlights the notion that the presence of the mother as well as the father in intact dual homes is critical for the psychological well-being of the child.

Correlation was also computed between mothering and fathering. A positive correlation of 0.59, p< 0.01, was found, indicating that the adolescent child perceives both the parents alike, without differences or partiality toward either. This is important from the point of view that the adolescent does look upto both his/her parents in his/her crucial adolescent phase. Such findings makes the role of parents, individually and together as even more critical; in helping their children, arrive at a psychological synthesis for themselves.

A correlation was also run to compute the coefficient between mental health and social maturity. The coefficient of 0.41, p< 0.01 was found. The positive relationship between mental health and social maturity among adolescents highlights the fact that mental health does indeed contribute to better social maturity.
Perceived Parenting in relation to Mental Health and Social Maturity

Psychophysically healthy, emotionally and well adjusted, secure individuals, do tend to possess better interpersonal as well as social adequacy, which not only contribute to better work ethics and personal adequacy but also overall optimistically influences social maturity. It is thus of grave importance that irrespective of the life experiences that the adolescent goes through, there should be interventions aimed at improving mental health, coping and well-being that would shield the adolescent from vulnerabilities and make him well-integrated as an individual, and so also interpersonally and socially.

Furthermore, a regression analysis was computed between perceived parenting and mental health as predictor variables and social maturity as outcome variable and with perceived parenting and social maturity as predictor variables and with mental health as outcome variables. Each of these revealed significant cause effect relationship between the variables, indicating the vital importance of the same in the adolescents’ identity resolution.

Post-correlational analysis, analysis of variance and t-tests were computed across the various grouping variables: phases of adolescence, gender, family structure, birth order of adolescents along with the nature of mother’s working status of the adolescents.

*Phases of Adolescence*

The analysis of variance for overall scores on perceived parenting ($F = 6.15, < 0.01$), perceived mothering ($F = 4.08, < 0.05$), and perceived fathering ($F = 4.42, < 0.01$), yielded significant differences, across phases of adolescence. The dimensions significant for perceived parenting and perceived fathering were; rejection v/s acceptance ($F_{pp} = 4.24, < 0.05$, $F_{pf} = , 10.11< 0.01$), carelessness v/s protection ($F_{pp} = 4.91, < 0.01$, $F_{pf} = 3.87, < 0.05$), lenient standards v/s moralism ($F_{pp} = 4.38, < 0.01$, $F_{pf}$
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= 6.27, < 0.01), and freedom v/s discipline (F_{pp} = 9.06, < 0.01, F_{pf} = 8.21, < 0.01); and in the case for perceived mothering, dimensions of carelessness v/s protection (F = 4.80, < 0.01), and freedom v/s discipline (F = 6.45, < 0.01), were significant. Post hoc analyses revealed that in most cases early and middle adolescents had comparable scores and that late adolescents showed significantly lowered scores, i.e. unfavourable perceived parenting. However, overall the score ranges across all three parenting modes, was high, pointing out that in principle the parent child relationships are not strained and the differences that do arise between the two could be attributed to the psychological control that parents attempt to exercise over their adolescent children, to keep them in check and to instil the sense of discipline and responsibility. Conflicts arise when the adolescents wish for some freedom and lee way in experimenting and trying out new forms as they move through identity crisis to its resolution, and their parents deny the same to them.

A changing trend in adolescent integration and parent-child relationship is observed with early and middle adolescents evaluating their parents more favourably in comparison to late adolescents who showed lowered, unfavourable perceived parenting. At this phase adolescents are distancing themselves from parental attachments, are consolidating on academic fronts, channelizing career dreams and aspirations, participating in extra-curricular achievements, showcasing their talent or in the process discovering latent talent within themselves, and most of all are bonding with cohorts. Peer influence and establishment of healthy heterosexual relationships gain prominence and parent-adolescent bonding reduces, thereby resulting in the relatively lower perceived parenting scores among late adolescents.

An analysis of mental health (F = 3.13, < 0.05), revealed overall significant findings with late adolescents showing poor mental health, and early adolescents with
the highest mental health levels. Similar findings were seen on the dimension of autonomy ($F = 12.11, < 0.01$), Other dimensions showed negligible findings. Though the difference between the means is very small, overall the mean scores range to be slightly above average, and not high, indicating that the entire adolescent phase is characteristic of the storm and stress and that sustained interventions through the early adolescence phase to late adolescence would aid in the psychological integration of the adolescents. It so appears that career choices, academics and occupational anxieties over power the late adolescent to pre dispose certain challenges to his mental health. A good academic track record, extra-curricular achievements, warm affable familial interactions and a positive, mature peer interactions seem to build resilience.

Social maturity analysis reveals insignificant findings across overall scores and most dimensions except ability to take stress ($F = 4.83, < 0.01$), enlightened trust ($F = 3.44, < 0.05$), social commitment ($F = 3.31, < 0.05$), and social adequacy ($F = 3.04, < 0.01$). The mean scores indicate that late adolescents are most mature, except in case of enlightened trust, where middle adolescents are better, A greater exposure to tough situations, integration of identity and resolution of life perspectives do occur by the time the individual reaches late adolescence and this indeed seems to place him better in the social relationships and social maturity zones. In total, social maturity scores were higher indicating that socialization with peers is an important developmental task for adolescents.

Thus, phases of adolescence do tend to show mixed findings, the stress and strain of developmental integration, plus the increasing severity of conflicting experiences as evidenced by late adolescents, compared to early and middle counterparts, does pose a risk to their mental health, but however, integration does
happen, healthier adaptive coping, focus on academics and career advancement take centre stage thereby, resulting in increased social maturity.

**Gender**

A gender analysis did not reveal significant findings across perceived parenting, perceived mothering, and perceived fathering. The only dimension significant through the three parenting modes was utopian expectation v/s realism ($t_{pp} = 2.50, < 0.01$), ($t_{pm} = 2.14, < 0.05$), ($t_{pf} = 2.39, < 0.01$). The findings relate to changing trends in parenting, where in there is gender equality in display of love, care, affection and in granting opportunities for growth and development for the sons as well as daughters. Such sameness in parenting seems to have resulted in the adolescents whether males, or females to perceive their more parents favourably. So also, adolescent issues are common to both males and females and hence the potential for parent-adolescent conflicts are also similarly paralleled across gender.

Cross-over interactions were plotted with the two way analysis of variance for perceived mothering, wherein for early adolescence males showed a slightly more favourable perception of their mothers in comparison to females; and for perceived fathering, wherein for late adolescence, males showed better perception of their fathers in comparison to females.

A look at the mean scores indicates that females however scored higher on the dimension of utopian expectation v/s realism; and were comparable across all the other dimensions for the three test variables. Females did show higher scores suggesting that females seem to be more understanding, concerned and empathic when it comes towards perceiving parents. Society does expect women to be well behaved, be fitting cultural and social norms and hence parents do ensure to impart that notion to females more emphatically and understandingly, hence leading to
female adolescents perceive higher realism on the part of the parents, mothers and fathers alike.

Mental health examination revealed opposite findings. Overall mental health (t = 3.42, < 0.01), and the dimensions of emotional stability (t = 2.95, < 0.01), overall adjustment (t = 4.84, < 0.01), and security-insecurity (t = 3.45, < 0.01), and self-concept (t = 3.04, < 0.01), showed significant gender differences. Male adolescent portrayed relatively better mental health status than females. The dimension of autonomy did not show significant gender difference.

It seems that though females are more understanding and empathic, yet the physical changes that a woman experiences with the onset of menarche and the monthly hormonal changes that so accompany, offset their mental health status. The moodiness and psychological changes occurring prior and during the menstrual cycle do tend to throw her mental health status off balance. This issue points out that females seem to have difficulty in coping with the emotional issues related to hormonal changes and more so adjusting to their ‘new’ physical selves. Since physical and mental health is related, the impact of strong life changing experiences on the physical aspect is felt on the mental health aspect. Professional and parental support, adequate nutrition and psycho-education could easily place females at comparable levels to the males.

Gender differences on social maturity reveal significant findings on overall scores (t = 3.26, < 0.01), and dimensions of cooperation (t = 0.56, < 0.01), social adequacy (t = 4.12, < 0.01), social commitment (t = 4.04, < 0.01), social tolerance (t = 6.89, < 0.01), and openness to change (t = 6.38, < 0.01).

In social settings, females along with their emotionality, sensitivity and understanding tend to fare better. Males also tend to have their peer gang related
issues, the self imposed competition to seek for society’s approval and in the bargain slightly under perform. Females scored higher in each of the above indicating that not only her sensitivity earns her adequate maturity but more so her emancipation and the respect she gets in society and the fact that basic education does seem to empower her to take on the challenges of life in her stride at very tender ages. Only dimensions where males did bit better but not significant was on the dimension of ability to handle stress and enlightened trust. As is the case with mental health, excessive physical adjustment along with psychological crisis does add some strain on females to handle stress effectively. Nonetheless, across the domain of social maturity, females consistently perform better than males and the progression and upward mobility of the status of women in society does seem to positively influence female adolescents.

In conclusion, it can be observed that mixed gender differences have been seen. The presentation of the mean scores do highlight that during adolescence, same sex identification does take place, whilst the adolescent looks upto to both his parents, yet seems to want to identify worth the same gender parent. Definitively a point that can well be used with effective interventions. While both the sexes perceive their parents relatively favourably, they look upto the same sex parent for gender role identification and learning and imbibing gender appropriate social behaviours. With regards mental health, females do seem to score little lesser than their male counterparts, with the assumption that adjusting to the newly acquired physical changes, depletes their resources to be better able to cope with the psychological pressures, hence the lowered mental health scores.
Family Structure

The t-test computed for the test variables as a function of family structure of adolescents did not reveal very many significant findings, and hence the same will be discussed in totality. The overall scores for perceived parenting, perceived mothering and perceived fathering were not significant. Dimension-wise too, there were significant differences only in case of carelessness protection \((t = 2.20, < 0.05)\), for parenting and the same for fathering \((t = 2.46, < 0.05)\). No other dimensions were significant, pointing out that parent child relationships are exclusive and that a healthy bond between adolescents and parents can exist irrespective of family structure.

However, through an examination of means, the scores were very similar and wherever significant, the adolescents residing in a joint family were marginally better off than those in nuclear families. It does shows that the extended family members do tend to have a more supportive effect on adolescent. It could be that the presence of grandparents, uncles, aunts and cousins tend to bail the adolescent through stressful times and often may add on to the parental guiding and care-giving. In homes where parent-child conflicts are at higher incidence rates, the joint family serves as a buffer zone, which the nuclear family counterparts may not experience, hence the more favourable perception of parenting as a whole and of fathers independently. Mothers generally maintain balance across their varied roles and ensure that whether in a nuclear of a joint family set up the individual doesn’t feel neglected and unprotected.

Mental health analysis too yields insignificant findings with the mean scores revealing too narrow differences, except the dimension of autonomy \((t = 2.00, < 0.05)\), which showed significant differences, with the adolescents from joint families scoring higher. Autonomy as operationally defined in the mental health battery manual is a stage of independence and self determination in thinking. Adolescents
from joint family systems do have a buffer zone in not only their parents but in the extended family members and hence have an emotional security to take their own decisions, knowing that if they fail, they have a social support in family. However, on the other aspects of mental health or on the overall mental the lack of significant findings indicate that it does seem that mental health seems to operate over and above the family structure of adolescence.

Social maturity analysis on the other hand revealed significant findings on overall scores \( t = 3.11, < 0.01 \), and the following dimensions: self direction \( t = 2.32, < 0.05 \), ability to tackle stress \( t = 2.46, < 0.01 \), personal adequacy \( t = 2.11, < 0.05 \), inter-personal adequacy \( t = 2.05, < 0.05 \), social commitment \( t = 4.32, < 0.01 \), openness to change \( t = 2.20, < 0.05 \), and social adequacy \( t = 3.35, < 0.01 \). Adolescents in families with a nuclear structure tend to be relatively better. Social maturity encompasses attainments in several domains, including independent functioning, effective interpersonal communication, interaction and responsibility i.e. contributing to the well being of society (Greenberg, Josselson, Knerr and Knerr, 1995). It has to do with how well people understand the nature of the social world they live in. It refers to the individuals’ general level of adaptive functioning and socio emotional competence (Galambos and Cotigan, 2003). The nuclear family set up places the adolescent into challenging situations where they need to assume responsibility and act, it requires them to incorporate the demands of the situations and place ownership of actions upon themselves. Such an atmosphere aids the integration of the adolescents’ psycho-social maturity. Thus, family structure reports that the presence of extended family members in a joint family set-up plays a buffering role during stressful times and may provide solace to adolescents from emotionally stressful times, may act as a social support mechanism, but in case of
social maturity, which is more of a question of individual integration and resolution of the external environment, the nuclear family set up seems to aid adolescents in acquiring better social maturity.

_Birth order_

The t-test computed for the test variables as a function of birth order of adolescents did not reveal very many significant findings, and hence the same will be discussed in totality. The overall scores for perceived parenting, perceived mothering and perceived fathering were not significant and neither were the overall scores for mental health and social maturity. No significant differences existed on either of the dimensions as well, except for the social maturity, dimension of communication ($F = 3.01, < 0.05$). Adolescents were comparable on all the variables, on the account of birth order, and the mean differences between the groups were negligible, except in the case of dimension of communication, where the adolescents who were the only children or were the eldest siblings scored better than those at other stages of cardinal order. It appears that birth order influences are inconclusive. Being the only child or the youngest does aid identity resolution among the adolescents but with appropriate parenting sibling rivalry can be avoided, and instead the presence of a sibling, young or old could be utilised constructively to improve mental health and social maturity.

_Adolescents’ mother’s working status_

Analysis of adolescent responses as a function of nature of mother’s work reveals that there exist significant differences in overall perceived parenting ($t = 2.10, < 0.05$), and perceived fathering ($t = 2.35, < 0.01$), scores; however no significant differences were noticed for perceived mothering. For overall perceived parenting the dimension significant was carelessness v/s protection ($t = 2.60, < 0.01$), while for
perceived fathering it was the dimensions of carelessness v/s protection (t = 2.94, < 0.01), and freedom v/s discipline (t = 2.20, < 0.05). No significant differences were seen for perceived mothering. Mental health and social maturity along with their respective dimensions did not demonstrate any significant differences of account of nature of mother’s work, as the mother ensures her presence and care and support irrespective of her working status, thus the integration for the child is healthy. Relatively better scores, though insignificant are noticed for adolescents with working mothers in case of social maturity. The adolescents tend to assume responsibility and help their working mothers. This serves as training in empathy building and furthers assimilation of social maturity.

It was noticed that in case of perceived parenting, mothering and fathering as well as mental health the adolescents with non working mother’s fared better while for social maturity the adolescents with working mothers fared relatively better, however the differences were not significant. It is understood that the nurturing role of the mother helps the adolescent to cope effectively with the stresses and strains of the phase, her physical presence too is very supportive to the child, not only to integrate himself but also to understand the others in a more favourable light and to adopt a more favourable world view. The role of the mother is also critical in influencing how the adolescent views and perceives the father, and in cases where the mother too is gainfully employed, part time or full time, the roles of either of the parents gets modified and hence the differences in the dimensions of carelessness v/s protection for perceived parenting and perceived fathering and freedom v/s discipline for perceived fathering.

In conclusion, the phase of adolescence and gender as variables affects the adolescents as individual entities and as psycho-social brings. Joint family structure
seems to act as a social support network in times of stress and parental conflicts thus leading to favourable perception of parenting as a whole as well as individually and for mental health. Nuclear family structures at the other end better adolescent social maturity, differences on family significant however were vital more so in the case of social maturity. Birth order and nature of mother’s work reveals inconsequential differences indicating that with changing trends in the social composition of families, in today’s modern and technological advanced times the psychological make-up of adolescents too is in flux and birth order and mother’s working status do not seem to be decisive. This finding and the trend observed needs further research and validation.

**Therapeutic insights**

It is noticed that the adolescents are a vulnerable population and do not manifest very optimistic high mental health outcomes. Perception of parents, mothers and fathers is congruent and highlights on effective importance of their combined presence for the healthy development of the child. Social maturity reveals higher indices, especial on openness to change dimensions, which could be parallel to modernization; however, personal adequacy, work orientation, self direction and ability to handle stress as abilities do suffer. The highlights of adolescent intervention programs do need to look into: Poor work orientation, Motivation levels to perform delegated tasks, Building emotional competence and Synthesising cultural and social differences, Achievement at academic and extra-curricular fronts, Coping techniques to build resilience and improve mental health, Conflict resolution techniques to mange social conflicts better, Management of peer and media pressure to follow certain social obligations to merely ‘fit it’ and also Adequate and substantial nutrition and improved physical health.
While the adolescents need to work proactively work to empower themselves and to resolve this storm and stress with smooth outcomes, it is necessary to point at the protective and preventive roles that intact families, supportive parents and teachers and authorities play. It is not only important to build this strong network of social support that buffers the adolescent from psychological damage, but so also to lay the foundations of a mentally fit, socially mature and psychologically well integrated being, capable of tiding through the stresses and demands of the environment. Parents need to work on more effective, empathetic communications, not evading off from their discipline duties or irrationally super imposing them. Parents need to learn to mediate the behaviour and psychological control they impress on their children in a more warm, gentle and loving care.

Adolescents will always look up to their parents as role models, the love and respect, felt by parents and the adolescent child alike however needs to be more effectively communicated and expressed, so as to prevent or lessen the harm of parent-child conflicts. A loving, caring yet affirmative environment will provide the adolescents due guidance through which they would be better able to develop themselves into fully functionally, adaptive, matured, confident happy and well-integrated individuals.
6.2 CONCLUSIONS

- There exists significant positive correlations between:
  - Perceived parenting and mental health
  - Perceived mothering and mental health
  - Perceived fathering and mental health
  - Perceived parenting and social maturity
  - Perceived mothering and social maturity
  - Perceived fathering and social maturity
  - Social maturity and mental health
  - Perceived mothering and perceived fathering

- Significant cause-effect relationship exists between perceived parenting, mental health and social maturity with social maturity and mental health as outcome variables respectively.

- There exists significant differences as a function of phases of adolescence on the following:
  - Overall perceived parenting and in dimensions of rejection v/s acceptance, carelessness v/s protection, and lenient standards v/s moralism and freedom v/s discipline.
  - Overall perceived mothering and among dimensions of carelessness v/s protection and freedom v/s discipline.
  - Overall perceived fathering and among dimensions of rejection v/s acceptance, carelessness v/s protection, and lenient standards v/s moralism and freedom v/s discipline.
  - Overall mental health and the dimension of autonomy
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- Social maturity dimensions of ability to take stress, enlightened trust, social commitment and social adequacy. Overall social maturity was no significant.

- There exists significant gender differences on the following:
  - Perceived parenting dimension of utopian expectation v/s realism.
    Overall perceived parenting was not significant.
  - Perceived mothering dimension of utopian expectation v/s realism.
    Overall perceived mothering was not significant.
  - Perceived fathering dimension of utopian expectation v/s realism.
    Overall perceived fathering was not significant.
  - Overall mental health and the dimensions of emotional stability, overall adjustment, security-insecurity and self concept.
  - Overall social maturity and the dimensions of cooperation, social commitment, social tolerance, openness to change and social adequacy.

- There exists significant differences as a function of family structure on the following:
  - Perceived parenting dimension of carelessness v/s protection. Overall perceived parenting was not significant.
  - No differences noticed on perceived mothering and its dimensions.
  - Perceived fathering dimension of carelessness v/s protection. Overall perceived fathering was not significant.
  - Mental health dimension of autonomy. Overall mental health was not significant.
  - Overall social maturity and the dimensions of self direction, ability to take stress, personal adequacy, interpersonal adequacy, social
commitment, social tolerance and openness to change and social adequacy.

- There were no significant differences as a function of birth order on the following:
  - Perceived parenting and its dimensions
  - Perceived mothering and its dimensions
  - Perceived fathering and its dimensions
  - Mental health and its dimensions
  - Social maturity and its dimensions. Only communication dimension showed significant differences

- There exists significant differences as a function of family structure on the following:
  - Overall perceived parenting and dimension of carelessness v/s protection
  - No differences noticed on perceived mothering and its dimensions.
  - Overall perceived fathering and dimensions of carelessness v/s protection and freedom v/s discipline.
  - No differences noticed on mental health and its dimensions.
  - No differences noticed on social maturity and its dimensions.
6.3 LIMITATIONS OF THE RESEARCH

- The current study relied on the self-report of adolescent participants. What the adolescent experienced and recalled may differ from what the parent and the family actually experienced.
- There could have been an equal distribution across gender, family structure, birth order and adolescents’ mother’s working status. So also the study was limited to the middle social-economic status and generalized with respect to caste, region and residence.
- The current research focused on an empirical analysis and a focused group discussion was conducted alongside with a certain section of the participants to arrive at causal explanations at the findings. However a deep structured qualitative analysis could have been conducted to be able to further comprehend the influences and nature of impact on the adolescent outcomes.
- Finally, many other factors (such as personality, parental monitoring, parental psychological control, peer influences, etc.) that are not studied currently may influence adolescent outcomes as well.

6.4 RECOMMENDATIONS AND SCOPE FOR FUTURE RESEARCH

- Research to explore the reasons for the low regression within the purview of the current study, the said sample group and variables, and to explore the influences of variables such as socio-economic status, area of residence, board of schooling, sports participation and extra-curricular achievements, boarding school residence, domicile status, parents occupational status and dual career homes, research on adolescent from broken homes with death or divorce in the family.
• Research to be conducted to explore the cause-effect relationship between the concerned variables; perceived parenting, mental health and social maturity, within the adolescent target group residing within different cultural contexts.

• Research to explore adolescent outcomes on variables as school achievement, school competence, friendship status, coping strategies, conflict resolution skills, self concept, self esteem, quality of life, overall well-being, personality integration, identity resolution status, attachment patterns, adjustment levels, and to study parents of adolescents; influence of their marital adjustment, their parenting styles, parenting competence, educational status, and effects of inter-generational parental continuity on aspects of adolescent development.

• Research with adolescents from special populations and those vulnerable and at high risk, and within differing milieus.

• Research on the effectiveness of treatment interventions for childhood and adolescent mental and behavioural disorders in practice and community settings to determine the 'real life' therapeutic benefit, and to undertake short- and long-term and research to prevent mental and behavioural disorders in children and adolescents.

• Conduct further research to evaluate both casework practice and therapeutic approaches and interventions for adolescents to identify what works, what does not work, with whom and in what situations.

• Research assessing the parents’ parenting style and its interactions with perceived parenting, and other related child/adolescent outcomes.