

Psycho- social challenges encountered by Adolescents from socially disadvantaged families: Some issues

Monica S. Sharma^[1]

Dr. S. K. Tripathi^[2]

Abstract:

Early childhood trauma increases the risk for positive psychotic symptoms. Recent models suggest that early adversities may lead to psychological and biological changes that increase vulnerability to psychosis. Researchers have postulated associations between childhood trauma and delinquency, but few have examined the direction of these relationships prospectively and, specifically, with samples of delinquent adolescents. Adolescence is the age of storm and instability at both the physiological and psychological levels. An attempt has been made to analyze the detrimental factors responsible for inducing psycho- social problems among adolescents that may hamper their overall personality make-up. In recent years, the focus of researches carried out on socially disadvantaged populations, were limited to growth and developmental disorders and socialization processes. Therefore, an attempt has been made to examine the injurious impact of socio- cultural milieu shaped by disadvantageous living conditions, on the personality make-up of adolescents. The study endeavors understand the direction and magnitude of personality aberrations caused by economic constraints and traumatic experiences in the early childhood stages of the adolescents.

I. INTRODUCTION

Recent advancements in the fields of psychology, sociology, medicine, pediatrics and economics have created a better understanding of health and disease of humans through their lifespan. There has been a paradigm shift in the way we look at the causes of physical diseases or mental disorders. Substantial information is now available for us to conclude with confidence that many health problems seen in adolescence and adulthood actually begin in childhood –traumatic experiences of childhood. An eco-bio-developmental framework drawn from multiple disciplines of medicine, biology and mental health (Technical Report, American Academy of Pediatrics, 2011), suggests that many diseases in adults must be viewed from the view-point of exposure to toxic stress during childhood. Mental adversities like impairments in learning and behaviour begin in childhood and are associated with poverty, maltreatment and discrimination; alleviating these stresses could very well reduce persistence of not only mental but also physical diseases in adults. This multidisciplinary science has far-reaching implications to strengthen the health of our children and thus improve the social fabric (Shonkoff, J. P., Garner, A. S., Seigel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L., Pascoe, J., Wood, D. L., and The committee on psychosocial aspects of child and family health, committee on early childhood, adoption, and dependent care, and section on developmental and behavioral pediatrics, 2011).

There are many factors that have a profound impact on the development of the personality of adolescents, some occurring in childhood or even infancy. Socio- economic status of the family and neighbourhood, social context in which the adolescent grows, (for e.g., harsh disciplining, lack

of warmth in relationships with parents, etc.), childhood maltreatment, exposure to trauma, loss and many such factors have been now established as significant risk factors resulting in maladaptive behaviours, aberrations and even mental disorders in adolescents and adults. Researchers are now investigating the biological and psychological mechanisms involved. In addition to the development of a trauma- genic neurodevelopmental model for psychosis, the exploration of a range of psychological processes, including attachment and dissociation, is shedding light on the specific etiologies of discrete phenomena such as hallucinations and delusions. It is argued that the theoretical, clinical and primary prevention implications of our belated focus on childhood are profound (Read and Bentall, 2012).

II. EXPERIENCE OF TRAUMA: PSYCHO- SOCIAL HEALTH HAZARDS

In a recent study, 485 Chinese adolescents were administered the Childhood Trauma Questionnaire-Short Form (CTQ-SF) and the Eysenck Personality Questionnaire (EPQ). The cut-off scores for exposure obtained on the CTQ were used to calculate the incidence of trauma. A significant number of adolescents reported having experienced abuse and neglect during their childhood. The study clearly proved that Exposure to childhood trauma is associated with personality development in Chinese adolescents. (Li, Wang, Z., Hou, Wang, Y., Lin and Wang, C. Y., 2014).

A similar study assessed middle school students for the prevalence of trauma exposure and evaluated the effectiveness of a trauma- and grief-focused group

^[1]Research Scholar, Department of Guidance and Counselling, Mother Teresa Women's University, Kodaikanal, TN, India.

^[2]Dy. Director, NIPCCD, Bangalore, KA, India.

psychotherapy protocol at school, in treating a subset of students with severe exposure, posttraumatic stress disorder (PTSD), and functional impairment. Of the 812 students who completed the screening survey, 26 participated in the group process. Significant improvements in posttraumatic stress and grief symptoms were seen and the academic performance of group improved too. The findings also suggest that severe PTSD in adolescence may be associated with impaired school functioning (Saltzman, Pynoos, Layne, Steinberg and Aiseberg, 2001).

20 life traumas and their individual relevance as risk factors for psychiatric disorder were studied (Turner & Lloyd 1995). This study presented the first evidence on the significance of cumulative adversity as a function of lifetime exposure to a range of hypothetically traumatic events. Whether or not such events should be considered to assess life stress and its variations, was also examined. The results show that traumatic events and experiences, especially accumulated over a lifetime, are clearly related to psychological distress and psychiatric disorders. It was also found that these mental health risks persist with parental psychopathologies; and stress exposure accounts for emotional distress and recurrence of disorders.

Recently conducted studies show that Adverse childhood experiences (ACEs) are linked to psychiatric difficulties in children and adults. However, there have not been many studies, which have demonstrated the long-term effects of ACEs on mental health particularly during adult years. A study by Schilling, Aseltine and Gore (2007) relates self-reported lifetime exposure to a range of ACEs in a community sample of high school seniors to three mental health outcomes—depressive symptoms, drug abuse, and antisocial behavior—two years later during the transition to adulthood. The study has a two-wave, prospective design. A systematic probability sample of 1093 high school seniors was taken from communities of diverse socioeconomic status. Gender and racial differences in ACE prevalence were also tested. Most ACEs were strongly associated with all three outcomes. Boys who experienced ACEs were more likely to engage in antisocial behavior early in young adulthood than girls who experienced similar ACEs. A sample of young adults from urban, socio-economically disadvantaged communities reported high rates of adverse childhood experiences. The study further demonstrated the impact of adversities and their long lasting effects on the individual and society. Recommendations were made to stress upon the critical need for prevention and intervention strategies during the early years.

To get a better understanding of the effect of environment, trauma, adverse experiences and socio-economic status, one needs to study the pathways by which personality disorders develop. Recent research on personality disorders and the development of a normal personality during childhood and adolescence can give us some clues as to how these risk factors act on the young mind. Studies have shown that personality disorder in adolescence are already prevalent and they are relatively stable and cause much impairment in day-to-day functioning (Shiner, 2009; Wittchen, Stein and Kessler, 1999). The study by Shiner (2009), also offers a taxonomy of the differences in the personality of youth that

account for pathology, which include temperament, personality traits, mental representations, coping strategies and narrative identities. Individual differences in all of these domains may play critical roles in the development, manifestation, and course of personality disorders. Further research along these lines will give more impetus in the direction of tackling the problems as early as possible and thus reduce occurrence or at least show the stakeholders ways of dealing with psychological disorders.

III. CHILDHOOD MALTREATMENT & EXPOSURE TO VIOLENCE: IMPACT ON PSYCHOLOGICAL HEALTH

School-aged children are often bullied by peers or even adults in the school or domestic environments. Studies have shown that children who have been exposed to maltreatment at the hands of parents, peers and other significant adults, show increased levels of clinical symptoms of psychological disorders. Many children also live in communities where exposure to violence is a clear danger. Exposure to such violence is known to impact mental health negatively and impair functioning (Cecil, Viding, Barker, Guiney and McCrory, 2014).

In another study that assessed the risk of developing psychotic symptoms associated with maltreatment, bullying, and accidents, 2232 twins and their families were interviewed. The longitudinal study involved the interviewing of mothers when their children were at ages 5, 7, 10 and 12. The children were asked about bullying experiences and psychotic symptoms at age 12, and the reports clinically verified. Children who experienced maltreatment by an adult or bullying by peers reported psychotic symptoms at age 12. The risk associated with childhood trauma remained significant in analyses controlling for children's gender, socioeconomic deprivation, and IQ. Trauma characterized by intention to harm is associated with children's reports of psychotic symptoms (Arseneault, Cannon, Fishe, Polanczyk, Moffitt and Caspi, 2011).

IV. IMPACT OF SOCIO-ECONOMIC STATUS ON CHILDREN'S BEHAVIOUR AND PERSONALITY

On question that is frequently asked by researchers is does the Socio-economic status of the families affect the way children learn to socialize and does that in turn affect their behaviour or lead to behavioural problems? Studies conducted on preschool to grade 3 children, show that SES was significantly negatively correlated with the child's socialization and factors like aggressive adult models, maternal aggression, unstable peer group and a lack of cognitive stimulation. The study further suggests that part of the effect of socioeconomic status on children's aggressive development may be mediated by status-related socializing experiences (Dodge, Pettit and Bates, 1994).

It is generally accepted that people from lower socio-economic strata have more mental health problems than those from other socio-economic families. There are however, few indicators that can specifically measure the association

between these two factors; most measures of mental health problems currently available, being more of a global nature. A Norwegian study conducted research to understand the relationship between the socio-economic status and childhood mental health problems, using a wide range of detailed information. The research showed that a family's economics significantly predicted mental health problems and poor economy predicted a high probability of a psychiatric disorder. There is however, a definite need for longitudinal studies that will provide a better understanding of the impact of the social and economic status of families on the mental health and development of psychological problems in children and adolescents (Boe, Overland, Lundervold and Hysing, 2012).

As shown in the afore-quoted studies, mental health disorders in adolescence are pervasive, often carry into adulthood, and appear to be inversely associated with social status. Another study documented here (Aneshensel and Sucoff, 1996), examines how the socioeconomic stratification affects adolescent emotional well-being by shaping subjective perceptions of their neighborhoods. Using a community-based sample of 877 adolescents, the study found that youth in low socioeconomic status (SES) neighborhoods perceive greater ambient hazards such as crime, violence, drug use, and graffiti than those in high SES neighborhoods. The perception of the neighborhood as dangerous, in turn, influences the mental health of adolescents: the more threatening the neighborhood, the more common the symptoms of depression, anxiety, oppositional defiant disorder, and conduct disorder. Social stability and, to a lesser extent, social cohesion, also emerge as contributors to adolescent disorder. This investigation demonstrates that research into the mental health of young people should consider the socioeconomic and demographic environments in which they live.

V. CONCLUSION

A review of research conducted across a wide variety of populations all over the world, now give us enough information to conclude the following points:

- ✦ Many of the mental health problems occurring in adults have their origin in childhood.
- ✦ Socio-economic status of the family and neighbourhood have a profound effect on the development of a child's or adolescent's personality.
- ✦ This in turn effects the child/ adolescent's behaviour, ability to adjust into his family as well as socio-cultural environment, and his/ her ability to cope with problem situations.
- ✦ Socio-cultural context- quality of the child's relationships with peers, siblings and significant adults, also determine the nature and direction of the development of personality make-up.
- ✦ Abuse and maltreatment at the hands of significant adults or parents and bullying by peers can cause a lot of trauma in a child and lead to an aberrated personality during later years.

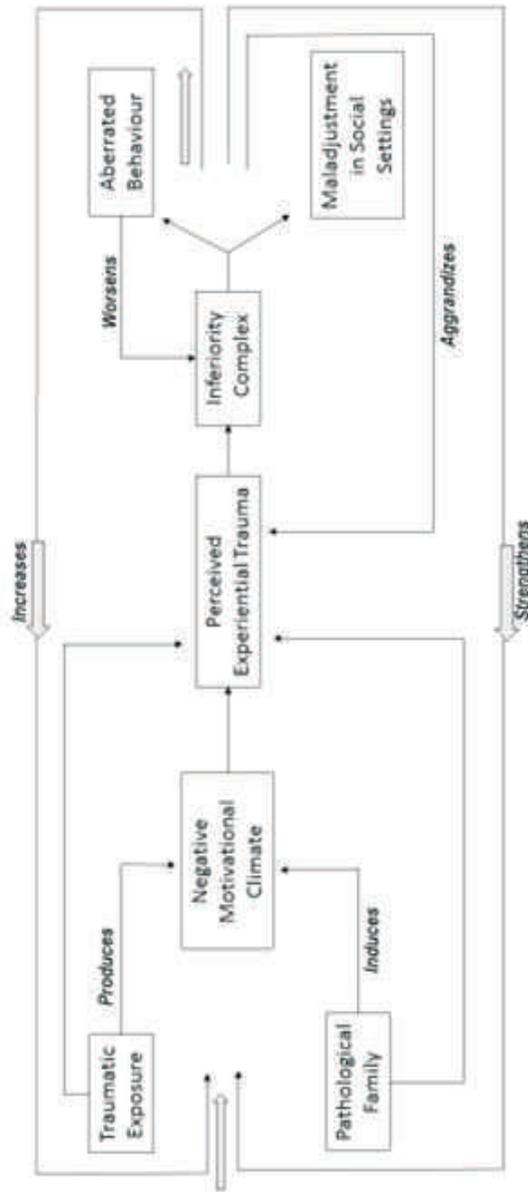
- ✦ Traumatic experiences due to any reason including the afore- mentioned ones, loss of loved ones, displacement due to natural/ man- made calamities, leave a lasting and profound impact on a child's psyche, creating a maladjusted and aberrated personality make-up.

VI. EMERGENCE OF PSYCHO- SOCIAL PROBLEMS AS A FUNCTION OF EXPERIENTIAL TRAUMA: A DYNAMIC MODEL

Current research shows that these issues have not been studied extensively- neither in varied populations nor longitudinally. Research also shows that children, adolescents and young adults from the lower socio-economic strata do not have enough access to psychological and counselling services, particularly in India. The present work is an attempt to understand the gaps in researches carried out so far and a Dynamic Model(Fig:1) has been proposed to bridge these gaps. The proposed model, is a hypothetical one based on the conclusions drawn from diverse researches. The presumption behind it, to explain the contributing and detrimental factors, causing personality aberrations among the children of socio-culturally underprivileged families. A young child growing up in a family with pathological dynamics already has little motivation to deal with and overcome problems; if such a child is exposed to trauma in the form of poverty, abuse, violence, etc., then he/she is unable to carry on with life normally. The resulting Negative Motivational Climate creates within the child a sense of bleakness, which can be termed "experiential trauma"- the physical occurrence of incidents which the child "perceives, experiences and internalizes". The memory of such experiences have long lasting effects and can create a feeling of inferiority in the adolescent. This inferiority complex provokes the adolescent to manifest deviant behaviour and he/ she eventually becomes maladjusted in his/ her ultimate social environment. Reactions to the adolescent's aberrated behaviour only worsens the sense of inferiority and any new incidents aggrandize the experiential trauma. The model demonstrates how this whole process is a vicious cycle and feeds on itself to increase the aberrations in the personality of the adolescent.

The empirical attempt is in process to understand the family dynamics and traumas that adolescents have been exposed to right from their childhood, to understand more comprehensively the current status of their experiential trauma. Further research will be conducted to evolve methods and models of counselling the families and the adolescents to break this cycle and help the adolescents reach their full potential in their academic and professional lives.

Emergence of Psychosocial Problems as a Function of Experiential Traumas:
A Dynamic Model



VII. REFERENCES

- Aneshensel C.S. & Sucoff C.A. (1996). *The neighborhood context of adolescent mental health*. Journal of Health and Social Behaviour, Dec, 37(4):293-310.
- Arseneault L., Cannon, M., Fisher, H. L., Polanczyk, G., Moffitt, T. E. & Caspi A. (2011). *Childhood trauma and children's emerging psychotic symptoms: A genetically sensitive longitudinal cohort study*. American Journal of Psychiatry, Jan, 168 (1): 65-72
Doi: 10.1176/appi.ajp.2010.10040567. E-pub: 2010 Oct 15
- Boe, T., Overland, S., Lundervold, A. J. & Hysing, M. (2012). *Socioeconomic status and children's mental health: results from the Bergen Child Study*. Social Psychiatry and Psychiatric Epidemiology, Oct: 47 (10):1557-66.
Doi: 10.1007/s00127-011-0462-9. Epub 2011 Dec 20.

- Cecil, C. A., Viding, E., Barker, E. D., Guiney, J. & McCrory, E. J. (2014). *Double disadvantage: the influence of childhood maltreatment and community violence exposure on adolescent mental health*. Journal of Child Psychology and Psychiatry, Jul; 55(7): 839-48.
Doi: 10.1111/jcpp.12213. E-pub: 2014 Feb 24.
- Dodge, K. A., Pettit, G. S. & Bates, J. E. (1994). *Socialization mediators of the relation between socioeconomic status and child conduct problems*. Child Development, Apr: 65(2 Spec No):649-65.
- Read, J. & Bentall, R. P. (2012). *Negative childhood experiences and mental health: theoretical, clinical and primary prevention implications*. The British Journal of Psychiatry, Feb 2012, 200 (2) 89-91.
Doi: 10.1192/bjp.bp.111.096727
- Saltzman, W. R., Pynoos, R. S., Layne, C. M., Steinberg, A. M. & Aiseberg, E. (2001). *Trauma- and grief-focused intervention for adolescents exposed to community violence: Results of a school-based screening and group treatment protocol*. Group Dynamics: Theory, Research, and Practice, Vol. 5(4), Dec 2001, 291-303.
- Schilling, E. A., Aseltine, R. H., & Gore, S. (2007). *Adverse childhood experiences and mental health in young adults: a longitudinal survey*. BMC Public Health 2007, 7:30
- Shinera, R. L. (2009). *The development of personality disorders: Perspectives from normal personality development in childhood and adolescence*. Development and Psychopathology, Vol 21, Special Issue 03, August, pp 715-734.
Published online: 07 July 2009
- Shonkoff, J. P., Garner, A. S., Seigel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L., Pascoe, J., Wood, D. L. The committee on psychosocial aspects of child and family health, committee on early childhood, adoption, and dependent care, and section on developmental and behavioral pediatrics, (2011). *The Lifelong Effects of Early Childhood Adversity and Toxic Stress*. Technical Report, From the American Academy of Pediatrics
Published online: 26 December, 2011
- Turner, R. J. & Lloyd, D. A. (1995). *Lifetime traumas and mental health: the significance of cumulative adversity*. Journal of Health and Social Behaviour, Dec; 36(4): 360-76.
- Wittchen H. U., Stein M. B. & Kessler R. C. (1999): *Social fears and social phobia in a community sample of adolescents and young adults: prevalence, risk factors and co-morbidity*. Psychological Medicine, Volume 29, Issue 02, March, pp 309-323. Published online: 08 September 2000
- Xian-Bin Li, Zhimin- Wang, Yezhi Hou, Yin Wang, Jintong Lin, Chuan- Yue Wang (2014). *Effects of Childhood trauma on personality in a samples of Chinese Adolescents*, Child Abuse and Neglect, Oct 38 (4): 788-796.