



Perceived Influence of Emotional Dysfunction on Social Development of Adolescents in Junior Secondary Schools in Rivers State

¹EREMIE, Maxwell (Ed. D.) & ²BETHEL-EKE, Ogechinyere Adaugo

^{1&2}Department of Educational Foundations, Faculty of Education, Rivers State University, Nkpolu Oroworukwo, Port Harcourt | Emails:

¹maxwell.eremie@edu.com: ²ogededem@yahoo.com

Abstract: *The study investigated perceived influence of emotional dysfunction on social development of adolescents in junior secondary school students in Rivers State. The study adopted the descriptive survey research design. The population of the study was 26,784 adolescents of junior secondary schools in Rivers State, which consisted of 10,208 males and 16,576 females. The simple random sampling technique was used to select a sample size of 394 fixed using the Taro Yamen Formula. Data was collected through a questionnaire developed by the researchers titled Emotional Dysfunction and Social Development of Adolescents Scale (EDSDAS) with a reliability coefficient of 0.72 computed using the Cronbach's Alpha. The research questions were answered using means and standard deviations. The null hypotheses formulated were tested at 0.05 alpha level using the z-test statistic. Results indicated that male and female adolescents in junior secondary schools in Rivers State are of the opinion that depression, anxiety prone and anger as measures of emotional dysfunction influence social development of adolescents in junior secondary schools in Rivers State. The study concluded that the social development of adolescents takes place in the context of all their relationships, particularly those with their peers and families. One of the greatest social changes for adolescents is the new importance of their peers which allows them to gain independence from their families. By identifying with peers, adolescents start to develop moral judgment and values, and to explore how they differ from their parents. Given the above, the study recommended that counsellors/Psychologist should provide a treatment plan for anxiety involving a mixture of medication, behavioural therapy, and psychotherapy to curtail the level at which adolescents are prone to anxiety, and that for effective management of anger, adolescents are required to void sarcasm, though it can hurt feelings and make things worse, and that they should practice relaxation skills.*

Keywords: *Emotional Dysfunction, Social Development, Adolescents, Junior Secondary Schools, Students*

INTRODUCTION

Adolescence which is regarded as the transitional period between late childhood and the beginning of adulthood, as such marks the beginning of the reproductive lifespan in humans, involves sexual maturity in terms of hormones and physical development of the body, and is otherwise characterized by an increase in the complexity of group interactions and thus social behaviour (Lerner & Steinberg, 2004). Adolescence is a period of development and consolidation of the social self, of one's identity and understanding of the self in relation to the

social world (Coleman & Hendry, 2010). Anecdotal evidence and self-report data suggest that children seem to become progressively self-conscious and concerned with other people's opinions as they go through puberty and the period of adolescence (Steinberg, 2005).

Emotional dysfunction and schizophrenia have long been uncomfortable bedfellows. Sometimes these disorders include depression, usually accompanied by hopelessness and suicidal accompanied by thinking; social anxiety, accompanied by social avoidance and problems in forming relationships; and traumatic forming relationships; and traumatic symptoms (post-traumatic stress disorder, PTSD). There is also the distress (fear, anger, shame) attached to the experience of psychotic symptoms. In the view of Birchwood (2010), emotional dysfunction is the inability of a person to control or regulate their emotional responses to provocative stimuli. It can also be termed "emotional hyper-activity. Emotional and behavioural dysfunction is an emotional disability characterized by the inability of an adolescent to build or maintain satisfactory interpersonal relationships with peers and/or teachers. For preschool-age children, this would include other care providers. It also entails; the inability of an adolescent to learn which cannot be adequately explained by intellectual, sensory or health factors, a consistent or chronic inappropriate type of behaviour or feelings under normal conditions, a displayed pervasive mood of unhappiness or depression, a displayed tendency to develop physical symptoms, and pains or unreasonable fears associated with personal or school problems etc. An adolescent with emotional dysfunction reacts in an emotionally exaggerated manner to environmental and interpersonal challenges by overreacting: bursts of anger, crying, accusing, passive-aggressive behaviours, or creation of chaos or conflict may ensue which will obviously affect his/her social development (Cosoff & Hafner, 2018). This set of features is often described as part of a high conflict personality.

Emotional dysfunction is usually relational, meaning it is triggered by a close personal contact such as a family member, child, loved one, ex-loved one or someone who has power or control over that person. *Emotional dysfunction, is common with the core symptoms of disabilities which develops rapidly and aggressively during their early phase as such affects adolescents' social development (Harrison, 2011). Making clear diagnostic distinctions between these emotional disorders is not easy even in people without psychosis, for example, where PTSD and depression overlap. It is tempting to characterise these emotional problems as simply part and parcel of psychosis and the loss of functioning that accompanies it, and it is perhaps for this reason that the pathogenesis of these emotional difficulties is not understood and few effective treatments stood available. In contrary, emotional regulation is a complex process that involves initiating, inhibiting, and modulating one's mental state and behaviour in response to an external or internal stimulus.* Emotional dysfunction is a feature in a large percentage of psychological or psychiatric disorders in the DSM-5. However, certain psychological illnesses involve the dysfunction of emotions as a prominent characteristic, especially specific types of personality issues. For example, what is commonly referred to as "Borderline personality disorder" (BPD) may also be termed Emotional Dysfunction Disorder (EDD), Emotional Regulation Disorder, Emotional Instability Disorder, Emotion-Impulse Regulation Disorder or Emotionally Unstable Personality Disorder (Cosoff & Hafner, 2018). Emotional dysfunction is also a central feature of Narcissistic personality and Histrionic personality.

Psychological trauma including Post-Traumatic Stress Disorder (PTSD) may cause significant emotional dysfunction. Persons with PTSD display emotional dysfunction characterized by excessive fear, anxiety, anger or sadness, reactions to a previous severe and often life-threatening traumatic event that are reinitiated. Traumatic brain injury, including frontal lobe disorders, are characterized by the dysfunction of emotions, as well as attention deficit issues, impulsivity, poor insight, lack of inhibition, impaired judgment, and depressive symptoms. Explosive anger, often directed at family members, is a common occurrence, particularly in adolescents in whom impulsivity, disinhibition, and emotional dysfunction are present (McGorry, 2011). Relational psychotherapy is the cornerstone to treatment for emotional dysfunction along with Mentalization-based therapies, Dialectical Behavioural Therapy and Somatic Experiencing or sensorimotor therapy. Anger management, process groups, sleep management, psycho-education, and neuro-feedback further enhance each client's treatment experience. Holistic emotion regulation therapies including trauma-informed yoga, mindfulness meditation and a robust arts program are also important for recovery and healing from emotional dysfunction (Harrison, 2011).

Emotional dysfunction encompasses variables such as sadness or depression, anger, anxiety prone, jealous behaviour and holding onto guilt, in which one's emotions are disturbed and adolescents' social development affected to a great extent. This dysfunction is not due to any abnormalities in the brain development or function, but as a result of psychological condition in which thoughts and emotions are not in the proper state. When the personality of an individual is exhibited by unduly social deviation and exclusion, emotional thinking and dramatic behaviour, it is clearly an indication of overly emotional dysfunction.

Though the causes of emotional dysfunction are not very specific, there is a correlation between the dysfunction with certain causal factors like, exposure to prenatal drugs, experience of physical abuse, poverty, being neglected, parental stress, changing rules and expectations, confusion over long time and so on (Berzonsky & Adams, 2003). The causes can be broadly categorized into biological, family, school or living environment. The social development of adolescents takes place in the context of all their relationships, particularly those with their peers and families. One of the greatest social changes for adolescents is the new importance of their peers. This change allows them to gain independence from their families. By identifying with peers, adolescents start to develop moral judgment and values, and to explore how they differ from their parents. Young adolescents are very concerned with being accepted by a peer group. This great desire to belong can influence some to engage in activities that they normally would not consider. By middle adolescence, the intensity of involvement with a peer group gives way to more intimate friendships and romances. Peer groups may remain important longer for adolescents belonging to ethnic minority groups. For these teens, peer groups provide a much-needed sense of belonging within the majority culture (Stancin & Perrin, 2014).

The relationship between adolescents and their parents is changed by the adolescent's social development. However, the shift in the adolescent's social world from family to peers does not lessen the importance of the family in the adolescent's life with reference to the emotional dysfunction of the adolescent. Family closeness has been confirmed as the most

important protective factor against certain high-risk behaviours such as emotional dysfunction, smoking, alcohol and drug use, and early initiation of sexual intercourse (Resnick, Bearman & Blum, 2017).

When adolescents exhibit overly emotional dysfunction symptoms over a considerably long period, it affects their social development as well as their educational performance to a great extent. This inability to have proficiency in social life and to learn something cannot be attributed to intellectual, sensory or health reasons. Adolescents suffering from any kind of overly emotional dysfunction cannot develop or continue a good rapport with other adolescents and tutors. Even under absolutely ordinary situations, their moods and activities are unfitting, as they experience sadness and a mood swing most of the time (Radecki, 2011). Adolescents suffering from overly emotional dysfunction are highly impulsive and exhibit violent conduct, both on self and others. They are always anxious and have very little attentiveness. They are not bothered about following rules in the classrooms and often disturb the on-going activities. Adolescents with emotional dysfunction cannot adapt to any variations in the routine setup. Such adolescents scheme to accuse others and find it hard to work in groups. They suffer from low self-esteem, which makes them absentees from school mostly and from social activities. Rapid mood swing from extreme joyous feeling to severe depression is a common feature. According to Foy, Kelleher and Laraque (2010) the usual teaching methodology cannot be applied to children with overly emotional dysfunction. The special education approach must be re-designed to discourage the unruly activities and encourage the preferred behaviour, and that the adolescent must be diagnosed through professional clarifications by an expert counsellor/psychologist.

Statement of the Problem

The study of emotional dysfunction will allow an early enough diagnosis of emotional stress and anxiety that an adolescent endures due to internal and external causes. External causes may be as follows: child's involvement in the parental conflict, adolescent's freedom of choice blocked by parents, child's assumption of responsibility for family problems etc.; internal causes include adolescent's physical and mental diseases. The study of emotional dysfunction will also allow revealing pathologic relations between adolescents and parents and giving differentiated recommendations to both parents on their parenting style with their son or daughter. Since 1980s, researchers have been interested in parenting styles, family stresses, family rules and values. At the same time a range of authors rightly mentioned that national and foreign studies paid most attention to isolated factors and did not provide a complex investigation of the influence of emotional dysfunction on social development of adolescents. Works of Sadowski, Ugarte, and Kolvin (1999), Eydemiller and Yustitskis (1999), based on the complex approach, are an exception to the rule. Moreover, most studies were based on patients' self-evaluation reports. Usually, real families were objects of research only when children and adolescents with depression or anxiety symptoms were studied. Level of satisfaction of emotional psychological needs of spouses (needs in respect, feeling of significance and value of their ego, care, endearment, attention etc.) as a factor of adolescent's mental health were studied separately. It was revealed that disharmonic marital relations influence emotional well-being of adolescent.

Adolescent's de-adaptation on the level of behaviour may manifest itself in the reduced activity, lack of self-confidence, anxiety, low self-appraisal and non-differentiated self-image. Emotional ill-being may increase adolescent's susceptibility to mental and psychosomatic disorders, reduce level of adaptation to social conditions of their development. Non-constructive attitude to adolescent's emotional reactions were prevalent in schools of adolescent with various disorders. These challenges play crucial role in the development of adolescents' social. It is against this backdrop that the study was carried out to investigate the perceived influence of emotional dysfunction on social development of adolescents in junior secondary schools in Rivers State.

Purpose of the Study

The purpose of this study was to investigate perceived influence of emotional dysfunction on social development of adolescents in junior secondary schools in Rivers State. In specific terms, the study objectively sought to:

1. Find out the extent to which depression influence social development of adolescents in junior secondary schools in Rivers State.
2. Find out the extent to which anxiety prone influence social development of adolescents in junior secondary schools in Rivers State
3. Find out the extent to which anger influence social development of adolescents in junior secondary schools in Rivers State.

Research Questions

The following research questions guided the study:

1. To what extent does depression influence social development of adolescents in junior secondary schools in Rivers State?
2. To what extent does anxiety prone influence social development of adolescents in junior secondary schools in Rivers State?
3. To what extent does anger influence social development of adolescents in junior secondary schools in Rivers State?

Hypotheses

The following null hypotheses were developed and tested at the 0.05 alpha level:

1. There is no significant difference in the mean perception of male and female adolescent on the extent to which depression influence social development of adolescents in junior secondary schools in Rivers State.
2. There is no significant difference in the mean perception of male and female adolescents on the extent to which anxiety prone influence social development of adolescents in junior secondary schools in Rivers State.

3. There is no significant difference in the mean perception of male and female adolescents on the extent to which anger influence social development of adolescents in junior secondary schools in Rivers State.

METHODOLOGY

The study adopted the descriptive survey research design. The population of the study was 26,784 adolescents of junior secondary schools in Rivers State, which consisted of 10,208 males and 16,576 females. The simple random sampling technique was used to select a sample size of 394 fixed using the Taro Yamen Formula. Data was collected through a questionnaire developed by the researchers titled Emotional Dysfunction and Social Development of Adolescents Scale (EDSDAS) with a reliability coefficient of 0.72 computed using the Cronbach’s Alpha. The research questions were answered using means and standard deviations. The null hypotheses formulated were tested at 0.05 alpha level using the z-test statistic.

RESULTS

Research Question 1: To what extent does depression influence social development of adolescents in junior secondary schools in Rivers State?

Table 1: Descriptive Statistics on the Extent to which Depression Influence Social Development of Adolescents in Junior Secondary Schools in Rivers State.

S/No.	Items	Male (n ₁ = 150)			Female (n ₂ = 244)		
		\bar{X}	SD	Decision	\bar{X}	SD	Decision
1	Depression changes how adolescents function and their relationship with others.	2.91	1.72	High Extent	2.64	1.23	High Extent
2	It brings about social and family withdrawal by adolescents	2.74	1.52	High Extent	2.86	1.87	High Extent
3	It makes adolescents to be prone to substance use and abuse	3.10	1.96	High Extent	3.17	1.41	High Extent
4	Decreased performance at work or school by adolescents	2.63	1.28	High Extent	2.52	1.63	High Extent
	Grand Scores	2.85	1.62	High Extent	2.80	1.54	High Extent

The total sample for male and female adolescents used for the study is 394 adolescents with n₁ and n₂ representing the sub-samples for male and female respectively.

Decision: Male and female adolescents to a **High Extent** accepted that depression influence social development of adolescents in junior secondary schools in Rivers State. ($2.50 \leq \bar{x} \leq 3.49$).

The data presented in table 1 above shows the mean perception of male and female adolescents on the extent to which depression influence social development of adolescents in junior secondary schools in Rivers State. From table 1, the grand mean score of 2.85 and a

standard deviation of 1.62 were gotten from male adolescent, while the grand mean score of 2.80 and a standard deviation of 1.54 were gotten from female adolescents indicating an acceptance that depression influences social development of adolescents in junior secondary schools in Rivers State to a high extent.

Research Question 2: To what extent does anxiety prone influence social development of adolescents in junior secondary schools in Rivers State?

Table 2: Descriptive Statistics on the Extent to which Anxiety Prone Influence Social Development of Adolescents in Junior Secondary Schools in Rivers State.

S/No.	Items	Male (n ₁ = 150)			Female (n ₂ = 244)		
		X	SD	Decision	X	SD	Decision
5	Anxiety leads to negative social cognitions about oneself.	3.01	1.47	High Extent	2.72	1.40	High Extent
6	It causes dysfunctional assumptions in adolescents that are activated in anticipation of a social situation.	2.84	1.63	High Extent	3.26	1.17	High Extent
7	Detrimental impact of emotional distraction Anxiety can cause a lack of concentration,	2.60	1.71	High Extent	3.13	1.68	High Extent
8	Low performance at school or work as well as an inability to maintain relationships with family and friends.	2.57	1.22	High Extent	2.81	1.30	High Extent
	Grand Scores	2.76	1.51	High Extent	2.98	1.39	High Extent

The total sample for male and female adolescents used for the study is 394 adolescents with n₁ and n₂ representing the sub-samples for male and female respectively.

Decision: Male and female adolescents to a **High Extent** accepted that anxiety prone influence social development of adolescents in junior secondary schools in Rivers State. ($2.50 \leq \bar{x} \leq 3.49$).

The data presented in table 2 above shows the mean perception of male and female adolescents on the extent to which anxiety prone influence social development of adolescents in junior secondary schools in Rivers State. From table 2, the grand mean score of 2.76 and a standard deviation of 1.51 were gotten from male adolescents, while the grand mean score of 2.98 and a standard deviation of 1.39 were gotten from female adolescents indicating that anxiety prone influences social development of adolescents in junior secondary schools in Rivers State to a high extent.

Research Question 3: To what extent does anger influence social development of adolescents in junior secondary schools in Rivers State?

Table 3: Descriptive Statistics on the Extent to which Anger Influence Social Development of Adolescents in Junior Secondary Schools in Rivers State.

S/No.	Items	Male (n ₁ = 150)			Female (n ₂ = 244)		
		\bar{X}	SD	Decision	\bar{X}	SD	Decision
9	Excessive anger also puts your physical wellbeing at risk.	2.51	1.23	High Extent	2.81	1.22	High Extent
10	Anger can cause headaches, migraines, chest pains, aches and more.	2.62	1.28	High Extent	2.75	1.44	High Extent
11	It puts you at risk for hypertension, high blood pressure, depression, and cardiovascular issues.	2.69	1.51	High Extent	2.80	1.61	High Extent
12	Anger issues can further complicate pre-existing health condition in an adolescent.	2.73	0.92	High Extent	2.55	1.52	High Extent
	Grand Scores	2.64	1.24	High Extent	2.73	1.45	High Extent

The total sample for male and female adolescents used for the study is 394 adolescents with n₁ and n₂ representing the sub-samples for male and female respectively.

Decision: Male and female adolescents to a **High Extent** accepted that anger influence social development of adolescents in junior secondary schools in Rivers State. ($2.50 \leq \bar{x} \leq 3.49$).

The data presented in table 3 above shows the mean perception of male and female adolescents on the extent to which anger influence social development of adolescents in junior secondary schools in Rivers State. From table 3, the grand mean score of 2.64 and a standard deviation of 1.24 were gotten from male adolescents, while the grand mean score of 2.73 and a standard deviation of 1.45 were gotten from female adolescents indicating that anger influences social development of adolescents in junior secondary schools in Rivers State to a high extent.

Testing of Hypotheses

Hypothesis 1: There is no significant difference in the mean perception of male and female adolescent on the extent to which depression influence social development of adolescents in junior secondary schools in Rivers State.

Table 4: Test of Difference in the Mean Perception of Male and Female Adolescent on the Extent to which Depression Influence Social Development of Adolescents in Junior Secondary Schools in Rivers State.

Gender	\bar{x}	SD	N	df	α	z-cal.	z-crit.	Decision
Male	3.63	2.52	150	392	0.05	1.34	1.96	H ₀
Female	3.71	2.71	244					Accepted

Table 4 above shows that the z-calculated value of 1.34 using degree of freedom of 392 at 0.05 level of significance is less than the z-critical value of 1.96 which indicates that the null hypothesis that “there is no significant difference in the mean perception of male and female adolescent on the extent to which depression influence social development of adolescents in junior secondary schools in Rivers State” is accepted. This implies that male and female adolescent in junior secondary schools in Rivers State accepted that depression influences social development of adolescents in junior secondary schools in Rivers State.

Hypothesis 2: There is no significant difference in the mean perception of male and female adolescents on the extent to which anxiety prone influence social development of adolescents in junior secondary schools in Rivers State.

Table 5: Test of Difference in the Mean Perception of Male and Female Adolescents on the Extent to which Anxiety Prone Influence Social Development of Adolescents in Junior Secondary Schools in Rivers State

Gender	\bar{x}	SD	N	df	α	z-cal.	z-crit.	Decision
Male	3.24	2.37	150	392	0.05	1.19	1.96	H ₀
Female	3.65	2.84	244					Accepted

Table 5 above shows that the z-calculated value of 1.19 using degree of freedom of 392 at 0.05 level of significance is less than the z-critical value of 1.96 which indicates that the null hypothesis that “there is no significant difference in the mean perception of male and female adolescent on the extent to which anxiety prone influence social development of adolescents in junior secondary schools in Rivers State” is accepted. This implies that male and female adolescent in junior secondary schools in Rivers State accepted that anxiety prone as a measure of emotional dysfunction influences social development of adolescents in junior secondary schools in Rivers State.

Hypothesis 3: There is no significant difference in the mean perception of male and female adolescents on the extent to which anger influence social development of adolescents in junior secondary schools in Rivers State

Table 6: Test of Difference in the Mean Perception of Male and Female Adolescents on the Extent to which Anger Influence Social Development of Adolescents in Junior Secondary Schools in Rivers State.

Gender	\bar{x}	SD	N	df	α	z-cal.	z-crit.	Decision
Male	3.21	2.09	150	392	0.05	1.22	1.96	H ₀
Female	3.85	2.46	244					Accepted

Table 6 above shows that the z-calculated value of 1.22 using degree of freedom of 392 at 0.05 level of significance is less than the z-critical value of 1.96 which indicates that the null hypothesis that “there is no significant difference in the mean perception of male and female adolescent on the extent to which anger influence social development of adolescents in junior secondary schools in Rivers State” is accepted. This implies that male and female adolescent in junior secondary schools in Rivers State are of the opinion that anger as a measure of emotional dysfunction influences social development of adolescents in junior secondary schools in Rivers State.

DISCUSSION OF FINDINGS

The study investigated the perceived influence of emotional dysfunction on social development of male and female adolescents in junior secondary schools in Rivers State and found that there is no significant difference in the mean perception of male and female adolescent on the extent to which depression influence social development of adolescents in junior secondary schools in Rivers State. This implies that male and female adolescent in junior secondary schools in Rivers State accepted that depression negatively influences their social development. This result agrees with the findings of *Cosoff and Hafner (2018)* that an adolescent with depression reacts in an emotionally exaggerated manner to environmental and interpersonal challenges by overreacting: bursts of anger, crying, accusing, passive-aggressive behaviours, or creation of chaos or conflict may ensue which will obviously affect his/her social development. This set of features is often described as part of a high conflict personality. *Cosoff and Hafner (2018)* further asserted that depression is an emotional disability characterized by the inability of an adolescent to build or maintain satisfactory interpersonal relationships with peers and/or teachers. This would include other care providers. It also entails; the inability of an adolescent to learn which cannot be adequately explained by intellectual, sensory or health factors, a consistent or chronic inappropriate type of behaviour or feelings under normal conditions, a displayed pervasive mood of unhappiness or depression, a displayed tendency to develop physical symptoms, and pains or unreasonable fears associated with personal or school problems etc.

The study further found that there is no significant difference in the mean perception of male and female adolescent on the extent to which anxiety prone influence social development

of adolescents in junior secondary schools in Rivers State” is accepted. This implies that male and female adolescent in junior secondary schools in Rivers State accepted that anxiety prone as a measure of emotional dysfunction influences social development of adolescents in junior secondary schools in Rivers State. This finding is in line with the view of *Harrison (2011)* that anxiety prone is usually is triggered by a close personal contact such as a family member, child, loved one, ex-loved one or someone who has power or control over that person. *Anxiety prone, is common with the core symptoms of disabilities which develops rapidly and aggressively during their early phase as such affects adolescents’ social development. Contrary to this finding, Berzonsky and Adams (2003)* opined that *making clear diagnostic distinctions between these emotional disorders is not easy even in people without psychosis, for example, where PTSD and depression overlap. It is tempting to characterize these emotional problems as simply part and parcel of psychosis and the loss of functioning that accompanies it, and it is perhaps for this reason that the pathogenesis of these emotional difficulties is not understood and few effective treatments stood available. Therefore Berzonsky and Adams (2003)* established that *it is a complex process that involves initiating, inhibiting, and modulating one’s mental state and behaviour in response to an external or internal stimulus.*

Finally the study found that male and female adolescent in junior secondary schools in Rivers State are of the opinion that anger as a measure of emotional dysfunction influences social development of adolescents in junior secondary schools in Rivers State. In the view of *McGorry (2011)* anger management, process groups, sleep management, psycho-education, and neuro-feedback further enhance each client’s treatment experience. Holistic emotion regulation therapies including trauma-informed yoga, mindfulness meditation and a robust arts program are also important for recovery and healing from emotional dysfunction. This dysfunction is not due to any abnormalities in the brain development or function, but as a result of psychological condition in which thoughts and emotions are not in the proper state. When the personality of an individual is exhibited by unduly social deviation and exclusion, emotional thinking and dramatic behaviour, it is clearly an indication of overly emotional dysfunction. Though the causes of anger are not very specific, there is a correlation between the dysfunction with certain causal factors like, exposure to prenatal drugs, experience of physical abuse, poverty, being neglected, parental stress, changing rules and expectations, confusion over long time and so on (*Berzonsky & Adams, 2003*). The causes can be broadly categorized into biological, family, school or living environment.

CONCLUSION

The findings of this study have revealed that male and female adolescent in junior secondary schools in Rivers State are of the opinion that depression, anxiety prone and anger as measures of emotional dysfunction influence social development of adolescents in junior secondary schools in Rivers State. Perspective taking is a cognitive mechanism that underlies everyday social interaction. In line with this finding, *Steinberg (2005)* asserted that prior to adolescence, children are less efficient and have a less systematic style of processing the emotional perspectives of other people. The social development of adolescents takes place in the context of all their relationships, particularly those with their peers and families. One of the greatest

social changes for adolescents is the new importance of their peers. This change allows them to gain independence from their families. By identifying with peers, adolescents start to develop moral judgment and values, and to explore how they differ from their parents

RECOMMENDATIONS

Based on the findings of the study, the following recommendations are made;

1. The relationship between adolescents and their parents should be encouraged to fight depression among adolescents and to improve the adolescents' social development.
2. Counsellors/Psychologist should provide a treatment plan for anxiety involving a mixture of medication, behavioural therapy, and psychotherapy to curtail the level at which adolescents are prone to anxiety.
3. For effective management of anger, adolescents are required to void sarcasm, though it can hurt feelings and make things worse, and that they should practice relaxation skills.

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