

INTERNALIZING AND EXTERNALIZING PROBLEMS IN
ADOLESCENTS
ANALYZING THE GENDER DIFFERENCE

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ABSTRACT

This paper reviews several related literatures on internalizing and externalizing problems to analyze the gender difference. The findings from the empirical literature support gender differences in internalizing and externalizing problems which indicate that males tend to externalize more and internalize less than females, conversely females tend to internalize more and externalize less than males. Further the findings indicate a co-occurrence of internalizing and externalizing problems especially in females, supporting the theoretical assumptions that females may also exhibit externalizing problems, but in a different manner than males.

Keywords: Externalizing problems, Internalizing problems, Gender difference.

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Introduction

Behavioural problem has been defined as the act of a person who either exerts significant negative impact on his/her quality of life or the quality of life of others, or forms significant risk to the health and/or safety to oneself or others (O' Brien, 2003). Externalizing and internalizing problems are two empirically derived dimensional constructs that have been used frequently to operationalize adolescent behavioural problems (Achenbach & Rescorla, 2001). Externalizing behavioural problem is defined as consisting of aggressive and delinquent behaviours (like fighting, vandalism, stealing, lying, and other rule breaking behaviours) (Achenbach, Dumenci, & Rescorla, 2002). Internalizing behavioural problem is defined as consisting of anxious and affective symptoms (like worry, sadness, hopelessness, physical symptoms, etc) (Dekovic, Buist, & Reitz, 2004). Specifically, internalizing problems are a broad class of co-occurring problems that mainly involve inner distress whereas externalizing problems mainly involve conflict with others and social mores. Externalizing problems primarily consist of aggression and conduct disorder whereas internalizing problems include depression and anxiety as the two primary components (Achenbach & Rescorla, 2001).

The longitudinal and cross-sectional studies have shown that internalizing behavioural problems typically begin at 12 years of age and increase into middle adolescence (Costello, Mustillo, Erkanli, Keeler, & Angold, 2003; Zahn-Waxler, Shirtcliff, & Marceau, 2008). A similar trajectory has been reported for externalizing behavioural problems, except for a typically earlier onset than the depressive disorders (Costello et al., 2003; Zahn-Waxler et al., & 2008). Moreover, Achenbach and Rescorla (2001) when looking at self-reported internalizing and externalizing problems, found that the mean scores for internalizing and externalizing problems were higher for 15 to 16 year olds than the 13 to 14 year olds, supporting longitudinal studies that indicate that internalizing and externalizing problems tend to increase through late childhood and typically peak at middle adolescence (Wolff & Ollendick, 2006). The psychopathology and epidemiological literature emphasize the age of 16/17 years, as the peak of internalizing and externalizing problems in adolescents (Kovacs & Devlin, 1998).

World Health Organization (WHO, 2001) estimate shows that up to 20% adolescent have one or more behavioural problems. Studies conducted in different parts of the world show that prevalence of behavioural problems in adolescents ranges from 16.5% to 50% (Robert, Attkinson, & Rosenblatt, 1998; Jenson, Watanabe, Richters, Cortes, Roper, & Liu, 1995; Mishra

& Sharma, 2001; Belfer, 2005; International Institute for population sciences [IIPS] and Macro-international, 2007; Srinath, Girimaji, Gururaj, Seshadri, Subbakrishna, Bhola, & Kumar, 2005), with girls exceeding boys and internalizing problems were found to be the most common of the these problems (Pathak, Sharma, Parvan, Gupta, Ojha, & Goel, 2011). Ramzan, Yasin, Ahmad, and Farooq (2015) study on adolescents reported 14.34% of adolescents had high behavioural problems. Externalizing problems have many consequences some of them are very serious. Early aggression, for example, is associated with frequent fighting in adolescence, convictions by adulthood, peer rejection, and failure in school (Deater-Deckard & Plomin, 1999; Farrington, 1989; Tarolla, Wagner, Rabinowitz, & Tubman, 2002). The statistics are concerning, given the consequences of internalizing problems in adolescents which include dropping out of school, drug abuse, and suicide (Lewinsohn, Hops, Roberts, Seeley, & Andrews, 1993; McClure & Pine, 2006).

Review of Literature Analyzing the Gender Difference in Behavioural Problems

Externalizing Problems

A number of theories purport to explain the development of externalizing and internalizing problems. One of the first theories of the development of externalizing was proposed by Moffitt (1993). Moffitt's theory was based on the assumption that adjustment difficulties in boys are a precursor to externalizing behaviour. Moffitt posited two distinct pathways: child-onset and adolescent limited pathway. The theory posits that manifestations of psychopathology are present in early to middle childhood. This psychopathology is believed to stem from the interaction of such factors as poor parenting, poor peer relations, and biological difficulties such as cognitive deficits and hyperactivity (Moffitt, 1993). The evidence, based on a review by Moffitt, Caspi, Dickson, and Silva (2001), supports these theorized precursors to externalizing problems.

Girls are theorized to be comparably free of externalizing problems during early to middle childhood because of biological, cognitive, and social buffers present during this period (Keenan & Shaw, 2003). This contention is partially supported by Moffitt et al.'s (2001) theory that, like boys, girls can also be tracked on two distinct pathways: childhood-onset and adolescent-limited pathway. However, girls tend to display less externalizing problems in childhood when compared to boys.

Adolescence is when girls tend to engage in more externalizing problems. The development of behavioral problems for boy and for girls is part of normal development according to Moffitt et al. (2001). Similar to boys, externalizing problems in girls has been hypothesized to stem from such factors as family dynamics and cognitive difficulties (Keenan & Shaw, 1997). The difference between boys and girls is that these predisposing factors do not tend to manifest themselves in girls until adolescence.

An alternative hypothesis has suggested that girls do engage in externalizing behaviour at an early age, but it is not as evident as boys' aggression (e.g., overt, violent). Crick and Grotpeter (1995) and Bjorkqvist, Lagerspetz, and Kaukianen (1992) argue that girls aggress differently than boys predominately with relational aggression, which is more difficult to observe and, therefore, measure.

Internalizing Problems

Theories explaining internalizing problems have posited a number of different factors in the development of these problems. Girls are hypothesized to develop internalizing problems in part due to socialization factors where girls are presumably taught to inhibit externalizing problems (Keenan & Shaw, 1997). Another theoretical model proposed by Nolen-Hoeksma and Girgus (1994) is that girls have more risk factors, such as childhood anxiety, gender role stereotypes, and stronger interpersonal orientations, often predisposing them to depression.

In an effort to consolidate the literature, Leadbeater et al. (1999) suggested a multivariate model of internalizing and externalizing problems. The broad categories of risk factors include the following: gender linked vulnerabilities, risk and protective factors, interpersonal and self-critical vulnerabilities, self-concept, stress, and quality of relationships with parents and peers. Leadbeater et al. argued that the gender differences in these risk factors may explain the discrepancy in externalizing and internalizing problems in adolescence. In order to empirically test the model, Leadbeater et al. (1999) conducted a one year longitudinal study of 230 boys and 230 girls aged 11 -14. Using self-report questionnaire intended to measure the risk factors, the authors found that gender differences existed in the vulnerabilities, risk factors, and protective factors. Consistent with prior research (Leadbeater, Blatt, & Quinlan, 1995), internalizing symptoms were more common for girls than boys, and somatic and emotional symptoms increased over time for the girls whereas the boys' symptoms decreased. Also consistent with

prior research, externalizing symptoms were reported more by the boys than the girls, but self-reported delinquency increased for both genders (Leadbeater et al., 1995).

Gjerde (1995) reported how the expression of externalizing and internalizing problems may differ between girls and boys. Internalizing problems expressed by boys may be manifested outwardly as aggression or hostility whereas girls may withdraw or ruminate over sadness. Therefore, internalizing problems may be misidentified as externalizing in boys or externalizing problems, manifested as withdrawal by girls, mistaken for internalizing.

Reitz, Dekovic, and Meijer (2005) study designed to examine the structure of internalizing and externalizing behavioural problems based on confirmatory factor analysis, concluded that both internalizing and externalizing were unique constructs. The findings in the empirical literature support gender differences in internalizing and externalizing problems which indicate that males tend to externalize more and internalize less than females (e.g., Rescorla, Achenbach, Ivanova, Dumenci, Almqvist, & Bilenberg, 2007). Broberg, Ekeroth, Gustafsson, Hansson, Hggf, and Ivarsson (2001) discovered a higher prevalence of internalizing problems in girls when compared to boys. According to some research, adolescent girls are two times as likely as boys to become anxious and depressed, and also exhibit more co-occurrence between depression and anxiety than boys (e.g., Crick & Zahn-Waxler, 2003; Rescorla et al., 2007; Zahn-Waxler et al., 2008). Conversely, boys tend to engage in more externalizing problems such as aggression and delinquency when compared to girls (e.g., Loeber & Stouthamer-Loeber, 1998). Tabish and Khan (2009) study found that the difference in the prevalence of internalizing problems (depression) among males and females is significant. Aziz, Maqbool, Gul, & Qureshi (2013) study on adolescents also reported gender difference in externalizing problems with males found high on externalizing problems. Gumber, Sajad, Chuhan, Wani, & Bhatt (2015) study on adolescents also discovered internalizing problems more in females as compared to males.

So, various factors have been hypothesized to explain the gender differences in externalizing and internalizing problems such as interpersonal and self-evaluative differences, stress, quality of parental relationships, self-concept and socialization (Deater-Deckard, Dodge, Bates, & Pettit, 1998; Leadbeater, Kuperminc, Hertzog & Blatt, 1999). Alternate explanation for the discrepancy between boy and girls is the type of aggression. Boys tend to engage in more physical aggression than girls (Coie & Dodge, 1998); consequently it is more observable. However, girls may be as aggressive but in a different manner. Crick and Grotpeter (1995) have

hypothesized that girls may use friendships and status as weapons to hurt others, what Crick and Grotpeter called relational aggression. In contrast to boys, internalizing symptoms are more observable in girls who have higher rates of crying and sadness (Zahn-Waxler, Race, & Duggal, 2005). Gjerde (1995) reported that depressed boys expressed their depression directly by acting out against others. Thus, they are potentially viewed as aggressive as opposed to depressed. So girls may exhibit internalizing and externalizing problems in a different manner than boys. Further the high co-occurrence rates between externalizing and internalizing problems, found in both clinical and community-based youth, support the argument that overlap exists between externalizing and internalizing problems (Angold, Costello, & Erkanli, 1999; Reitz et al., 2005).

Conclusion

The overall purpose of this paper has been to integrate several bodies of literature related to adolescent behavioral problems with specific focus on analyzing the gender difference in behavioural problems. The findings in the literature support gender differences in internalizing and externalizing problems. Externalizing problems have been implicated in the development of conduct issues, delinquency in adolescence and in childhood, academic problems, criminality, and antisocial behaviour into adulthood (Deater-Deckard & Dodge, 1997). The study of the development of externalizing and internalizing problems has been approached from various theoretical positions. These two constructs encompass problems such as aggression, delinquency, and depression. They have been extensively studied from diverse theoretical, empirical, and clinical approaches. The range of consequences often associated with these behaviours makes the study of internalizing and externalizing problems of practical significance with respect to prevention, policy, and treatment.

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