



TECHNIUM
SOCIAL SCIENCES JOURNAL

Vol. 8, 2020

**A new decade
for social changes**

www.techniumscience.com

ISSN 2668-7798



9 772668 779000

The relationship between personality characteristics and behavioral disorders in adolescents

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Abstract. A balanced adolescent chooses activities that contribute to character development, increasing self-confidence, developing socializing skills, identifying passions and making decisions. The main purpose of the paper was to identify some dimensions in the personality structure of adolescents that correlate with other aspects of behavior. The evaluation and treatment of internalizing disorders in children and adolescents has a long and rich tradition in the psychology and clinical psychiatry of the child. However, the use of longitudinal data to elucidate the evolution and outcome of these conditions, as well as their assessment and treatment, is less developed in the embryonic development stage. However, there have been interesting developments and significant progress has been made. Outsourcing behaviors and disorders, due to their excessive or obvious nature, attract the attention of parents, teachers or others in the adolescent environment. However, there are situations where a subclinical, but significant, level of such a disorder goes unnoticed or is listed as a manifestation of the adolescent's level of adaptation. In this way, certain antisocial behaviors, such as theft, lying, destruction, violent tendencies, may remain unknown to parents or other adults. In some unfortunate cases, these outsourcing behaviors are recognized only after their occurrence, as elements of a pathology that culminated in tragic results. Similarly, certain behaviors of minor importance, but persistent, may foresee the subsequent occurrence of more serious or frequent violations of social rules and norms. Therefore, early identification of externalizing disorders at school, in the community, or in clinical institutions is extremely important for intervention and prevention efforts.

Keywords. adolescent, personality, disorder, behavior

Introduction

Defining the word personality would be a good way to start the chapter that takes into account different theories of personality. However, writing a definition is not that simple. The various responses that people have given to this approach have materialized in history in various cultural constructions such as philosophy, religion, art, politics and science. Each of us begins our search again; as children seeking identity, and later as adults reflecting on our identity, we wonder who we are and join other travellers on the path of self-seeking.

As Adrian Opre (2007) says, scientific theories are repeatedly tested, and most of the time, they are tested by people other than those who proposed them, so they can be modified or rejected, based on comparatively obtained results. However, personal theories are less sensitive

to such changes, people perceiving only what the theory confirms and paying little or no importance to the facts that contradict it.

The trait-based approach has generated multiple conceptions of personality, including a number of five factor models, Eysenck's traits, Cattell's traits, and Cloninger's temperament and character traits (Corr & Matthews, 2009).

Personality is often divided into statistically identified factors called the Big Five Factors, which are openness to experience, conscientiousness, extraversion, agreeableness, and neuroticism (or emotional stability). These components are generally stable over time, and about half of the variants appear to be attributable to a person's genetics, rather than to the effects of the environment (Briley & Tucker-Drob, 2014).

The evaluation and treatment of internalizing disorders in children and adolescents has a long and rich tradition in the psychology and clinical psychiatry of the child. However, the use of longitudinal data to elucidate the evolution and outcome of these conditions, as well as their assessment and treatment, is less developed in the embryonic development stage. However, there have been interesting developments and significant progress has been made. The emergence of the field of developmental psychopathology in the last 10 years (Achenbach, 1982, Cicchetti, 1984; Rutter & Garmez, 1983; Sroufe & Rutter, 1984), with emphasis on the continuity and discontinuity of behavior between the embryonic phase, childhood, adolescence, is particularly welcome and timely, providing a good concern for the future.

Following the study and classification of clinical disorders in childhood and adolescence, a very useful phenomenological distinction has been made between internalizing and externalizing disorders, in terms of how typical symptoms are presented (Achenbach and McConaughy, 1992; Reynolds, 1992b). This distinction facilitates a review of the main disorders in adolescence. However, the symptoms of so-called internalizing and externalizing disorders can greatly overlap. Moreover, the distinction between internalization and externalization focuses on the explicit manifestation of symptoms and not on the fundamental psychological processes or etiologies.

The externalizing disorders in childhood and adolescence are characterized by obvious behavioral problems or excesses. Certain DSM-IV disorders, such as behavioral or provocative opposition disorders, are outsourcing disorders. This category also includes certain psychological and behavioral disorders that do not correspond to any formal diagnosis of DSM-IV, but which nevertheless constitute behaviors whose severity or frequency may cause problems of school or social adaptation. Such behaviors may include, for example, elements of aggression, excessive anger, delinquency. Outsourcing disorders can cause consternation to other people, such as parents, teachers or colleagues.

The World Health Organization (2008) defines mental health as a "state of well-being through which individuals recognize their abilities, are able to cope with the normal stress of life, to work productively and fruitfully and to contribute to their communities." Applying these definitions based on adults, adolescents and identifying mental health problems in young people can be difficult, given the significant changes in behavior, thinking and identity that occur during adolescence. The impact of changing youth subcultures on behavior and priorities may also make it difficult to define mental health issues in adolescents. Although psychiatric disorders reflect psychiatric disorders, adolescents may be more affected by mental health problems. These include different difficulties and tasks that interfere with adolescent development and adversely affect the quality of emotional, social and professional life (WHO, 2008).

Identifying, treating and tracking mental health problems in young people can be complicated. Parents and teachers can reject problems that only reflect adolescent disorders.

Young people are often very reluctant to seek help, due to developmental needs to be "normal" when they explore identity issues and try to engage with a peer group (Michaud & Fombonne, 2005).

Criteria for differentiating normal behavioral variations from more serious problems (Michaud & Fombonne, 2005):

- Duration - to consider as potentially harmful any problems that last more than a few weeks; reassessment of mental status on several occasions,
- Persistence and severity of fixed symptoms - loss of normal fluctuations of mood and behavior,
- Symptoms impact - school activity, interpersonal relationships, home and leisure activities.

Objectives and hypotheses

The main purpose of the paper was to identify some dimensions in the personality structure of adolescents that correlate with other aspects of behavior.

O1. Analysis of personality traits and identification of differences in girls and boys

O2. Assessment of behavioral disorders in adolescents and identification of differences.

O3: Investigating correlations between personality traits, interests, values and behavioral disorders in adolescence.

The hypotheses we assumed were the following:

Hs1 There are supposed to be significant differences between certain personality traits in girls and boys

Hs2 We assume that there are correlations between personality traits and behavioral disorders in adolescence.

Hs3 It is assumed that there are significant differences in behavioral disorders in girls and boys.

Methods and instruments

The method used in this study was the survey based on two questionnaires: the 5-factor CP5F personality questionnaire and the APS-SF adolescent disorder assessment scale.

Sample

The sample population includes adolescents who have the status of students in four high schools, aged between 16 and 18.

In this paper we used a non-probabilistic sample with rational selection, consisting of 124 subjects, 53 men and 71 women, who were involved in recording information about their own person.

The research in question complied with the ethical principles that allow it to perform under optimal conditions. We obtained the informed consent of the research participants by providing the following information:

- Presentation of the procedures used in research,
- Presentation of the risks involved in the research,
- Presentation of the nature, goals, usefulness of the research,
- Freedom of participants to withdraw from research at any time.

Also, the privacy and fundamental rights of the study participants were respected. I informed the participants that the data provided is confidential.

Findings and results

Hypothesis 1 - "There are supposed to be significant differences between certain personality traits in girls and boys."

The verification of Hypothesis 1 was made on the basis of a comparative analysis between girls and boys, after equalizing the sample, considering the personality traits, registered in the Personality Questionnaire with 5 CP5F factors.

Table 1 Start indices - personality traits
Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
CP5F Extraversion	106	10	89	50,43	12,503
CP5F Amability	106	12	92	53,77	11,525
CP5F Conscientiousness	106	21	78	51,69	11,277
CP5F Emotional stability	106	19	76	50,83	12,458
CP5F Autonomy	106	33	82	53,33	11,866
Valid N (listwise)	106				

In table 1, the starting statistics are presented: average, median, standard deviation and mode. Taking into account the existing reality, respectively the data string, with the help of the Statistical Package for the Social Sciences (S.P.S.S.) program, the normality of the distribution was checked first.

Table 2. Test of normality - personality traits in boys and girls Tests of Normality
Tests of Normality

	Sex	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
CP5F Extraversion	Male	,072	49	,200*	,980	49	,565
CP5F Amability	Female	,095	57	,200*	,983	57	,590
CP5F Conscientiousness	Male	,084	49	,200*	,984	49	,758
CP5F Emotional stability	Female	,108	57	,096	,988	57	,844
CP5F Autonomy	Male	,072	49	,200*	,989	49	,936
	Female	,089	57	,200*	,981	57	,508
	Male	,103	49	,200*	,967	49	,190
	Female	,055	57	,200*	,990	57	,926
	Male	,096	49	,200*	,970	49	,237
	Female	,117	57	,050	,962	57	,070

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

The Kolmogorov Smirnov calculation presents the significance threshold for the normality of distributions, which is greater than 0.05 for the factors Extraversion, Amiability, Conscientiousness, Emotional Stability and Autonomy.

To perform the comparison between the two independent samples, where $N_1, N_2 \leq 30$, we used the T Student Parametric Test using the Statistical Package for the Social Sciences (S.P.S.S.) program, where we obtained the results from the displayed table.

Table 3. Comparison result - personality traits for boys and girls

Group Statistics					
	Sex	N	Mean	Std. Deviation	Std. Error Mean
CP5F Extraversion	Male	4	5	14,696	2,099
	Female	9	2,53		
	Male	5	4	10,042	1,330
	Female	7	8,63		
CP5F Amability	Male	4	5	14,273	2,039
	Female	9	4,22		
	Male	5	5	8,608	1,140
	Female	7	3,39		
CP5F Conscientiousness	Male	4	5	11,738	1,677
	Female	9	0,96		
	Male	5	5	10,930	1,448
	Female	7	2,32		
CP5F Emotional stability	Male	4	5	13,308	1,901
	Female	9	4,06		
	Male	5	4	11,056	1,464
	Female	7	8,05		
CP5F Autonomy	Male	4	5	12,891	1,842
	Female	9	6,84		
	Male	5	5	10,077	1,335
	Female	7	0,32		

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
CP5F Extraversion	Equal variances assumed	5,907	017	,613	104	110	,899	,417	,895	,693
	Equal variances not assumed			,569	2,830	120	,899	,485	1,044	,842
CP5F Amability	Equal variances assumed	6,256	014	372	04	711	839	,254	3,632	,309
	Equal variances not assumed			359	6,315	721	839	,336	3,814	,491
CP5F Conscientiousness	Equal variances assumed	,279	598	,616	04	539	1,357	,203	5,726	,013

	Equal variances not assumed			,612	9,053	542	1,357	,215	5,752	,039
CP5F Emotional stability.	Equal variances assumed	,368	245	,539	04	013	,009	,366	,316	0,701
	Equal variances not assumed			,504	3,610	014	,009	,400	,244	0,774
CP5F Autonomy	Equal variances assumed	2,794	098	,920	04	004	521	,233	,093	0,949
	Equal variances not assumed			,867	0,311	005	521	,274	,003	1,039

The values obtained show that there is a significant difference between girls and boys in the case of Emotional Stability and in the case of Autonomy, where the significance threshold is less than 0.05.

Table 3 shows that the male participants have the average value of the Emotional Stability factor - 54.06, compared with the female participants - 48.05, so it can be stated that the male subjects have a higher level of the Emotional Stability compared to female subjects, this means that boys tend to think more positively, to be more optimistic, to control their emotions and to trust their own strengths.

In the case of Autonomy, the male participants have the average value of the factor - 56.84, compared with the female participants - 50.32, so it can be stated that the male subjects registered a higher level of Autonomy compared to the female subjects. , this means that boys have a more pronounced tendency to act differently than others, they are more creative, and they are not led by others.

In this case, it can be considered that hypothesis 1 is valid.

Maccoby and Jacklin (1974) conducted the first major review of research on sex differences in knowledge, temperament / personality and social behavior in adolescents and adults.

In general, gender differences in neuroticism traits have been reported, with women having higher scores than men (McCrae, Terracciano et al., 2005). Compared to women, men were also identified as having higher scores on psychoticism (Lynn & Martin, 1997), assertiveness, excitement seeking, and acceptability. (McCrae, Terracciano et al., 2005).

Similar to the results of temperament studies on gender differences in effort control, the strongest effect of gender for the Big Five categories in the analysis of parental descriptions of children aged 3 to 12 from seven countries, girls were described as being more conscientious than boys (De Fruyt, Van Hiel, & Buyst, 1998).

In contrast to adult studies that use self-reports or reports by observers (McCrae, Terracciano et al., 2005), but according to the descriptive approach, remarkable similarities have also been found in several countries for ICID assessments. of the child / adolescent, in terms of Conscientiousness, girls score higher than boys.

However, several gender differences were country specific. Slovenian parents, for example, described girls as more emotionally stable than boys, especially due to the low level

of fear / insecurity by comparing the two, a result consistent with the findings of a longitudinal, multi-informative ICID study. , made with parents of preteens. (Zupančič & Kavčič, 2005).

Hypothesis 2 - We assume that there are correlations between personality traits and behavioral disorders in adolescence.

The verification of Hypothesis 2 was performed based on the results obtained by applying the 5-factor CP5F Personality Questionnaire and the APS-SF Adolescent Disorders Assessment Scale.

Table 5. Start statistics - personality traits and behavioral disorders in adolescence

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Behavioral disorder	50	38	77	49,82	9,995
Oppositional defiant disorder	50	0	84	46,32	13,603
Substance dependence	50	41	100	50,80	10,625
Predisposal towards violence and anger	50	36	82	49,86	11,418
School problems	50	30	73	47,12	11,661
Generalized anxiety	50	29	69	49,68	10,257
Post-traumatic stress	50	34	71	52,46	10,545
Major depressive disorder	50	35	83	52,70	12,304
Eating Disorder	50	40	79	52,42	10,848
Suicide	50	44	78	53,28	10,753
Self-concept	50	36	84	52,90	11,402
APSSF					
Interpersonal problems	50	36	77	52,22	12,111
APSSF					
Defensive attitude	50	39	82	53,90	12,458
APSSF					
Answer consistency	50	45	100	54,76	14,033
APSSF					
Social desirability	50	21	75	51,76	10,74
CP5F					
Extraversion	50	28	89	50,64	13,985
CP5F					
Amiability	50	12	92	56,28	13,374
CP5F					
Conscientiousness	50	23	78	52,56	11,659
CP5F					
Emotional stability	50	19	79	52,20	13,972
CP5F					
Autonomy	50	33	82	54,86	13,682
Valid N (listwise)	50				

Table 5 presents the starting statistics: average, median, standard deviation and mode. Taking into account the existing reality, respectively the data string, with the help of the Statistical Package for the Social Sciences (S.P.S.S.) program, the normality of the distribution was checked first.

Table 6. Test of normality and personality traits behavioral disorders in adolescence

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
APSSF						
Behavioral disorder	.129	50	.037	.908	50	.001
Oppositional defiant disorder	.095	50	.200*	.958	50	.072
Substance dependence	.207	50	.000	.777	50	.000
Predisposal towards violence and anger	.146	50	.009	.921	50	.003
School problems	.137	50	.020	.951	50	.039
Generalized anxiety	.132	50	.028	.956	50	.063
Post-traumatic stress	.115	50	.095	.961	50	.099
Major depressive disorder	.100	50	.200*	.955	50	.055
Eating Disorder	.218	50	.000	.857	50	.000
Suicide	.271	50	.000	.761	50	.000
Self-concept	.127	50	.041	.950	50	.033
Interpersonal problems	.131	50	.031	.939	50	.012
Defensive attitude	.202	50	.000	.903	50	.001
Answer consistency	.277	50	.000	.723	50	.000
Social desirability	.102	50	.200*	.967	50	.167
CP5F Extraversion	.138	50	.018	.960	50	.091
CP5F Amiability	.123	50	.056	.963	50	.115
CP5F Conscientiousness	.064	50	.200*	.991	50	.969
CP5F Emotional stability	.066	50	.200*	.986	50	.826
CP5F Autonomy	.107	50	.200*	.954	50	.052

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

In table 6, it is observed that the significance threshold is higher than 0.05 for the factors Provocative Opposition Disorder, Post Traumatic Stress, Major Depressive Disorder, Social Desirability, Amiability, Conscientiousness, Emotional Stability and Autonomy. This is lower, in the case of the factors Behavior Disorder, Substance Dependence, Predisposition to Violence-Anger, School Problems, Generalized Anxiety, Eating Disorder, Suicide, Self-Concept, Interpersonal Problems, Defensive Attitude, Consistency of Extra Responses and Responses.

In this context, the next step was to apply the Spearman Test of rank difference correlation, a nonparametric method.

Table 7. Correlation - personality traits and behavioral disorders

		C	C	C	C	C	
		P5FExtrav ersiune	P5FAm abilitate	P5FCons tiinciozit ate	P5FStabili tateEmoti onala	P5FAut onomie	
Spearman's rho	Behavioral disorder	Correlation Coefficient	-,016	-,345*	-,360*	-,432**	,261
		Sig. (2-tailed)	,912	,014	,010	,002	,67
		N	50	0	50	50	0
	Oppositional defiant disorder	Correlation Coefficient	-,169	,211	-,168	-,250	,044
		Sig. (2-tailed)	,242	,142	,243	,080	,762
		N	50	0	50	50	0
	Substance dependence	Correlation Coefficient	,170	,435**	-,332*	-,271	,099
		Sig. (2-tailed)	,237	,02	,018	,057	,495
		N	50	0	50	50	0
	Predisposal towards violence and anger	Correlation Coefficient	-,184	,422**	-,244	-,538**	,100
		Sig. (2-tailed)	,200	,002	,088	,000	,488
		N	50	0	50	50	0
	School problems	Correlation Coefficient	-,021	,210	-,430**	-,300*	,008
		Sig. (2-tailed)	,883	,143	,002	,034	,956
		N	50	0	50	50	0
	Generalized anxiety	Correlation Coefficient	-,329*	-,304*	-,424**	-,563**	,101
	Sig. (2-tailed)	,020	,032	,002	,000	,484	
	N	50	0	50	50	0	
Post-traumatic stress	Correlation Coefficient	-,462**	,078	-,198	-,589**	,123	
	Sig. (2-tailed)	,001	,589	,168	,000	,395	
	N	50	0	50	50	0	
Major depressive disorder	Correlation Coefficient	-,399**	-,362**	-,390**	-,770**	,262	
	Sig. (2-tailed)	,004	,010	,005	,000	,066	
	N	50	0	50	50	0	
Eating Disorder	Correlation Coefficient	-,242	,075	-,110	-,377**	,167	
	Sig. (2-tailed)	,090	,607	,446	,007	,245	
	N	50	0	50	50	0	
Suicide	Correlation Coefficient	-,212	,221	-,315*	-,502**	,231	
	Sig. (2-tailed)	,139	,123	,026	,000	,107	
	N	50	0	50	50	0	
Self-concept	Correlation Coefficient	-,403**	,166	-,154	-,535**	,186	
	Sig. (2-tailed)	,004	,248	,286	,000	,197	
	N	50	0	50	50	0	

Interpersonal problems	Correlation Coefficient	-,463**	,314*	-,159	-,580**	,135
	Sig. (2-tailed)	,001	026	,270	,000	351
	N	50	0	50	50	0
Defensive attitude	Correlation Coefficient	-,344*	163	,317*	,041	,310*
	Sig. (2-tailed)	,015	259	,025	,775	029
	N	50	0	50	50	0
Answer consistency	Correlation Coefficient	,018	,063	,130	-,098	024
	Sig. (2-tailed)	,903	664	,369	,497	867
	N	50	0	50	50	0
Social desirability	Correlation Coefficient	-,131	,591**	,587**	,274	083
	Sig. (2-tailed)	,366	000	,000	,054	566
	N	50	0	50	50	0
	Sig. (2-tailed)	,000	459	,010	,001	
	N	50	0	50	50	0

The correlation table obtained from the above calculation confirms the presumption that there are correlations between the two aspects, personality traits and behavioral disorders in adolescence.

Extraversion factor negatively correlates with generalized anxiety with a coefficient of -0.329 which means that the more introverted a person, the more the symptoms of anxiety, nervousness, anxiety and somatic problems that are well above the levels are felt. commonly felt by most adolescents. It also negatively correlates with post-traumatic stress with a coefficient of -0.462, which means that the more introverted a person is, the more pronounced the tendency to provide responses associated with the presence of stress, including an increased level of agitation, depersonalization sensations and relapse and memory of the traumatic event. The factor also correlates with the major depressive disorder with a coefficient of -0.399, which means that the more introverted a person, the more there is a tendency for them to complain primarily of dysphoria, but also of distress and sadness, to relate sadness, withdrawal, disinterest towards different activities and removal of friends. The factor also correlates with self-concept with a coefficient of -0.403, which means that the more introverted a person is, the more they feel a low level of self-esteem. The factor correlates negatively with interpersonal problems with a coefficient of -0.463, which means that the more introverted a person is, the more difficult it is to get involved in relationships with other people. It also negatively correlates with the defensive attitude with a coefficient of -0.344, which means that the more introverted a person is, the greater the tendency for them to take on a defensive attitude towards the people in their life.

The Amiability factor negatively correlates with the behavioral disorder with a coefficient of -0.345, which means that the lower the amiability factor, the higher the chance of displaying antisocial behaviors, such as theft, beating, lying, cruelty to animals, use of a weapon during a beating, destruction, violation of rules at home and school, problems with police or school authorities or other behavioral problems. It also correlates negatively with substance dependence with a coefficient of -0.435, which means that the lower the level of friendliness, the greater the tendency for substance use. The factor also correlates with the predisposition to violence / anger with a coefficient of -0.422, which means that the less kind a person is, the greater the predisposition towards violent behavior. The factor also correlates

negatively with the generalized anxiety with a coefficient of -0.304, which means that the lower the level of kindness, the more expresses excessive anxiety and clinical symptoms of stress, fatigue, difficulty concentrating, irritability, muscle tension. and sleep disorders. It also negatively correlates with major depressive disorder with a coefficient of -0.362, which means that the lower the level of affability, the more there is a tendency for her to complain primarily of dysphoria, but also of distress and sadness, to relate sadness, withdrawal, disinterest towards different activities and removal of friends. Also, the factor correlates negatively with school problems with a coefficient of -0.341, and this means that the lower the level of kindness, the less problematic or disruptive behaviors at school can affect school progress.

The Conscientiousness factor negatively correlates with the behavior disorder with a coefficient of -0.360, with the major depressive disorder having a coefficient of -0.390, with generalized anxiety having a coefficient of -0.424, with the dependence on substances having a coefficient of -0.332 a coefficient of -0.315, with school problems having a coefficient of -0.430, which means that the lower the level of awareness, the higher the chance of displaying antisocial behaviors, such as theft, beatings, lying, cruelty to animals, use of a weapon during a beating, destruction, violation of rules at home and school, problems with police or school authorities or other behavioral problems, also the more there is a tendency for these people to complain first of all of dysphoria, but also of distress and sadness, to relate sadness, withdrawal, disappointment interest in different activities and removal of friends, also there are they express more excessive anxiety and clinical symptoms of stress, fatigue, difficulty concentrating, irritability, muscle tension and sleep disorders, there is a greater chance for substance use , there is a tendency for suicidal ideation and the active existence of suicide attempts, and there is also a tendency for problematic or disruptive behaviors at school that may affect school progress. The factor correlates positively with the defensive attitude with a coefficient of 0.317, which means that the higher the awareness, the higher the tendency to adopt a defensive attitude.

The Emotional Stability factor correlates negatively with the behavior disorder with a coefficient of -0.432, with the predisposition to violence / anger having a coefficient of -0.538, with school problems having a coefficient of -0.300, with generalized anxiety having a coefficient of -0.563 post-traumatic stress with a coefficient of -0.539, with major depressive disorder having a coefficient of -0.770, with eating disorder having a coefficient of -0.377, with suicide having a coefficient of -0.502, with self-concept having a coefficient of -0.535 , with interpersonal problems with a coefficient of -0.580. This means that the lower the emotional stability, the greater the tendency to display disruptive behavior, the greater the tendency for the predisposition to violent behavior, the greater the tendency to encounter school problems, the greater the tendency for the development of anxious behavior, a more pronounced tendency to provide responses associated with the presence of stress, including an increased level of agitation, sensations of depersonalization and relapse and recall of the traumatic event, a greater tendency for difficulties of sleep, fatigue and lack of energy. , as well as a tendency for feelings of fear, worry and the perception of being fat, compulsive eating behavior, regurgitation of food and aversion to food.

The Autonomy factor negatively correlates with the defensive attitude with a coefficient of -0.310, which means that the lower the level of autonomy, the more there is a tendency to adopt a defensive attitude in interpersonal relationships.

In this case, it can be considered that hypothesis 2 is valid.

There are many cross-sectional studies that have established associations between Big Five dimensions and behavioral disorders. Extraversion, which may be conceived as a tendency to engage in social behaviors and experience frequent positive dispositions (Caspi et al., 2005),

has been shown to be negatively associated with internalizing problems such as social inhibition, anxiety and depression (Ozer & Benet-Martinez, 2006).

It was found that agreeableness, indicating the sociability, empathy and cooperativity of an individual (Caspi et al., 2005), is negatively associated with affective and anxiety disorders, but also other aspects such as externalizing behaviors, attention deficit, hyperactivity, aggressiveness, risk taking, criminal behavior and substance addiction. (Asendorpf, 2003).

Hypothesis 3 - There are supposed to be significant differences in behavioral disorders in girls and boys.

The verification of Hypothesis 3 was performed on the basis of a comparative analysis between girls and boys, after equalizing the sample, considering the behavioral disorders in adolescents, registered within the APS-SF adolescent disorders assessment scale.

Table 8. Start indices - adolescent disorders in girls and boys

	N	Min.	Max.	Mean	Std.Dev.
Behavioral disorder	50	8	77	49,82	9,995
Oppositional defiant disorder	50	0	84	46,32	13,603
Substance dependence	50	1	100	50,80	10,625
Predisposal towards violence and anger	50	6	82	49,86	11,418
School problems	50	0	73	47,12	11,661
Generalized anxiety	50	9	69	49,68	10,257
Post-traumatic stress	50	4	71	52,46	10,545
Major depressive disorder	50	5	83	52,70	12,304
Eating Disorder	50	0	79	52,42	10,848
Suicide	50	4	78	53,28	10,753
Self-concept	50	6	84	52,90	11,402
Interpersonal problems	50	6	77	52,22	12,111
Defensive attitude	50	9	82	53,90	12,458
Answer consistency	50	5	100	54,76	14,033
Valid N (listwise)	50				

Table 8 presents the starting statistics: average, median, standard deviation and mode. Taking into account the existing reality, respectively the data string, with the help of the Statistical Package for the Social Sciences (S.P.S.S.) program, the normality of the distribution was checked first.

Table 9. Test of normality - adolescent disorders in girls and boys

	Sex	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
APSSF	Male	,184	5	,028	,876	5	,006
Behavioral disorder	Female	,181	5	,034	,876	5	,006
APSSF	Male	,135	5	,200*	,965	5	,529
Oppositional defiant disorder	Female	,111	5	,200*	,947	5	,218
APSSF	Male	,190	5	,020	,908	5	,027
Substance dependence	Female	,232	5	,001	,767	5	,000
APSSF	Male	,216	5	,004	,887	5	,010
Predisposal towards violence and anger	Female	,150	5	,149	,935	5	,115

APSSF	Male	,131	5	,200*	,921	5	,054
School problems	Female	,148	5	,162	,946	5	,201
APSSF	Male	,092	5	,200*	,957	5	,367
Generalized anxiety	Female	,231	5	,001	,825	5	,001
APSSF	Male	,187	5	,025	,930	5	,086
Post-traumatic stress	Female	,149	5	,157	,944	5	,178
APSSF	Male	,167	5	,071	,880	5	,007
Major depressive disorder	Female	,113	5	,200*	,974	5	,759
APSSF	Male	,288	5	,000	,777	5	,000
Eating Disorder	Female	,180	5	,037	,909	5	,028
APSSF	Male	,340	5	,000	,597	5	,000
Suicide	Female	,242	5	,001	,843	5	,001
APSSF	Male	,215	5	,004	,878	5	,006
Self-concept	Female	,166	5	,075	,940	5	,150
APSSF	Male	,157	5	,113	,881	5	,007
Interpersonal problems	Female	,112	5	,200*	,957	5	,358
APSSF	Male	,241	5	,001	,858	5	,003
Defensive attitude	Female	,147	5	,174	,906	5	,024
APSSF	Male	,412	5	,000	,635	5	,000
Answer consistency	Female	,309	5	,000	,781	5	,000

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

The Kolmogorov Smirnov calculation presents the significance threshold for the normality of distributions, which is higher than 0.05, only in the case of the Challenges of the Challenging Opposition, School Problems, Major Depressive Disorder and Interpersonal Problems. For the other factors (Behavior Disorder, Substance Dependence, Predisposition to Violence-Anger, Generalized Anxiety, Post Traumatic Stress, Eating Disorder, Suicide, Self-Concept, and Defensive Attitude) the condition of distribution is not met.

To perform the comparison between the two independent samples, where $N_1, N_2 \leq 30$, we used the Student's T-parametric test for the factors Provocative Opposition Disorder, School Problems, Major Depressive Disorder and Interpersonal Problems, and the non-parametric U Mann Whitney variant for the Behavior Disorder factors, Substance Dependence, Predisposition To Violence-Anger, Generalized Anxiety, Post Traumatic Stress, Eating Disorder, Suicide, Self-Concept and Defensive Attitude, with the help of the Statistical Package for the Social Sciences (SPSS) program, where we obtained the following results.

Table 10. Comparison result Student's parametric test - behavioral disorders in boys and girls

	Sex	N	Mean	Std. Dev.	Std. Error Mean
Oppositional defiant disorder	Male	25	46,36	11,086	2,217
	Female	25	46,28	15,965	3,193
School problems	Male	25	47,16	11,484	2,297
	Female	25	47,08	12,072	2,414
Major depressive disorder	Male	25	48,76	12,630	2,526
	Female	25	56,64	10,828	2,166
Interpersonal problems	Male	25	50,04	13,148	2,630
	Female	25	54,40	10,801	2,160

Table 10 shows that there are significant differences between male and female subjects, only in the case of Major Depressive Disorder. **Independent Samples Test**

		Levene's Test		t-test for Equality of Means						
		Sig.	t	f	Sig. (2-tailed)	Mean Difference	Std. Error Diff.	95% Conf. Int. of the Difference		
								Lower	Upper	
Oppositional defiant disorder	Equal variances assumed	,176	284	,021	8	984	080	3,887	7,736	7,896
	Equal var. not assumed			,021	2,780	984	080	3,887	-7,761	7,921
School problems	Equal var.ass.	083	775	,024	8	981	080	,332	-6,620	6,780
	Equal var. not ass			,024	7,881	981	080	,332	-6,621	6,781
Major depressive disorder	Equal vari.ass.	494	486	-2,368	8	022	7,880	,327	-14,570	-1,190
	Equal var. not ass			-2,368	6,905	022	7,880	,327	-14,574	-1,186
Interpersonal problems	Equal var. Ass.	,387	245	-1,281	8	206	4,360	,403	-11,203	2,483
	Equal var. not ass			-1,281	6,257	207	4,360	,403	-11,209	2,489

Table 11. Comparison result Non-parametric test U Mann Whitney - Vocational interests in boys and girls

	Sex	N	Mean Rank	Sum of Ranks
Behavioral disorder	Male	25	21,72	543,00
	Female	25	29,28	732,00
	Total	50		
Substance dependence	Male	25	24,04	601,00
	Female	25	26,96	674,00
	Total	50		
Predisposal towards violence and anger	Male	25	22,06	551,50
	Female	25	28,94	723,50
	Total	50		
Generalized anxiety	Male	25	23,40	585,00
	Female	25	27,60	690,00
	Total	50		
Post-traumatic stress	Male	25	21,90	547,50
	Female	25	29,10	727,50
	Total	50		
Eating Disorder	Male	25	24,76	619,00
	Female	25	26,24	656,00
	Total	50		
Suicide	Male	25	23,38	584,50
	Female	25	27,62	690,50
	Total	50		
Self-concept	Male	25	20,44	511,00
	Female	25	30,56	764,00
	Total	50		
Defensive attitude	Male	25	22,14	553,50
	Female	25	28,86	721,50
	Total	50		
Answer consistency	Male	25	20,94	523,50

Female	25	30,06	751,50
Total	50		

Test Statistics^a

	Behavioral disorder	Substance dependence	Predispositional towards violence and anger	Generalized anxiety	Post-traumatic stress	Eating Disorder	Suicide	Self-concept	Defensive attitude	Answer consistency
Mann-Whitney U	218,000	276,000	226,500	260,000	222,500	294,000	259,500	186,000	228,500	198,500
Wilcoxon W	543,000	601,000	551,500	585,000	547,500	619,000	84,500	511,000	553,500	523,500
Z	-1,845	-,715	-1,677	-1,022	-1,750	-,365	1,071	-2,463	-1,650	-2,393
Asymp. Sig. (2-tailed)	,065	,475	,094	,307	,080	,715	284	,014	,099	,017

a. Grouping Variable: Sex

In Table 11, it is observed that there is a significant difference between male subjects and female subjects, regarding the factor of the Self-Concept, where the significance threshold is less than 0.05.

Table 11 shows that the male participants have the mean value of the Major Depressive Disorder factor - 48.56, compared with the female participants - 56.64, so it can be stated that the male subjects registered a higher level for the Disorder factor. Depressive Majora, compared to female subjects, which means that boys have a greater tendency to display emotional components of dysphoria, suicidal ideation, low self-esteem and guilt, difficulty sleeping, fatigue and lack of energy, by comparison with the girls.

In the case of the Concept of Self factor, men have a mean value of 20.44, compared to women - 30.56, so it can be stated that the male subjects registered a lower level, compared to the female subjects, which means that girls have a higher tendency to feel low self-esteem.

In this case, it can be considered that hypothesis 3 is valid.

There is a large number of research on disruptive behavioral disorders in adolescents, namely disruptive opposition disorder and behavioral disorder. One of the studies on this topic focused on the predominant evidence on male subjects. Although disruptive opposition disorder is just as prevalent in post-pubescent boys and girls, and behavioral disorder is the second most common diagnosis in girls, the female population has been largely ignored in the literature (Kann, 2000).

The authors of the DSM-IV estimate that the prevalence rates for conduct disorder in persons under the age of 18 are between 6 and 16% and between 2 and 9% respectively for men and women (American Psychiatric Association, 1994).

In addition, some researchers believe that the current prevalence rates of behavioral disorder in women may be underestimated due to inadequate diagnostic criteria, stereotyped perceptions of problem behavior, and gender-differentiated social constraints. (Delligatti, Akin-Little & Little, 2003).

Conclusions

It is well known the importance of identifying some dimensions of the personality structure during adolescence, considering that during this period the correct development of adolescents is based on stimulating more areas in close connection with their activity. A balanced teenager chooses activities that contribute to character development, self-confidence, socializing skills, identifying passions and making decisions. The main purpose of the paper

was to identify some dimensions in the personality structure of adolescents that correlate with other aspects of behavior.

After investigating a batch of 124 subjects, using the 5-factor CP5F personality questionnaire and the APS-SF adolescent disorder assessment scale, we obtained significant differences between male and female adolescents, based on the aspects we identified. .

Boys tend to think more positively, to be more optimistic, to control their emotions and to trust their own strengths, and a more pronounced tendency to act differently than others, are more creative, and are not allowed to be led by others. Girls have an attraction for less structured activities, which involve a creative solution and offer the possibility of self-expression (poetry, painting, music, design), and they also have an orientation towards activities that require interpersonal relationships (preference for teaching or learning), help people solve various problems).

For girls it is important to have great freedom and diversity in actions, to make decisions and to make plans according to their own standards, and it is also important to focus on building, developing and maintaining pleasant, uncompetitive relationships with the people they come into contact at school, at work or in any other field. It is also important for boys to have the opportunity to lead others, to make decisions and to take responsibility for their work and for others, as they want to have influence and dominance over the people they work with.

Also, we obtained significant correlations between the aspects we identified. The lower the level of extraversion, the greater the attraction for research, investigation in various forms and in the most diverse fields (biological, physical, social, cultural, etc.). As the level of kindness and conscientiousness increases, the greater the attraction for research, investigation in various forms and in different fields. Also, the higher the level of conscientiousness, the more there is a preference for activities that require the systematic and orderly manipulation of data or objects in a well-organized and defined framework, and the more there is a preference for activities that allow initiative. and the possibility of coordinating their own activity or the activity of a group. The lower the level of emotional stability, the more there is a tendency to manifest an attraction to less structured activities, which require a creative solution and offers the possibility of self-expression (poetry, painting, music, design). The more a person has a tendency to act differently than others and not be led by others, the more there is a preference for activities that allow initiative and the possibility of coordinating their own activity or the activity of a group.

The higher the level of autonomy, the more there is an attraction for research, investigation in various forms and in various fields. The greater the tendency to seek risky activities, the higher the complexity of the planning, implementation and monitoring strategies, the more there is attraction for research, investigation in various forms and in the most diverse fields. The more there is an orientation towards activities that require interpersonal relationships, the more important it is for such a person to focus on building, developing and maintaining pleasant, uncompetitive relationships with people they come into contact with at school, at work or in any other field. The higher the level of social interests, the more important the search for risky activities, with a high level of complexity of the strategies of planning, implementation and monitoring. The less there is an attraction to less structured activities, which require a creative solution and offers the possibility of self-expression, the more important it is for such a person to focus on building, developing and maintaining pleasant, uncompetitive relationships with the people with whom get in touch. The more there is a tendency to go towards activities that involve the manipulation of objects, machines and tools, the more important it is to look for risky activities, with a high level of complexity of planning, implementation and monitoring strategies. The more there is a preference for activities that

require systematic and orderly manipulation of data or objects in a well-organized and defined framework, the more important the organization and conduct of activities according to rules clearly established by others (family, organizations, society).). The higher the level of conventional interests, the more important it is for a person to be respected and admired by others and competent in his field of activity, also the more important is the focus on building, developing and maintaining pleasant relationships. , non-competitive with people they come into contact with at school, at work or in any other field. The more preference there is for activities that allow initiative and the ability to coordinate one's activity or the activity of a group, the more important for a person to be respected and admired by others and competent in his field of activity, the more it is it is important to focus on building, developing and maintaining pleasant, uncompetitive relationships with people who come into contact with school, work or any other field, and also the more important the search for risky activity, with a high level complexity of planning, implementation and monitoring strategies.

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