Journal of Child & Adolescent Behavior

Mini Review Open Access

A Short Note on Personality Disorders in Children

Glenda Porta*

Department of Public Health, College of Medicine and Health Sciences, Arba Minch University, Arba Minch, Ethiopia

Abstract

Personality disorders (PDs) are a group of mental disorders characterized by enduring maladaptive patterns of behaviour, cognition, and inner experience that deviate from the individual's culture and can be seen in a variety of settings. These patterns are associated with significant distress or disability, are rigid, and begin early. The official criteria for diagnosing personality disorders are listed in the sixth chapter of the International Classification of Diseases (ICD) and in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM). However, the definitions vary from source to source and remain contentious.

Keywords: Personality disorders; Mental Disorders

Introduction

Psychologically, personality is the set of enduring mental and behavioral characteristics that set people apart. As a result, experiences and actions that defy social norms and expectations define personality disorders. People who have a personality disorder may have trouble thinking, feeling, getting along with others, or controlling their impulses. The behavior patterns of personality disorders are typically recognized by adolescence, the beginning of adulthood, or sometimes even childhood and frequently have a pervasive negative impact on the quality of life. Treatment for personality disorders is primarily psychotherapeutic. The prevalence of personality disorders among psychiatric patients is estimated to be between 40 and 60 percent. Cognitive behavioral therapy and dialectical behaviour therapy, particularly for borderline personality disorder, are examples of evidence-based psychotherapies for personality disorders. A variety of psychoanalytic approaches are also used. Personality disorders are associated with a significant amount of stigma in both clinical and popular discourse. Despite the various methodological schemas designed to categorize personality disorders, many issues arise when trying to classify a personality disorder because the theory and diagnosis of such disorders occur within prevailing cultural consequently, some experts question their validity on the grounds of their inherent subjectivity. They argue that social, or even socio-political, and economic considerations are the sole foundation for the theory and diagnosis of personality disorders [1-5].

A multidimensional and early treatment approach is required for personality disorders in their early stages and preliminary forms. In addition, Robert F. Krueger's review of their research indicates that some children and adolescents do experience clinically significant syndromes that resemble adult personality disorders, and that these syndromes have meaningful correlates and are consequential. Personality development disorder is considered to be a childhood risk factor or early stage of a later personality disorder in adulthood. The adult personality disorder constructs from Axis II of the Diagnostic and Statistical Manual have served as the framework for much of this research. As a result, the first risk they identified at the beginning of their review is less likely to occur: The PD concept is not simply being avoided by researchers and clinicians working with youth. However, the second risk they mentioned could occur to them: under-recognition of these syndromes' developmental context. Consequently, PD constructs are probabilistic predictors despite their historical continuity; Youths with PD symptoms do not always progress into adult cases.

Discussion

One of the most pressing issues in personality and clinical psychology is the connection between normal personality and personality disorders. The categorical approach to the classification of personality disorders (DSM-5 and ICD-10) views personality disorders as distinct entities distinct from normal personality. The dimensional approach, on the other hand, asserts that personality disorders are maladaptive extensions of the same characteristics that characterize normal personalities.

Together with his colleagues, Thomas Widiger has made a significant contribution to this debate.[54] He talked about the limitations of the categorical approach and argued in favor of the dimensional approach to personality disorders. As an alternative to the classification of personality disorders, he specifically proposed the Five Factor Model of Personality. For instance, according to this point of view, Borderline Personality Disorder is a combination of emotional lability (also known as high neuroticism), impulsivity (also known as low conscientiousness), and hostility (also known as low agreeableness). In clinical practice, individuals are typically diagnosed through an interview with a psychiatrist based on a mental status examination, which may take into account observations by relatives and others. This research has demonstrated that personality disorders largely correlate in expected ways with measures of the Five Factor Model. This research has set the stage for including the Five Factor Model within the DSM-5. Interviews with scoring systems are one method for diagnosing personality disorders. The trained interviewer attempts to code the patient's responses based on their responses as they are asked by the patient. This procedure takes a fair amount of time.

A study looked at retrospective reports of abuse of participants who had demonstrated psychopathology throughout their lives and were later found to have previous experience with abuse. Child abuse

***Corresponding author:** Glenda Porta, Department of Public Health, College of Medicine and Health Sciences, Arba Minch University, Arba Minch, Ethiopia, E-mail: portaglen@edu.et

Received: 04-Jan-2023, Manuscript No: jcalb-23-86470; **Editor assigned:** 06-Jan-2023, Pre-QC No: jcalb-23-86470 (PQ); **Reviewed:** 20-Jan-2023, QC No: jcalb-23-86470; **Revised:** 23-Jan-2023, Manuscript No: jcalb-23-86470 (R); **Published:** 30-Jan-2023, DOI: 10.4172/2375-4494.1000486

Citation: Porta G (2023) A Short Note on Personality Disorders in Children. J Child Adolesc Behav 11: 486.

and neglect consistently show up as risk factors for the development of personality disorders in adulthood. Researchers asked 793 mothers and their children in a study if they had screamed at their children, told them they were not loved, or threatened to take them away. The group of children who had been sexually abused displayed the most consistently elevated patterns of psychopathology, and they were three times more likely than other children (who had not been sexually abused) to develop borderline, narcissistic, obsessive-compulsive, or paranoid personality disorders in adulthood. The development of antisocial and impulsive behavior was strongly correlated with officially verified physical abuse. On the other hand, neglectful cases of abuse that led to pathology in childhood were found to have a partial remission in adulthood. Personality disorders have also been linked to socioeconomic status. In a 2015 publication from Bonn, Germany, which compared parental socioeconomic status and a child's personality, it was discovered that children from higher socioeconomic backgrounds were more altruistic, less risk-seeking, and overall had higher IQs. These characteristics correlate with a low risk of developing personality disorders later in life. There is a strong association between low parental/neighborhood socioeconomic status and personality disorder symptoms [6-10].

Conclusion

Psychological issues were found to be most negatively associated with socioeconomic issues in a study of female detained children. Additionally, social disorganization was found to be inversely correlated with personality disorder symptoms. There is evidence that personality disorders may originate in the personality of the parents. As a result, the child faces their own adult challenges, such as difficulty completing high school, securing employment, and maintaining stable relationships. Children can acquire these characteristics through either genetic or modeling mechanisms. Additionally, it appears that bad parenting raises a child's symptoms of personality disorders. More specifically, personality disorders have been linked to a lack of maternal bonding. In a study that compared 100 healthy people to 100 people with borderline personality disorder, the analysis revealed that borderline personality disorder patients were significantly more likely than healthy controls to not have been breastfed as a baby (42.4% in BPD vs. 9.2% in healthy controls). These researchers suggested that the act of breastfeeding may be crucial to the development of maternal relationships. Additionally, findings indicate a negative correlation between personality disorders and two attachment variables: availability and dependability of the mother. Other attachment and interpersonal issues emerge later in life if untreated, eventually leading to personality disorders.

References

1. Schnurr PP, Friedman MJ, Bernardy NC (2002) Research on posttraumatic stress disorder: Epidemiology, pathophysiology, and assessment. J Clin Psychol 58: 877-889.
2. Kar N (2009) Psychological impact of disasters on children: Review of assessment and interventions. World J. Pediatr 5: 5-11.
3. DiGrande L, Perrin MA, Thorpe LE, Thalji L, Murphy J, et al. (2008) Posttraumatic stress symptoms, PTSD, and risk factors among lower Manhattan residents 2 ~ 3 years after the September 11, 2001 terrorist attacks. J Trauma Stress 21: 264-273.
4. Galea S, Ahern J, Resnick H, Kilpatrick D, Bu cuvalas M, Gold J, et al. (2002) Psychological sequelae of the September 11 terrorist attacks in New York City. NEJM 346: 982-987.
5. Schlenger WE, Caddell JM, Ebert L, Jordan BK, Rourke KM, et al. (2002) Psychological reactions to terrorist attacks. JAMA 288: 58I-588I.
6. Blader, Joseph C, Kafantaris, Vivian (2007) Pharmacological Treatment of Bipolar Disorder among Children and Adolescents. Expert Rev Neurother 7: 259-270.
7. Raber JH, Wienclaw RA (2012) The Gale Encyclopedia of Mental Health. Lithium Carbonate 1: 896-898.
8. Polanczyk, Guilherme V, Salum, Giovanni A, Sugaya Luisa S, et al. (2015) Annual Research Review: A meta-analysis of the worldwide prevalence of mental disorders in children and adolescents. J Child Psychol Psychiatry 56: 345-365.
9. Zubrick, Stephen R, Silburn, Sven R, Burton, et al. (2000) Mental Health Disorders in Children and Young People: Scope, Cause and Prevention. Psychiatry J 34: 570-578.
10. Dopheide, Julie A (2006) Recognizing and treating depression in children and adolescents. Am J Health-Syst Pharm 63: 233-243.