

Mechanisms shaping the development of personality and personality disorders in children and adolescents

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Summary

Until the end of the nineties last century personality disorders could not be diagnosed before the age of eighteen. Nevertheless, the results of studies published in the last decade have revealed that personality disorders can be observed in children and adolescents and that personality disorders diagnosed in adult patients had been present as early as in childhood. The knowledge of possible mechanisms shaping personality disorders in childhood is unsatisfactory and needs to be expanded. Developmental psychology explains the development of abnormal personality through inappropriate attachment patterns and abnormal transitions between developmental phases. Genetic and temperamental factors are also important in the etiology of personality disorders as well as early maladaptive schemas resulting from personal experiences and interactions with others. The aim of this article is to review the current knowledge on the mechanisms shaping the development of personality and personality disorders in childhood and adolescence.

Key words: diagnosis and personality development, personality disorders, adolescence

Introduction

The dominant view among professionals on mental health abnormalities observed in childhood and adolescence is that they are a consequence of time-embedded processes as well as disturbances of normal functioning and development. To fully understand the phenomenon of childhood and adolescence onset personality disorders it seems necessary to identify factors and mechanisms which promote the development of normal personality and to identify normative behaviors, traits and attitudes. The main focus of research is on the following personality development related areas: the process of

human development, the role of temperament and traits as personality characteristics and the role of genetic factors [1, 2]. On the other hand, theoretical constructs which explain mechanisms leading to the development of personality disorders can shed more light on the phenomenon of personality disorders. Firstly, theoretical constructs include risk factor variables. Secondly, they define consistent exploratory models of intrapsychic conditions conducive to personality disorders.

A serious limitation of theoretical construct is paradigm verifiability, which makes the usability and reliability revision possible as late as in the process of therapeutic interventions with already diagnosed patients. Despite the limitations, it seems very important to conceptualize personality disorders risk factors (including biological, environmental, temperamental and trait-based factors) within theoretical models. Such an approach could expand the knowledge on circumstances which lead to the development of personality disorders in the presence of risk factors and to identify variables which built “resilience” despite the presence of risk factors. An important benefit of such a “broader” approach could be the development of prevention strategies in the case risk factors: (1) have already taken place (e.g. massive rejection); (2) cannot be removed (e.g. temperamental traits); (3) represent hard to modify environmental pattern of functioning.

Therapeutic models developed for adult patients with personality disorders, which take childhood experiences into account could be of great help for the understanding of mechanisms of abnormal personality development in childhood and adolescence. One of the most often commented and studied approaches to the treatment of adult personality disorders is Young’s Schema Therapy [3] which takes into account the role of early maladaptive schemas. In the light of studies on the effectiveness of this approach [4] hypotheses are formulated about mechanisms shaping the development of personality within this framework.

The development of an individual and personality

There is a lot of controversy over the age when one can talk about personality in children and youth. Although some researchers point out incompleteness and instability of adolescent personality, a number of studies have revealed the time stability of characteristic traits (from at least the age of 3) as well as flexibility of personality development restricted by temperament and environmental influence. It has been noticed, that traits present in childhood intensify later in development e.g. shy and withdrawn children are more prone to anxious attitudes and symptoms accompanied by avoidant strategies in adolescence [1]. The approach which suggests the continuity of traits is consistent with Costa and McCrae’s Five Factor Model of Personality

(FFM) [5] which is one of the most commonly used theoretical models in studies on personality. On the other hand, the model is contrary to psychoanalytical model, which defines adolescent development within intrapsychic conflicts framework reflected in interpersonal conflicts, mood swings and erroneous evaluation of identity. Lack of intrapsychic conflicts is equal with abnormal personality development [1, 6, 7].

The question about a relationship between abnormal course of developmental processes and personality disorders in children and adolescents is justified. The quality of developmental processes determines the functioning of an individual in many domains: motivation, adaptation and self-experience in relationships [6–8]. An emphasis is made on a disadvantageous influence of inappropriate transition from one developmental phase to another, lack of skills appropriate for the specific phase, unfavorable solution of internal conflicts and improper attachment patterns.

The motivational domain stems from Freud's classical works [9] and applies to the evaluation of the motives of an individual and the extent to which the motives are recognized. According to psychoanalytical model the norm can be defined as a satisfying compromise between demands and desires whereas lack of the norm means dominance of one of the above-mentioned truths. One of the first to emphasize the role of motivation and conflict in the process of development was Anna Freud [10], who pointed to difficulties experienced by an adolescent in sexual domain which enforces the development of new forms of experiencing of self and others as well as new ways of regulation of drives and impulses. The way an individual handles the conflict will be crucial for the future structure of personality.

The domain of adaptation processes is defined in cognitive-emotional categories. The key cognitive processes for future potential deficits in interpersonal domain and self-esteem include: the level of abstract thinking, information integration skills and meta-cognitive skills. Normal development of emotional processes takes place if an individual is able to accept ambivalent emotions towards the object and gradually increases self-regulation and control skills of own emotional states. Differences in the level of emotional stability are one of the main fields of interest in studies on the intensity of personality disorders [1].

The experience to the self in interactions with others is mainly regulated by the development of identity crystallized in the process of individuation as well as in the process of development of a coherent and lasting picture of the self, self-perception as well as own values and ideals. The lack of such model in childhood and adolescence is considered to have a negative impact on the structure of personality later in life while the presence of an appropriate model determines the development of a satisfying level of intimacy and well being in middle age [1, 6–8]. Identity disorders described in studies include the tendency towards definition of the self within one role or label,

subjective sense of inconsistency, role engagement avoidance and propensity to experience contradictory emotions and actions [1].

The role of genetic factors

The problem of personality disorders in childhood and adolescence is relatively new. Consequently, the number of studies on genetic factors in personality disorder is insufficient for definite conclusion to be drawn [11]. In studies on 112 mono – and dizygotic twins aged 4–15 the heritability index for personality disorders was 0.75 (from 0.81 for dependent and schizotypic personality to 0.5 for paranoid and passive aggressive personality). In the study conducted by Jang et al. [12] on antisocial personality the heritability index was 0.58. In the study conducted by Cadoret et al. [13] the index for antisocial personality ranged from 0.27 to 0.78. The results of available studies suggest that the heritability index for personality disorders in children and youth can be even greater than in adults, which justifies the role of genetic factors in personality disorders.

The influence of temperament on developing personality structure

The studies on the relationship between temperament and personality are carried out mainly on adults, which limits, to some extent, the feasibility of concluding about the influence of temperament on developing personality structure [14, 15]. Temperament is defined as a time-stable individual set of traits which determine behavioral patterns and which is related to inborn neurobiological mechanisms. Temperament is revealed in early years of life and is prone to change in the course of development (e.g. puberty) and environmental factors. In the summary of current models of temperament, Mervielde et al. [15] pointed to four most common groups: emotional stability, extraversion, persistence and activity (activity level), what justifies the link between temperament and personality within Five-Factor Model of Personality [5]. In the light of available research it can be concluded that the temperament is a precursor of the structure of personality as well as personality disorders [16, 17].

Traits as personality characteristics

The results of many studies suggest that personality disorders are not separate categories but more a representation of extreme variants of normal personality dimensions [2], what justifies the use of the Five-Factor Model of Personality [5] as a base when defining abnormal development of personality in childhood and adolescence.

Five factors crucial for personality structure i.e. extraversion (vs. introversion), emotional stability (vs. neuroticism), openness to experience, agreeableness (vs. antagonism) and conscientiousness (vs. undirectedness) are not considered stable in the process of human development [7, 8, 14, 16–19]. What is more, the dominant opinion is that the aforementioned factors are biological and determining for human. The results of genetic studies indicate that heritability of FFM factors is 0.5 ± 0.1 [16]. Clinical observations show that early temperamental traits such as openness, activity and emotionality are subject to change in adolescence and progress towards extraversion and neuroticism dimensions, with mild changes in intensity over time [7]. It is acknowledged that structure of personality in children is less integrated compared to adults and consists of more dimensions, as at least two factors make up the dimensions of extraversion (openness and activity) and neuroticism (fear and irritability). The observations confirm the assumption about temperamental etiology of extraversion and neuroticism.

McAdam and Pals' [20] theory is another interesting attempt to understand the mechanisms shaping the development of personality, which separates three domains of personality. The first domain – dispositional traits (which are also reflected in Five-Factor Model of Personality) – includes general tendencies towards behavior and perception of emotions stable in time across different situations. The second domain – characteristic adaptations – embraces wide range of adaptation skills such as cognitive representations and stress coping strategies (including problem-solving or problem-avoidance approach). Cognitive representations are shaped through life experiences, especially relationships with important others with an emphasis on type and quality of these relationships. In personality disorders, cognitive representations are manifested by distorted perceptions of the self, others and the world (e.g. grandiosity or perceiving others as harming). The third domain – self-defining narratives – develops continually across life experiences. Most common problems characteristic for personality disorders are related to inability to include negative and harmful experiences in positive narrations or difficulties in creating coherent life-history. Each domain influences and complements others. In case of children and adolescents two first domains can be taken into consideration as the self-defining narratives appear later and are a derivative of abstract thinking development.

Despite the usability and verifiability of all models of personality described earlier, it seems very important to identify the variables which have either positive or negative impact on the development of temperamental traits as well as those which promote functional or dysfunctional personality dimensions.

The role of early cognitive schemas

In the discussion of development of personality in children and adolescence, a very important question is whether dysfunctional patterns of behavior are actual personality traits or more a reflection of temperamental traits which transform into personality disorders as a consequence of interaction with unfavorable environmental factors. Kagan et al. [21], in the study on infants, have pointed to the following traits of temperament as stable and consolidating over time: lability vs. stability; dysthymia vs. optimism; uneasiness vs. easiness; obsessiveness vs. absent-mindedness; passivity vs. aggression; irritability vs. openness and shyness vs. sociability. The role of disadvantageous interactions between temperamental and environmental factors should be considered in the context of a theoretical approach which lists the deprivation of basic, universal needs as the most important causative mechanism in personality disorders. Young et al. [3] have specified five basic emotional needs: (1) secure attachment; (2) autonomy, competence and identity; (3) free expression of needs and emotions; (4) play and spontaneity; (5) realistic limits and self-control. The deprivation of basic needs (e.g. as a consequence of destructive interactions between temperamental traits and environment) may result in early maladaptive schemas. Schema is defined as a specific pattern of thoughts, feelings and behaviors which is revealed in interactions with others and developed for the whole life.

The important issue is whether the behavioral patterns observed in children are useful coping behaviors against depriving environment which may later develop into personality disorders? If the assumption was confirmed, the risk of personality disorders could be decreased by the removal or reduction of environmental factors or by therapeutic interventions aimed at the satisfaction of basic needs. Young [3] suggests four types of experiences (not always traumatic) which may lead to the development of maladaptive schemas: (1) toxic frustration of needs; (2) traumatization or victimization; (3) "too much of a good thing" (defined as excessive satisfaction of basic needs which may result in the development of entitlement/grandiosity schema); (4) internalization of or identification with important others. The construction of valid and reliable research methods assessing types of critical experiences would be very useful for the development of adequate models of intervention.

The stability of personality traits is an important argument for the better understanding of mechanisms which can lead to the development of stable and maladaptive patterns of functioning characteristic for abnormal development of personality and personality disorders. The categorical approach represented in classification systems [22] has many limitations in respect of children and adolescents. According to Young and Gluhoski [23] behavioral patterns characteristic for personality disorders are, in fact, reactions to

maladaptive schemas, which are the core problem. Such an approach helps to understand the phenomenon of personality disorders both “from the outside” (coping styles) and “from the inside” (maladaptive schema). The presence of the following schemas most likely implies the presence of personality problems: abandonment/instability; mistrust/abuse; emotional deprivation and defectiveness/shame. All schemas are complemented by coping styles which include avoidance, conformity and overcompensation.

Recapitulation

Abnormal development of the structure of personality in childhood and adolescence manifested in distorted cognitions, actions, emotions and interpersonal patterns may delay or hinder satisfying functioning as an adult. Abnormal patterns of functioning may consolidate and become an integrated part of personality. In the light of results of the current studies, the presence of adolescent personality disorders is not a transient phenomenon and it persists into adulthood. All authors point to stability and persistence of traits, independent of theoretical model. Although the presence of traits, attitudes and behaviors characteristic for developmental stage may raise concern in the diagnostic process, it may not be directly linked to abnormal development of personality. The diagnosis of personality disorders in childhood and adolescence should be associated with an introduction of adequate treatment methods, especially due to high “sensitivity” and susceptibility to change in the result of environmental interventions (including therapeutic ones) characteristic for this stage of life. The circumstances which lead to the development of personality disorder in children and adolescents should be understood better, assuming that even in the presence of extremely unfavorable constellation of temperamental and personality traits not always means personality disorder. It is also worth discussing whether the studies of child and adolescent personality disorders should take into account theoretical constructs which concentrate on interpersonal domain as a basis for the diagnosis of personality problems or rely more on diagnostic criteria listed in classification systems.

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