CONSTANCY OF PERSONALITY DISORDERS IN ADOLESCENTS

Alexandra Mariana BUICA[*1], Georgiana MIHAI[1], Georgiana Alina TOCACI[1], Florina RAD[1,2]

[1]"Prof. Dr. Al. Obregia" Psychiatry Hospital, Bucharest, Romania
[2]"Carol Davila" University of Medicine and Pharmacy, Bucharest, Romania

ABSTRACT

The essential feature of a personality disorder is an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture. The appropriateness of evaluating personality disorders in adolescents is a much disputed domain, because the risk of the stigma effect and the fact that in a considerable proportion of children and adolescents these symptoms may remit over time. It has been shown that younger people, especially adolescents, are relatively prone to experience a large degree of personality changes. Therefore, it is better to investigate personality change in adolescence for the purpose of understanding the extent to which personality traits change and the factors related to personality change. The aim of this study is to present an overview of studies in the state of the art literature that examined the personality changes in adolescents and have discussed how much average personality scores change over time.

Keywords: personality disorders, child, adolescents, The Big Five personality traits.

The identification of pathological personality is a widely studied field, in which increasingly sophisticated assessment instruments are being designed [1]. The appropriateness of evaluating personality disorders in adolescents is itself contested, because of the risk of stigma effect and the fact that, in a considerable proportion of children and adolescents, these symptoms may remit over time [2-4]. Assessment at an early age poses its own particular problems because the frontiers of psychopathology are very diffuse, and comorbidity is frequent [1, 5-9]. Nevertheless, a great amount of empirical research ratifies the existence of pathological personality and personality disorders in adolescence [5, 7, 10]. The aim of this study is to present an overview of studies in the state of the art literature that examined the personality changes in adolescents and have discussed how much average personality scores change over time.

Changes in personality disorders: DSM-V versus ICD10

A personality disorder is an enduring pattern of inner experience and behavior that deviates from the expectations of the individual's culture, it is pervasive and inflexible, it has an onset in adolescence or early adulthood, it is stable in time, and it leads to distress or impairment [11].

The essential feature of a personality disorder is an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture and is manifested in at least two of the following areas: cognition, affectivity, interpersonal functioning or impulse control (Criterion A).

This enduring pattern is inflexible and pervasive across a broad range of personal and social situations (Criterion B) and leads to clinically significant distress or impairment in social, occupational or other important areas of functioning (Criterion C).

*Corresponding Author: Alexandra Mariana Buica, MD, Resident Doctor in Child and Adolescent Psychiatry, Child and Adolescent Psychiatry Department, "Prof. Dr. Al. Obregia" Psychiatry Hospital, Bucharest, Romania, Phone: 0040 21 334 42 66

The pattern is stable and of long duration and its onset can be traced back at least to adolescence or early adulthood (Criterion D). The pattern is not better explained as a manifestation or consequence of another mental disorder (Criterion E) and it cannot be attributed to the physiological effects of a substance (Criterion F).

Personality disorder categories may be applied with children or adolescents in those relatively unusual instances in which the individual's particular maladaptive personality traits appear to be pervasive, persistent and unlikely to be limited to a particular developmental stage or another mental disorder. It should be acknowledged that the traits of a personality disorder that appears in childhood will often not persist unchanged into adult life. For a personality disorder to be diagnosed in an individual under 18, the features must have been present for at least 1 year. The one exception to this is antisocial personality disorder, which cannot be diagnosed in individuals under 18 years old. A personality disorder requires an onset no later than early adulthood, but individuals may not come to clinical attention until late in life. The development of a change in personality in mid adulthood or later in life warrants a thorough evaluation to determine the possible presence of a personality change due to another medical condition or an unrecognized substance use disorder [11].

Mean-level personality changes have been discussed mainly in Western countries, and it has been shown that younger people, especially adolescents, are relatively prone to experiencing a large degree of personality change [12,13]. Therefore, it is better to investigate personality change in adolescence for the purpose of checking the extent to which personality traits change and the factors related to personality change.

Although there has long been controversy over the validity and classification of personality disorder, there has been general agreement about its constancy over time. Both the ICD and DSM, from their early revisions onwards, have emphasized on the persistence of these disorders from childhood onwards, with the added suggestion that some of their characteristics will become less prominent by mid age. Thus the diagnostic criteria for the 10th revision of ICD10 (DCR-10) include a mandatory statement: 'there must be evidence that the deviation [in personality] is stable and of long duration, having its onset in late childhood or adolescence'. This fits in with our general beliefs about personality: we expect people to retain essential ingrained characteristics throughout life as these make each person unique, with character features that are as distinctive as a fingerprint. However, all classifications have to be tested empirically and it now appears that this fundamental diagnostic requirement is not as fixed as was originally thought. Until a few years ago, the relatively low levels of temporal reliability (the consistency of diagnosis overtime) of personality disorder were felt to be a consequence of poor assessment procedures. The presence of another mental illness, for example, was thought to contaminate or distort the assessment process so that personality disorder was overdiagnosed at first, and the 'true' personality features were found after the mental state problems had returned to normal [14].

The Big Five during childhood and adolescence

In psychology, the Big Five personality traits are five broad domains or dimensions of personality that are used to describe human personality, the five-factor model (FFM: Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness to experiences) [15]. Research on the Big Five, and personality in general, has focused primarily on individual differences in adulthood, rather than in childhood and adolescence [9, 16, 17]. Yet, recent studies have begun to explore the developmental origins and trajectories of the Big Five among children and adolescents [16, 17]. Contrary to some researchers who question whether children have stable personality traits, Big Five or otherwise, [18] most researchers contend that there are significant psychological differences between children that are associated with relatively stable, distinct, and salient behavior patterns [9, 16, 17]. Some of these differences are evident at, if not before, birth [9, 17]. For example, both parents and researchers recognize that some newborn infants are peaceful and easily soothed while others are comparatively fussy and hard to calm [9].

Although developmental psychologists generally interpret individual differences in children as evidence of temperament rather than personality traits,[16] some researchers argue that temperaments and personality traits are age-specific manifestations of virtually the same latent qualities [9, 19]. Alternatively, early childhood temperaments may become adolescent and adult personality traits as individuals' basic genetic characteristics actively, reactively, and passively interact with their changing environments [9, 16, 17].

The structure, manifestations, and development of the Big Five in childhood and adolescence has been studied using a variety of methods, including parent- and teacher-ratings,[20-22] preadolescent and adolescent self- and peer-ratings, [23-25] and observations of parent-child interactions [16]. Results from these studies support the relative constancy of personality traits during one's life, at least from preschool age through adulthood [9, 16]. More specifically, research suggests that four of the Big Five –namely Extraversion, Neuroticism, Conscientiousness, and Agreeableness- reliably describe personality differences in childhood, adolescence, and adulthood [9, 16]. However, some evidence suggests that Openness may not be a fundamental, stable part of childhood personality. Although some researchers have found that Openness in children and adolescents relates to attributes such as creativity, curiosity, imagination, and intellect, [26] many researchers have failed to find distinct individual differences in Openness in childhood and early adolescence [9,16]. Other studies have found evidence for all of the Big Five traits in childhood and adolescence as well as two other child-specific traits: Irritability and Activity [27]. Despite these specific differences, the majority of findings suggest that personality traits –particularly Extraversion, Neuroticism, Conscientiousness, and Agreeableness- are evident in childhood and adolescence and are associated with distinct social-emotional patterns of behavior that are largely consistent with adult manifestations of those same personality traits [9,16].

Evidence of inconstancy from short-term studies

When patients are assessed for personality status they normally have other mental illnesses at the same time. This is because only a minority of patients with personality disorder comes in for personality issues treatment. It is therefore common for those with an interest in personality research to measure personality status at the beginning of a study in which treatment is being given for another mental illness. What is less common is to repeat the assessment of personality within the time frame of a therapeutic intervention, as personality is alleged not to change in the short term. A shift of around 10% in personality pathology is almost invariably found in short-term outcome studies, and when only personality features of aggression and impulsivity are being treated there is often an improvement in these features. Other studies have also shown an improvement in personality features with antidepressant treatment [28].

Personality inconstancy in long-term studies

For periods of 2 years or more between assessments there are higher changes to notice personality disorder. In general, epidemiological studies have shown that personality abnormality is at its most marked in the late teens and early 20s, and follow-up studies after as little as 2 years suggest improvement in most areas of personality function. Thus in one study on adolescents the dimensional scores for most personality disorders were significantly lower after 2 years and, importantly, none was significantly higher [29]. Although it could be argued that only a small improvement may alter the diagnosis of personality disorder to one of no disorder, the improvement applies equally as much to traits as to disorders of personality and there is strong agreement between them [30]. In the much longer term there is now considerable evidence that the personality disorders in Cluster B tend to improve over time, 8–10, although the great variability in outcome is described in some excellent case vignettes [31]. The authors of the present study found the same improvement in Cluster B personalities over 12 years in a population of anxious and depressed patients; surprisingly, Cluster A personality disturbance became more marked over the same period [32]. There is some

evidence of similar changes in cross-sectional studies of older people with personality disturbance [33].

In explaining the findings it is incorrect to assume that personality is an ephemeral attribute that changes many times during the course of one's life. It is likely that some personality attributes remain the same, but what is manifest on the surface, or becomes exposed at times of adversity, depends on the circumstances. What is measured at a single point in time, despite the attempts made to extend the time-scale in order to avoid a cross-sectional assessment, can be described as 'current personality function' rather than 'disorder'. Therefore, in assessing personality it might be better to record personality disorder as personality function at first, retaining the notion of core personality features or disorder until a later assessment reveals which features are constant, and to be prepared for long-term changes in response to lifestyle changes and those in personal and social circumstances. Certainly, the notion of a persistent and pervasive abnormality that perseveres no matter what happens in life is no longer an acceptable way to view personality disorder.

Conclusion

Personality disorders constancy is assumed in most nomenclatures; however, the evidence for this is limited and inconsistent. A lot of research about personality change and constancy has been conducted over the past twenty years. Researchers have been interested in whether personality can change. Today, personality traits are considered to be changeable and adaptable to new environments, although their method and the extent of change are still being discussed.

REFERENCES

1. Clark, L.A., (2007). Assessment and diagnosis of personality disorder: perennial issues and emerging reconceptualization. Annual Review of Psychology 58, 227–257.
2. Bornovalova, M.A., Hicks, B.M., Iacono, W.G., McGue, M., (2009). Constancy, changeand heritability of borderline personality disorder traits from adolescence to adulthood: a longitudinal twin study. Development and Psychopathology 21(4) 1335–1353.
3. Freeman, A., Reinecke, M.A., (2007). Personality Disorders in Childhood and Adolescence. John Wiley & Sons Inc., Hoboken, NJ.
4. Widiger, T.A. (2005). CIC, CLP Sand MSAD. Journal of Personality Disorders19(5), 586–593.
5. Chanen, A.M., Jackson, H.J., McGorry, P.D., Allot, K.A., Clarkson, V., Yuen, H.P,(2004). Two-year constancy of personality disorders in older adolescent outpatients. Journal of Personality Disorders18(6),526–541.
6. Cheng, H.G., Huang, Y., Liu, Z., Liu, B., (2011). Associations linking parenting styles and offspring personality disorder are moderated by parental disorder, evidence from China. Psychiatry Research 189(1), 105–109.
7. Feenstra, DJ., Busschbach, J.J.V., Verheul, R., Hutsebaut, J., (2011). Prevalence and comorbidity ofAxisI and AxisII disorders among treatment refractory adolescents admitted for specialized psychotherapy. Journal of Personality Disorders 25(6), 842–850.
8. Magallón-Neri, E.M., Canalda, G., DelaFuente, J.E., Forns, M., García, R., González, E., Castro-Fornieles, J., (2012). The influence of personality disorder son mental health services in adolescents with psychiatric disorders. Comprehensive Psychiatry 53(5), 509–515.
9. Shiner, R., Caspi, A., (2003). Personality differences in childhood and adolescence: measurement, development, and consequences. Journal of Child Psychology and Psychiatry 44(1), 2–32.
10. Westen, D., Shedler, J., Durret, C., Glass, S., Martens, A., (2003). Personality diagnoses in adolescence: DSM-IV AxisII diagnoses and an empirically derived alternative. American Journal of Psychiatry 160(5), 952–966.
11. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, 5th ed. (DSM-V). Washington, DC 2013
12. Roberts, B. W., & DelVecchio, W. F. (2000). The rank-order consistency of personality traits from childhood to old age: A quantitative review of longitudinal studies. Psychological Bulletin, 126, 3–25.
13. Roberts, B. W., Walton, K. E., & Viechtbauer, W. (2006). Patterns of mean-level change in personality traits across the life course: A meta-analysis of longitudinal studies. Psychological Bulletin, 132, 1–25.
14. World Health Organization. The ICD-10 Classification of Mental and Behavioural Disorders. Diagnostic Criteria for Research (DCR-10).Geneva: WHO, 1993.
15. Costa, P.T.,Jr. & McCrae, R.R. (1992). Revised NEO Personality Inventory (NEO-PI-R) and NEO Five-Factor Inventory (NEO-FFI) manual. Odessa, FL: Psychological Assessment Resources.
16. Markley, P. M., Markey, C. N., Tinsley, B. J. (2004). Children's behavioral manifestations of the five-factor model of personality. Personality and Social Psychology Bulletin 30 (4): 423-432.
17. Rothbart, M. K., Ahadi, S. A., Evans, D. E. (2000). Children's behavioral manifestations of the five-factor model of personality. Journal of Personality and Social Psychology 78 (1): 122-135.
18. Lewis, M. (2001). Issues in the study of personality development. Psychological Inquiry, 12, 67–83.
19. McCrae, R.R., Costa, P.T., Ostendorf, F., Angleitner, A., Hrebickova, M., Avia, M.D., Sanz, J., & Sanchez-Bernardos, M.L. (2000). Nature over nurture: Tem-

perament, personality, and life span development. Journal of Personality and Social Psychology, 78, 173–186.
20. Goldberg, L.R. (2001). Analyses of Digman's child-personality data: Derivation of Big Five Factor Scores from each of six samples. Journal of Personality, 69, 709–743.
21. Mervielde, I., & De Fruyt, F. (1999). Construction of the Hierarchical Personality Inventory for Children (Hi-PIC). In I. Mervielde, I. Deary, F. De Fruyt, & F. Ostendorf (Eds.). Personality psychology in Europe: Proceedings of the Eighth European Conference on Personality (pp. 107–127). Tilburg University Press.
22. Resing, W.C.M., Bleichrodt, N., & Dekker, P.H. (1999). Measuring personality traits in the classroom. European Journal of Personality, 13, 493–509.
23. Markey, P. M., Markey, C. N., Ericksen, A. J., & Tinsley, B. J. (2002). A preliminary validation of preadolescents' self-reports using the Five-Factor Model of personality. Journal of Research in Personality, 36(2), 173-181.
24. Scholte, R.H.J., van Aken, M.A.G., & van Lieshout, C.F.M. (1997). Adolescent personality factors in self-ratings and peer nominations and their prediction of peer acceptance and peer rejection. Journal of Personality Assessment, 69, 534–554.
25. van Lieshout, C.F.M., & Haselager, G.J.T. (1994). The Big Five personality factors in Q-sort descriptions of children and adolescents. In C.F. Halverson, Jr., G.A. Kohnstamm & R.P. Martin (Eds.). The developing structure of temperament and personality from infancy to adulthood (pp. 293–318). Hillsdale NJ: Erlbaum.
26. Mervielde, I., De Fruyt, F., & Jarmuz, S. (1998). Linking openness and intellect in childhood and adulthood. In G.A. Kohnstamm, C.F. Halverson, I. Mervielde, & V.L. Havill (Eds.), Parental descriptions of child personality: Developmental antecedents of the Big Five (pp. 105–126). Mahway, NJ: Erlbaum.
27. John, O. P., & Srivastava, S. (1999). The Big-Five trait taxonomy: History, measurement, and theoretical perspectives. In L. A. Pervin & O. P. John (Eds.), Handbook of personality: Theory and research (Vol. 2, pp. 102–138). New York: Guilford Press.
28. Fava M, Farabaugh A H, Sickinger A H et al. Personality disorders and depression. Psychol Med (2002); 32:1049–57.
29. Grilo C M, Becker D F, Edell W S, McGlashan T H. Constancy and change of DSM-III-R personality disorder dimensions in adolescents followed up 2 years after psychiatric hospitalization. Compr Psychiatry (2001); 42: 364–8.
30. Shea M T, Yen S. Constancy as a distinction between Axis I and Axis II disorders. J Personal Disord (2003); 17: 373–86.
31. Paris J. Personality Disorders Over Time: Precursors, Course, and Outcome. Washington, DC: American Psychiatric Publishing, 2003.
32. Seivewright H, Tyrer P, Johnson T. Change in personality status in neurotic disorders. Lancet (2002); 359: 2253–4.
33. Abrams R C, Horowitz S V. Personality disorders after age 50: a metaanalytic review of the literature. In: Rosowsky E, Abrams R C, Zweig R A, eds Personality Disorders in Older Adults: Emerging Issues in Diagnosis and Treatment. Mahwah, NJ: Erlbaum, 1999.

Received: 15.03.2015

Accepted: 14.05.2015