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Assessment of Psychopathic Personality Deviation in Slum Children: A Pilot Study

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Abstract

The prevalence of psychopathic problems in children has been studied by many researchers and they have well documented the link of home environment to the psychopathology of the children. This pilot study was designed to identify the psychopathic nature of the slum children. The sample of the study included three mothers who have children with age 5-12 and five children with age range 5-12 (3 girls and 2 boys) child Symptom inventory -4 parent check list was used as the tool of the study and data was analyzed according to the norms of the inventory. It was observed that Attention deficit hyperactivity disorder, Oppositional defiant disorder, specific phobia, obsessions separation anxiety disorder were more prevalence disorders with moderate and low severity level. But it is requires to administrate the child symptom inventory -4 teacher check list and analyze the result to draw a clear picture of the symptoms and their level of severity of prevalence psychopathic disorders in slum children.

Keywords: Assessment, slum children, psychopathic deviation, India, Personality

Introduction

Psychopathology: It is the scientific study of the causes, conditions, and processes of mental disorders. There are two major scientific categories of mental disorders. one is International classification of Disease (ICD -10 current version) which is developed by world Health Organization and the other one is Diagnostic and Statistical Manual of Mental Disorders iv TR- Current version) Which developed by American Psychological Association. Almost all researches in this field are done at present based on these two classifications. Apart from that Powerful technologies, such as molecular genetics and sophisticated statistical models, now exist to understand the origins of psychological suffering. Models that have proven useful in understanding psychopathology can be extended to include information on genetic and environmental influences. By including data on the relatedness of different individuals in families, similarities in patterns of psychopathology across individuals can be modeled as a function of how related the individuals are. For example, to the extent that distinct patterns of psychopathology are manifested more frequently among genetically related individuals than among unrelated individuals, taking into account potential environmental reasons for resemblance, those patterns reflect genetic influences. Such research thereby helps inform the understanding of psychopathology by incorporating information on the origins, or etiology, of disorders. In addition to this, theories of personality have contributed to this field in such a way that recognize the broad domains of human individual differences and provide theoretical coherence for those domains.

Child Psychopathology :It is the study of psychiatric disorders of childhood and adolescence (¹. Mental health care providers who work with children specialize in this field so they can offer the best care for their patients. It can also be a subject of interest for social workers, pediatricians, teachers, and other professionals who may need to work with mentally ill children in the course of their careers. Formal education and training are available to provide people with information they can use to apply precepts of child psychopathology to patient care. There are a number of psychiatric conditions that can

manifest in childhood as well as adulthood, for a range of reasons. Some appear to be related to environment; a child who is neglected or abused, for example, can experience psychological complications. Others may be genetic in nature, as seen with children who develop early onset bipolar disorder and schizophrenia, conditions that are normally rare in children.

Researchers in this field look at mood, anxiety, and developmental disorders that can arise in childhood to develop effective diagnostic criteria and treatment recommendations for health care providers ². They may also have an interest in determining why such conditions arise. Early screening could provide interventions for children demonstrating early signs of mental health problems to get them prompt and effective treatment. For instance, researchers in child psychopathology note that behaviors like inattention, trouble focusing, or disobedience might not be character flaws, but rather signs of an underlying psychiatric or developmental issue like attention deficit disorder.

Parenting can be an important factor in child psychology, as parents have a profound impact on a child's environment. Investigation into common psychological issues experienced by children provides more information about the extent of the environment's influence on a child's psychological development, and how parents can contribute to healthy growth and development. Factors like school experiences also play a role; child psychopathology includes the study of bullying, both among bullies and victims.

Understanding child psychopathology can help medical providers screen and treat their patients effectively ³. In complex cases or those where severe, disabling conditions are involved, the patient may need to see a specialist. Some children, for example, become extremely violent and may not be safe in their home environments or schools until their conditions can be effectively managed. They might need to attend schools and facilities designed specifically for children with pervasive and severe mental illness to get treatment.

Common mental disorders in children : According to the Diagnostic statistical manual of mental disorders IV TR the following disorders can be identified as more prevalence disorders among children.

Attention Deficit Hyperactivity Disorder

Motor restlessness, short attention span, and impulsivity are the basic features of this disorder. Usually this disorder manifest during the preschool years, kindergarten or first grade. Even as an infant the child with ADHD, may be fretful, colicky, and restless. ADHD is the most common reason for psychiatric referral among children. The general prevalence rate of ADHD is between 5% and 10% among elementary School Children. This disorder is much more common in boys than girls.

Oppositional Defiant Disorder

Children with oppositional defiant disorder exhibit a developmentally inappropriate level of argumentative hostile and behavior towards authority figures. Typically parents and teachers. Many children with this disorder later develop conduct disorder. Reported prevalence range is between 2% and 16%.

Conduct Disorder

The main features of the conduct disorder are that persistently violate the right of others or rules appropriate to their age. It is estimated that between 6% and 16% of males and between 2% and 9% of females under than 18 years of age meet criteria of this disorder.

Generalized Anxiety Disorder

The central characteristic of generalized anxiety disorder is excessive and seemingly uncontrollable worry and anxiety. Children who have this disorder most often concerned about their adequacy and competence in a variety of areas of their lives: such as their school performance, athletic skills, and social functioning.

Specific Phobia

Specific phobia is an intense and persistence fear of particular object, event or situation. The phobia must interfere with normal functioning; meaning child's daily life is affected by the fear.

Obsessive Compulsive Disorder

This disorder is characterized by obsessions or compulsions that significantly interfere with child's normal functioning by being excessively time consuming or distressing.

Post traumatic stress disorder

Post traumatic stress disorder is a condition in which a child has experienced or witnessed a traumatic event. Is extremely upset by it and child's functioning is further impaired by changes in mood, sleep, habits, and ability to concentrate.

Tic Disorders

A tic is defined as a sudden, rapid, recurrent, nonrhythmic, stereotyped motor movement or vocalization. This disorder is relatively common in children and adolescents. The prevalence rate is 0.7% in males and 0.07% in females.

Schizophrenia

The three primary characteristics of schizophrenia are psychotic symptoms, decrease from a previous level of social functioning and duration of illness of at least 6 months. This disorder is not that much common in children.

Depressive Disorder

There are two major categories of mood disorders depressive disorders and bipolar disorders. Bipolar disorders are relatively rare in children. The depressive disorders are characterized by sadness and feeling of depression.

Pervasive developmental disorder

The three primary characteristics of pervasive developmental disorders are impairment in social interaction skills, verbal or non verbal communication skills. And repetitive and stereotypical patterns of behavior

Social phobia

Social phobia is characterized by intense and persistent fear of social situations with unfamiliar people. Children and adolescents, the individual must be capable of social relationships and the fear must be present with the peers and not just with unfamiliar adults.

Separation anxiety disorder

Separation anxiety disorder is the only disorder that occurs exclusively in children and adolescents it refers to children who become excessively anxious compared with others their age when anticipating or experiencing a separation from their major attachment figure usually parents.

Lives of the children in slums in India :Addressing life of children in India's cities is an important issue. Urban poverty reflects from the people in slums. Poor slum dwellers do not have enough infrastructure for example house water,

sanitation and hygiene etc As a result of it they have to face many physical and mental health problems. Few large slum localities in the peripheries and marginal lands within the cities, there is a mismatch between the demand and supply of social services across localities ⁴. Malnutrition is also becoming more of an urban problem related to higher food costs, reliance on a cash economy and unsanitary conditions .The urban poor live in informal settlements without the secure tenure that protects them access services (e.g. schools and clinics) and infrastructure (e.g. provision for water sanitation, drainage and waste removal). The implications for children are profound.The concentration of human and household wastes in poor urban areas adds to risk for children. They may face higher odds of sickness and death. Urban dwellers living in poor-quality overcrowded housing in slums or informal settlements without proper infrastructure are also among the groups most at risk from disaster and the direct and indirect impacts of climate change.High concentrations of people and higher mobility; the breakdown in traditional social norms, and higher rates of partner change, greater personal autonomy, impunity for harassment, the greater presence of sex workers, etc. contribute to higher rates of HIV/ AIDS in urban areas. HIV results from risky behaviors and is also due to the fact that women and girls have fewer choices available to them than men.Poor urban communities often show strong social fabric, but there are also challenges that contribute to social fragmentation and lower levels of reciprocity. Insecurity in terms of unreliable livelihoods, rising prices, the lack of safety nets, violence and crime, the absence of protection under the law, the threat and reality of eviction and the experience of exclusion, etc create a context of high risk and stress and can undermine the social cohesion, necessary to tackle poverty effectively.

It has been well documented that growing up poverty is linked to the development of personality characteristics, motivational dispositions and skill deficits which make the young in the community vulnerable to manifold problems of achievement and mental health. For example poverty affects to health and nutrition, education and literacy, school enrolment, drop-out and completion rates, employment, gender and empowerment issues. Of particular relevance to the behavioral scientist is the finding that the poor experience a unique set of psychological barriers to change and development. The poor do not seem to be equipped with qualities, dispositions, skills, motivations and values linked to upward mobility (and breaking free of the cycle of poverty) when compared with the more privileged. Observers of social inequalities in India have pointed to an intergenerational perpetuation of social positions with adult attitudes of apathy indifference and withdrawal seeming to be transmitted to the younger members of the community children are as a result inexorably sucked into a culture of poverty' and the vicious cycle continues.

Psychological investigations into the impact of poverty on early childhood development have shown general cognitive impairments to be positively correlated with lower socioeconomic status. Studies⁵ have documented significantly lower opportunities for linguistic stimulation among low socio-economic status two year olds when compared to age peers from middle and higher income backgrounds in an urban setting. Their study confirmed that the child in poverty was also significantly lower on measures of vocabulary, grammar comprehension and expressive language. Reviewing available Indian studies indicate that poverty has an impact on several other cognitive functions such as visuo-motor co-ordination, immediate memory, and concept formation.

Studies related to child psychopathology :There have been done considerable researches on the child psychopathology in the world as well as in Indian context. The study done by Begum, Rao and Sudarshan, (2010) ⁶ on the topic of validity of screening tools for emotional problems in school children, The aim of the research was to compare a self-assessment based screening tool (general health questionnaire; GHQ) with a parental observation based screening tool (CPMS-Childhood Psychopathology Measurement Schedule. The sample constituted of hundred and eighteen school children and the finding was that The GHQ is a better screening tool than CPMS in children aged between 13 and 14 years.

Shan, Kamart, Sawant, Dhavale. (2003)⁷ was done a research on psychopathology in children of schizophrenics. In this study they have assessed the psychosocial and cognitive functioning of the children and have found the children with a schizophrenic parent were seen to have more behavioral problems especially withdrawn behaviors, social problems, poor attention, disordered thoughts, low intelligence compare to the children with healthy parents.

Raju, Russell, John, Jayaseelan, Cherian, (2000)⁸ have been conducted a research on prevalence and type of psychopathology among children of parents with chronic psychiatric disorders in comparison with general population. The sample was comprised from fifty families and the result that found that the significant statistical differences in all the criteria that they have studied Such as; intelligence and mental disorders.

The study conducted by Lal, and Sethi (1977)⁹ on the theme of Estimate of mental ill health in children of an urban community. This study was conducted in an urban locality to determine the psychiatric morbidity in children up to 12 years of age. All 109 families having children up to 12 years of age were studied. The results revealed a period prevalence of psychiatric morbidity in these children of 356 per 1000. Furthermore, mental sub normality, either alone or in association with neurotic behavior or organic brain syndrome, formed the largest diagnostic category. A large number of neurotic and allied disorders were also observed but there was complete absence of functional psychosis. Out of those who were mentally retarded a majority had only borderline retardation and a majority of healthy children possessed an I.Q. between 91–120. A comparison of social demographic variables of the total and the sick population revealed that children above 6 years of age were more frequently sick ($p < 0.01$). Analysis was made of the physical and emotional stresses during pregnancy, psychiatric disorders in the children having delayed and normal milestones, and neurotic traits up to 5 years of age along with malnutrition in association with psychiatric disorders in these children.

Materials and Method

Sample : The Sample included three mothers and five children. The criteria for the selection of the sample of the mother was having children between ages 05-12 and being a slum dweller.

Instrument: The child symptom Inventory -4 (CSI - 4) parent checklist (Gadow & Sprafkin, 2002)¹⁰ contains 97 statements according to the pattern of Likert scale under 10 categories. These ten categories evaluate the child's psychopathic condition under ten different disorders namely; Attention Deficit Hyperactivity Disorder, Oppositional Deficit Disorder, Conduct Disorder, Generalized Anxiety Disorder, Specific Phobia, obsessive compulsive Disorder, Post traumatic Stress disorder, Tic Disorders, Schizophrenia, Major Depressive Disorder, Dysthymic Disorder, Autistic Disorder, Asperger's Disorder, Social Phobia, and separation anxiety disorder. Parents have to select most relevant option among the four available options for each statement.

Reliability of the inventory

The authors reported internal consistency reliabilities (α) of 0.37-0.96, test retest reliabilities of 0.34-0.87,

Validity of the inventory

The authors reported evidence of extensive, divergent and concurrent validities as well as discriminative validities and good sensitivity and specialty.

Procedure : First, Sample was selected by using the snowball sampling method, According to the necessary criteria for the study that is living in a slum and being a parent with children between 5 to 12 age groups. Then, possible date and time were appointed to meet them to conduct the test. The language of the test is English and subjects of the sample were not able to reading and understanding of the English Language hence we conducted this research by translating English statement in to simple Hindi language.

Data analyzing was done in two ways one is the screening cutoff score method where four alternative options are scored as follows “Never= 0”, “sometimes =0”, “often =1”, “very often =1” “No=0” “and Yes 1”. Second one is Symptom severity score method where four alternative options are scored as “Never=0”, Sometimes=1” “often 02”, “very often 3” “no = 0.5” and “Yes 2.5”. And interpretation was done based on the norms of the Child symptom Inventory – 4 Manual.

Results and Discussion

The sample of this research was selected from the slum dwellers in south Delhi India. Three mothers with children between ages 5 to 12 and five children were included in the sample. First two subjects “S” and “A” were siblings. The name of the mother of them was “K” whose age was 24 and having three daughters including “S” and “A” The other daughter is 2 years old. Her husband is a labor. They live in very small shanty. According to the obtained data of the first subject and Screening cut off score analyzing it can be assumed that the subject had some psychopathic problems. Such as specific phobia Obsessions and separation anxiety disorder. According to Symptom severity analyzing the first subject had lower level of symptoms of inattentive type of Attention Deficit Hyperactivity Disorder. Score for Conduct Disorder also indicated the lower level of symptoms of the disorder. Symptoms of the Generalized Anxiety Disorder was in moderate level. the scores for Autism also express the lower level of symptoms. the score for of the severity of Asperger’s Disorder indicates its moderate level of the symptoms. the score for social phobia was in the lower level while the Score for Separation anxiety disorder was in moderate level.

The screening cut off score analyzing method indicated that the second subject had some psychopathic problems such as the symptoms of the ADHD hyperactive impulsive type, Oppositional Defiant Disorder, Specific phobia, Obsessions, Compulsions, posttraumatic stress disorder, motor tics and separation anxiety disorder. the symptom severity profile of the second subject indicated that she had lower levels of symptoms of conduct disorder, Autism, Asperger’s disorder and moderate level of ADHD all types, Oppositional Defiant Disorder, Generalized Anxiety Disorder, Separation anxiety disorder.

The third and fourth subjects were also siblings, “A” age 8 And his brother “Ak” age 12 The name of the mother of them was “L” They also live in a very small shanty. According to the screening cutoff score analyzing method the third subject was having the symptoms of ADHD hyperactive type his symptom severity profile indicated that he had moderate level of inattentive type of ADHD and moderate level of Combined type of ADHD and Separation Anxiety disorder.

The fourth subject’s data analyzing indicated that he also had some psychopathic conditions. According to the Screening cutoff analyzing method he had the symptoms of all three types of ADHD, Oppositional Defiant Disorder, and Conduct disorder, Generalized anxiety disorder, obsessions, and his symptom severity profile indicated that he has symptoms of moderate level of all three types of ADHD, Oppositional Defiant Disorder, Generalized anxiety disorder, and the symptoms of the moderate levels of conduct disorder, Asperger’s disorder.

According to the available data of the fifth subject, she also has the symptoms of some psychopathic conditions. Screening cutoff score analyzing method indicated that she had the symptoms of hyperactive impulsive type of ADHD, Oppositional Defiant disorder, conduct disorder, generalized anxiety disorder, specific phobia, and separation anxiety disorder. her symptom severity profile indicated that she had moderate level of hyperactive –impulsive type and combined type of ADHD, Oppositional defiant disorder, conduct disorder, Generalized anxiety disorder, separation anxiety disorder and the moderate levels of symptoms she had in Inattentive type of ADHD, Autism, Asperger’s Disorder.

Conclusion

It is well documented factor that the external and internal factors affect for the individuals psychopathic problems. Slum dwellers are underprivileged people who have fewer resources for their lives than they need. Specially for the psychological development home environment is very much important but the children in slums suffer from many factors such as sanitation, hygiene, pure water, proper toilet system, space of the home, As well as proper nutrition And love of the parents. In turn, these factors affect to their psychopathic condition as a result they are more vulnerable to psychopathic problems than the general children. This study was carried out to identify the psychopathic deviation of slum children by administrating the Child symptom Inventory 4 – parent check list. It had been identified that all most all the subjects of the sample had some kinds of psychopathic conditions with level of moderate and lower. Mostly they have the symptoms of Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Specific Phobia, Obsessions, and Separation Anxiety Disorder. As tool of this study we administrated only parent check list of the Child Symptom Inventory 4. But in order to have a clear picture it is necessary to administrate teacher check list as well and analyze the results of both check lists and draw the conclusion about the symptoms and their level of severity.

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