iMedPub Journals www.imedpub.com

Vol.7 No.9:9846

Psychopathology Dimensions in Adults: A Systematic Review

Yu-Feng Wang*

Department of College of Arts and Sciences, Mississippi State University, Mississippi State, China.

*Corresponding author: Wang Y, Department of College of Arts and Sciences, Mississippi State University, Mississippi State, MS, China, Tel: 8616532818978; Email: yufengwang1@ems.hrbmu.edu.cn

Received date: July 30, 2021; Accepted date: October 12, 2021; Published date: October 22, 2021

Citation: Wang Y (2021) Psychopathology Dimensions in Adults: A systematic review, Acta Psychopathol, Vol: 7 No: 9.

Abstract

In this review, we found that adults psychological barriers and their dimensions vary according to social norms and are based on a series of structures. This research includes parental psychopathology and emerging childhood psychopathology. Although the methodological quality of the research varies greatly, our narrative synthesis shows that cognitive factors mediate the relationship between early trauma and late psychopathology. Current research shows the continuing influence of parents on their emerging adult children, emphasizing the continuing influence of parent-child relationships on the mental health of emerging adults.

Keywords: Psychopathology; Young adult; Mental Health; Parent-child; Anxiety; review

Introduction

The scientific discipline of psychopathology was founded in 1913 by Karl Jaspers. It is called "static understanding", and its purpose is to graphically reproduce the "psychological phenomena" experienced by customers. The study of psychopathology is interdisciplinary, including clinical psychology, social psychology and developmental psychology, as well as neuropsychology and other sub-disciplines of psychology; psychiatry; general neuroscience; criminology; social work; sociology; epidemic Etiology; statistics; and more [1].

The earliest explanations of mental illness were influenced by religious beliefs and superstitions. The psychological conditions now classified as mental disorders were originally attributed to the property of evil spirits, demons, and demons. It was not until the 16th and 17th centuries that this idea was widely accepted. People who suffer from these so-called "properties" will be tortured, as Foucault described in "A History of Insanity." Religious practitioners use this technique to restore sanity to their patients, but more and more people are turning to confinement [2,3,4].

Major depression is a mood disorder defined as symptoms of loss of motivation, low mood, lack of energy, and suicidal thoughts. Bipolar disorder is a mood disorder characterized by depression and manic episodes of different durations and degrees [5,6].

A prospective study from childhood to adulthood is an important source of information on ASD in adults. The purpose of this study was to investigate the difference between patients who had received an early diagnosis of PDDNOS or Asperger before age 19 Specialist children and adolescents. Mental health care patients differed from other patients who did not have ASD referred to a specialist Current symptoms of ASD (self-reported with others), diagnosis of comorbidity and functional outcomes (use of mental health care, use of medication, educational level, social functioning). Data come from a clinical cohort tracking adolescents. Individual Life Survey Multiple information data for adults is sparse. The difference between adults with ASD and adults with other psychopathology in self- and other reports of autistic behaviour may increase our understanding of the differential diagnosis of this behaviour in adults. One aspect of that can help us understand the information on ASD in adults is the use of data from multiple informants. The data in the selfreport provides information about the subjective experience of autism symptoms not found in the above-mentioned studies. This is in contrast to research and clinical practice adults mainly using self-reports. Parents tend to report more autistic behaviours among minor children with ASD than these children report themselves [7,8].

Assuming that exposure to early years of adversity will cause psychological and biological changes, challenge the adaptability of the individual and presumably increase health risk through epigenetic imprinting and other mechanisms. In a more general sense, any behaviour or experience that causes injury, pain, or disability, especially if it is thought to be caused by a dysfunction of the cognitive or neurocognitive system of the brain, can be classified as psychopathology. It is not yet clear how big the difference is between maladaptive characteristics and mental disorders. The Diagnostic and Statistical Manual of Mental Disorders (DSM) is a guide for diagnosing and understanding mental disorders. It can especially serve as a reference for various medical and mental health professionals in the United States. These professionals include psychologists, counselors, doctors, social workers, psychiatric nurses and practicing nurses, marriage and family therapists, etc.

Mental illness itself occurs due to the interaction of multiple genes and other factors (such as stress, abuse, or traumatic events), which can affect or trigger diseases in people with genetic predispositions. The model examines the effect of parent-child relationship quality on parental psychopathology and the mental health of emerging adults, as well as the impact

on parental abuse and mental health of emerging adults. A highquality parent-child relationship is expected to buffer the negative effects of parental psychopathology and abuse, and at the same time enhance the impact of parenting features. 4,444 college students completed surveys on their mental health, recent abuse, and their parents' mental health issues. The results show that the lower incidence of mental health problems among emerging adults is related to the higher quality of parentchild relationship and fewer parental psychological problems, while the negative results are related to higher children's psychopathological conditions. Parents, regardless of the quality of the parents-the relationship between the children. In addition, when the quality of the mother-daughter relationship is higher, physical abuse is associated with a lower incidence of mental health problems. The results emphasize the continuing impact of parent-child relationships, especially mother-daughter relationships, on the mental health of emerging adults [9].

However, when strong feelings of fear and pain become overwhelming and prevent us from performing daily activities, the cause may be anxiety. Anxiety disorder is the most common mental health problem in the United States. Anxiety disorders are characterized by multiple symptoms. The most common one is excessive and intrusive concerns that disrupt daily operations. Other signs include irritability, irritability, fatigue, inattention, irritability, muscle tension, and difficulty sleeping. Other mental health disorders [10,11].

Methods

According to WHO, the statistics of anxiety disorder are common all over the world. 3.6% individual experiences the psychological and anxiety. In this female are likely to have 4.6% and male has 2.6% are affected by this. Adults and women under the age of of 35 are mostly affected than men. It is more common with old age and and is more in middle age group.

Results

Among babies whose mothers reported higher scores on the Bad Childhood Experiences Questionnaire, greater telomere wear predicted more externalization problems, even taking into account the mother's postpartum depression and prenatal stress.

Conclusion

Recovery can be possible through proper treatments such as exposure therapy, attention training, and a number of anxiety

management techniques that can help you manage your symptoms. Although they represent clinically independent symptoms, the psychopathological dimensions share a common neural basis. They can be used to assess diverse elders and as a taxonomic framework to facilitate communication, services, research, and training in geriatric psychiatry.

References

- Ashwood, K. L., Gillan, N., Horder, J., Hayward, H., Woodhouse, E., McEwen, F. S., et al. (2017). Predicting the diagnosis of autism in adults using the autism-spectrum quotient (AQ) questionnaire. Psychological Medicine, 46(12), 2595–2604.
- Baron-Cohen, S., Wheelwright, S., Skinner, R., Martin, J., & Clubley, E. (2001). The autism-spectrum quotient (AQ): Evidence from asperger syndrome/high-functioning autism, males and females, scientists and mathematicians. . J Autism Dev Disord, 31(1), 5–17.
- Berument, S. K., Rutter, M., Lord, C., Pickles, A., & Bailey, A. (1999). Autism screening questionnaire: Diagnostic validity. Br J Psychiatry, 175, 444–451.
- Billstedt, E., Gillberg, I. C., & Gillberg, C. (2007). Autism in adults: Symptom patterns and early childhood predictors. Use of the DISCO in a community sample followed from childhood. J Child Psychol Psychiatry, 48(11), 1102–1110.
- 5. J Autism Dev Disord, 42(11), 2354–2363.
- Chowdhury, M., Benson, B. A., & Hillier, A. (2010). Changes in restricted repetitive behaviors with age: A study of highfunctioning adults with autism spectrum disorders. Research in Autism Spectrum Disorders, 4(2), 210–216.
- De Bruin, E. I., Ferdinand, R. F., Meester, S., de Nijs, P. F., & Verheij, F. (2007). High rates of psychiatric co-morbidity in PDD-NOS J Autism Dev Disord 37(5), 877–886.
- De Bildt, A., Sytema, S., Meffert, H., & Bastiaansen, J. A. C. J. (2016). The autism diagnostic observation schedule, module 4: Application of the revised algorithms in an independent, welldefined, Dutch sample (n = 93 J Autism Dev Disord, 46(1), 21–30.
- Fein, D., Barton, M., Eigsti, I., Kelley, E., Naigles, L., Schultz, R. T., et al. (2013). Optimal outcome in individuals with a history of autism. J Child Psychol Psychiatry, 54(2), 195–205.
- Fusar-Poli, L., Brondino, N., Rocchetti, M., Panisi, C., Provenzani, U., Damiani, S., et al. (2017). Diagnosing ASD in adults without ID: Accuracy of the ADOS-2 and the ADI-R. J Autism Dev Disord, 47(11), 3370–3379.
- Gillberg, I. C., Helles, A., Billstedt, E., & Gillberg, C. (2016). Boys with Asperger Syndrome grow up: Psychiatric and neurodevelopmental disorders 20 years after initial diagnosis. J Autism Dev Disord, 46(1), 74–82.