

Child and adolescent development

Psychology



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The major controversy on this issue is raised by mental health practitioners and the controversy lies on the symptoms of bipolar disorder in childhood, specifically regarding when it begins. This determines how the symptoms vary in childhood and in adulthood. In adolescence, the presentation of the disorder relates to that exhibited in adulthood hence there are fewer disagreements at this stage. A major disagreement exists when there happens to emerge more chronic causes such as irritability and unbalanced moods, including harsh temper outbursts in children. The controversy at the childhood stage relates to where a child with oppositional actions and an average degree of moodiness stop and the point at which bipolar disorder starts. The disagreement in respect of the above has been seen among different schools of thought. Some scholars argue that children experiencing severe tetchiness, emotional flux, and harsh temper outbursts are actually suffering from bipolar disorder according to Fidgety (n. d). This is because, according to them, the bipolar disorder appears in childhood and should be treated for that reason. Other experts argue that this approach will result in the overdiagnosis of children who in real sense suffer from disorders rather than bipolar disorder. These experts claim that the adoption of a narrower definition of bipolar disorder which involves periodic mood swings, extensive or elevated moods (not just tetchy mood) and ostentation or unsuitable euphoria (intense joyfulness) does not serve well. These experts clearly establish that this definition leaves out children with periodic mood instability, periodic explosive rage, intense irritability, and protest. There is no controversy that children having these symptoms are impaired. However, experts disagree on whether such children should be identified with bipolar disorder and the best treatment for them. In early adulthood, bipolar

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disorder typically includes separate periods of major despair, interchanging with separate periods of mania as noted by Weller, Weller, and Fristad (1995). In children, mixed conditions (the combination of mania and despair) and fast cyclic (mood swings) is typical. Hence this leads to a more challenging identification of bipolar disorder in both age groups. Many clinical experts have recognized that bipolar disorder symptoms seem to vary as children develop. Major Theoretical Positions on the Matter A major theoretical concern has emerged following the controversy in this issue. Some experts argue that a history of severe emotional trauma including physical or sexual abuse can result in mood swings, hallucinations, intense harsh behavioral problems, and emotional outbreaks including sexualized conducts that can resemble bipolar disorder. The theoretical concerns claim that advancing the understanding of this issue depends on extensive research on the disorder, particularly how it is exhibited in childhood and in adolescence. Generally, it has been noted that in all stages of growth, distractibility; hyperactivity and strained speech are experienced. However, more research is being done so as to justify the existing theories on the issue for better understanding and to avoid future controversies.