

**Session 4.11**  
**NNN Track**

**Abstract Title:**

New Nomination for Existing NANDA Diagnosis "Disturbed Personal Identity" and its Content Validation as "Behavior-Based Disturbed Identity/Personality"

**Presenters:**

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**Intended Audiences:**

Educators, Clinicians

**Areas of Focus:**

Classification Development, Research, Use in Practice, Use in Education

**Research Format:**

For Research Reports

**PURPOSE:** Identity can be defined by the sum of characteristics by which a person is recognized by self and others. In turn, personality is defined as characteristics, emotional responses, thoughts, and behaviors that are relatively stable over time and across circumstances. The conscious person realizes himself as a whole person that gives him/her life leading and purpose. In 2001, there were 450 million people who suffered from a mental or behavioral disorder, yet only a small minority of them received even the most basic treatment. Identity/personality disturbances, therefore, have epidemiological importance because they are issues concerning public health.

The purpose of this study was to validate its content, and to propose a new nomination for it: "Behavior-based disturbed identity/personality".

**METHODS:** Literature review with conceptual correspondent analysis.

**FINDINGS:** A number of pathologic entities can contribute to imbalance in personality and identity. Those that are intimately linked and behavior related include: frontal lobe damage; brittle diabetes which is in most cases related to unhappiness; parkinsonism; Alzheimer and parkinsonism coexistence; and frontotemporal dementias. Another number of psychiatric entities can be reported as contributors to the cited imbalance that includes: violent behavior; alcohol consumption; all related disorders that culminate in suicide; postpartum onset; impulse control disorders; schizophrenia; and depression in primary care. We can mention yet, as other contributors, the iatrogenic effects of antiepileptic drugs. Psychiatric nursing has considered some DCs about identity disturbances, such as, a) the lacks – lack of authenticity, of sensation of internal continuity, of identity, of impulse control, of making decisions; b) the feelings verbalization – of self-alienation, of wavering of self, of unreal; c) the social isolation; self-distinction difficulty; and contradictory personality features. There are RFs related: sexual or psychological abuse; difficult to deal with growing transformations; postpartum onset; mourning; body alterations; medical and nursing proceedings.

**CONCLUSIONS:** We can anticipate that behavior disturbance could be the key to simplification of this nursing diagnosis (ND). Therefore, partially preserving the original title, we suggest a new designation for it: "Behavior-based disturbed identity/ personality". We present a new ND, CDs and RFs related to this, will be presented in a future table.

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