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The study of self-attitude of younger adolescents with chronic diseases (case study of patients with chronic glomerulonephritis)

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In order to study self-attitude of younger adolescents with chronic diseases, we examined 86 children with chronic glomerulonephritis and 78 conditionally healthy peers. The average disease duration was 3.5 years. The authors revealed that the level of integral self-attitude, its components (self-esteem, autogenic sympathy, self-interest, expected positive attitude) and sets on internal actions towards one's ego (self-confidence, attitude of other people, self-acceptance, self-interest) of younger adolescents with chronic diseases is significantly lower than in healthy peers. Special social situation arising in connection with the disease leads to distorted development of the personality. The adolescent's personality becomes even more vulnerable to stressful situations, social and psychological deadadaptation.

Keywords: *self-attitude of adolescents, chronic disease, social situation of development, chronic glomerulonephritis, pediatric psychology.*

On the modern stage of pediatrics development, organization of medical process and rehabilitation is conducted on the basis of interdisciplinary differential approach considering person-centered and age principles of rendering medical-social help.

Chronic diseases affect social conditions of children's life, distorts them: limited emotional interpersonal communication with relatives and peers, lack of productive activity, limited social activity etc.

Social consequences of diseases manifest themselves most vividly in adolescence – i.e. in the period of active development of self-consciousness, considerable extension of the social circle, alteration of the child's social function. Realization of social limitations and physical differences from healthy peers results in the appearance of tertiary mental disorders in the form of sharp emotional experience connected with the disease, ego and pessimistic image of the future. This negatively affects the process of children's adaptation to treatment and rehabilitation and causes risk of disturbance of personality development and difficulty of adaptation to the society.

Adolescents with chronic glomerulonephritis on inpatient treatment have to observe a certain diet, limitations of physical activity, communication with peers and social activity in whole (due to low immune status). Disease course and general intoxication of the body result in low capacity for work and fast exhaustion of such patients [1, 2]; this negatively affects their emotional condition and mental development in whole.

In her trial, L.D. Zikeyeva studied neurotic reactions in adult patients with chronic glomerulonephritis and chronic pyelonephritis. The researcher proved the leading role of neurotic depressive disorders and distinguished between several reactions of a person to the disease: hysteric, hypochondriac, depressive-hypochondriac, anxiodepressive and asthenodepressive [3].

Children and adolescents experience increase in the level of anxiety, depression and aggression when on drug therapy (especially when treated glucocorticosteroids and other immunosuppressive drugs) [4, 5].

PATIENTS AND METHODS

In order to study self-attitude in younger adolescents with chronic glomerulonephritis, we examined 86 patients (40 boys and 46 girls); average disease duration – 3.5 years. The control group consisted of 78 conditionally healthy peers (40 boys and 38 girls). The FSBI “SCCH” and SBEI “GES #1,572” of Moscow provided experimental basis for the study.

Standard examination included observation, clinical conversation and a complex of projective techniques (“Sentence completion test, “Dembo-Rubinstein self-assessment evaluation technique”, the modified test “Draw a person” and “Self-attitude questionnaire” by V.V. Stolin and S.R. Panteleev). In order to process the examination results, we used qualitative analysis, descriptive statistics, non-parametric Mann-Whitney test, Fisher’s angular transformation and content analysis.

In order to establish a trust-based relationship, we conducted diagnostic examination with each patient directly and individually at the psychologist’s office. Before conducting personality diagnostics, the psychologist had discussed the aim of the trial, confidentiality issues and setting with a patient. On the average, diagnostics of one patient takes 2.5-3 hours (25-30 minutes per day).

RESULTS AND DISCUSSION

Self-attitude of younger adolescents is characterized by a primarily initial stage of development, i.e. when the adolescents experience a rather pronounced self-interest, tend to self-acceptance more than to self-accusation and disposed towards self-understanding along with insufficiently defined ego and low values of self-confidence and self-guidance in both groups. However, they do not expect positive attitude of other people towards themselves. This may be manifested by emotional closedness, violation of group norms, tendency towards asocial behavior and difficulties of communication with other people. Partly, it is connected with the beginning of the estrangement process in the adolescence. Situational emotional estrangement from close adults, feeling of loneliness and hostility of other people towards personality, the most characteristic of the negative stage of the adolescent crisis, promote foundation of personality borders and search for the one’s personal ego.

In terms of the listed self-attitude components, average values of the following sets on internal actions towards one’s ego are manifested in healthy and chronically ill younger adolescents: self-confidence, self-acceptance, self-guidance, self-accusation, self-interest and self-understanding. Most values of the sets on internal actions are within the manifestation range and are average ($50\% < \alpha < 74\%$).

In the self-attitude structure of younger adolescents itself, we may distinguish lower average values of such sets on internal actions as self-guidance, self-confidence and self-accusation.

Due to the insufficiently defined ego, adolescents experience weakness of their egos, difficulty in self-regulation of emotions and behavior and depend on other people’s evaluation of them and external circumstances during the shift from latency to puberty.

The trial showed that ill adolescents are limited in the ways of realization of their age and individual needs; this results in the distortion of self-attitude development.

Self-attitude of the chronically ill adolescents is characterized by significantly low average values of integral self-attitude and its components in comparison with the healthy peers. The average values of the integral feeling “for” or “against” are 67.7 (range of symptom intensity) and 76.5% (range of strong symptom intensity); of self-esteem – 52.5 and 64.6%; of autogenic sympathy – 61.0 and 67.0%; of expected positive attitude – 39.0 and 47.0%; of self-interest –

65.2 and 73.1% in chronically ill adolescents and their healthy peers, respectively. According to the Mann-Whitney test, the revealed significance of differences is significant for integral self-attitude, self-esteem, expected positive attitude and self-interest on the significance level $\alpha < 0.01$; for autogenic sympathy – on the significance level $\alpha < 0.05$ (pic. 1).

Moreover, the average values of the sets on the ego are in the children with chronic diseases are significantly lower than in their healthy peers (according to the Mann-Whitney test, $\alpha < 0.01$): self-confidence, attitude of other people, self-acceptance and self-interest.

Thus, ill adolescents esteem, feel sympathy and interest towards their ego less than healthy adolescents. In comparison with healthy children in terms of behavior and activity, children with pathology are less confident and interesting to themselves and accept themselves and their personality less. Negative emotional experience connected with prolonged hospitalization, unclear disease course prognosis in the setting of the personality's vulnerability may result in encapsulation and difficulty in establishing trust-based relationships, which in their turn negatively affect the further development of consciousness and adaptation to the disease.

Chronic negative emotional experience accompanying the disease leads to the beginning of infantilization of a younger adolescent's personality. In this age period, when esteem of the adolescent's social significance by adults and approval and acceptance by the peers are highly relevant, adolescents do not expect positive attitude towards them; they are less confident, likeable and interesting to themselves; this is a significant psychological barrier for communication and self-actualization. Given that it is in the adolescence that the increase in the problem experiences connected with one's personality takes place, chronically ill adolescents are more prone to personality and social deadaptation.

Gender differences are observed in self-attitude of the chronically ill and the healthy younger adolescents (pic. 2).

Both chronically ill and healthy female adolescents have higher average values of sets on internal actions towards their ego – self-interest and self-confidence – than male adolescents (Mann-Whitney test, $\alpha < 0.01$). This may indicate stronger ego and earlier personality maturation in girls rather than in boys.

The results obtained by means of additional technique expand and deepen study of self-attitude of healthy and chronically ill younger adolescents.

Analysis of the results obtained by means of the Dembo-Rubinstein technique (adapted by A.M. Prikhozhan)

One of the common self-assessment peculiarities of ill and healthy younger adolescents is the fact that the values of self-assessment and level of aspiration constitute the age norm (the average and the high level, respectively).

Significantly low self-assessment of the following parameters (Mann-Whitney test, $\alpha < 0.01$) was identified in younger adolescents: "health", "character", "intelligence", "abilities", "appearance", "self-confidence" and "authority among the peers".

Both younger adolescents with chronic urinary tract diseases and their healthy peers primarily have a high level of aspiration.

Unlike their healthy peers, ill adolescents have a significantly low (Mann-Whitney test, $\alpha < 0.01$) level of aspiration in terms of "health", "character", "intelligence", "abilities", "authority among the peers", "appearance" and "self-confidence". Reduction in the level of aspiration may indicate lower social activity of chronically ill adolescents, deterioration of their social position, limited means of realizing the need in self-esteem.

Chronically ill adolescents are significantly different from their healthy peers in terms of self-assessment and level of aspiration: low self-assessment and level of aspiration of adolescents with pathology results in high intrapersonal proneness to conflict.

We observed gender differences between self-assessment and level of aspiration in both groups of younger adolescents.

Healthy female adolescents assess their appearance significantly higher than male adolescents and have a significantly higher level of aspiration in all aspects: “health”, “character”, “intelligence”, “abilities”, “authority among the peers”, “appearance” and “self-confidence”.

Chronically ill female adolescents assess their character significantly higher than male adolescents and have a higher level of aspiration in such aspects as “health”, “character”, “intelligence”, “abilities” and “appearance”.

Thus, we may assume presence of common gender differences in younger adolescents. Girls are more self-confident, have a higher self-interest and level of aspiration than boys; they promote further self-development and better adaptation to treatment and inpatient stay.

Analysis of the results by means of a projective technique “Draw a person” by K. Machover (modified by N.I. Vyunova and T.V. Sviridova)

Study of 3 drawings – “A healthy person”, “An ill person”, “Ego” – with the help of the generally accepted scheme of a person-depicting drawing analysis by K. Machover, comparison of the obtained hypotheses with the aforementioned results and observations allowed studying subjective feelings associated with individual body ego and attitude towards disease. Moreover, comparative analysis of the 3 listed drawings allows studying subjective assessment of personality by younger adolescents, adaptation mechanisms and the emotional experience associated with the disease.

The technique showed that orientation towards the short-term life perspectives is characteristic of younger adolescents of both groups. They feel urge to confirm their sex identity (they emphasize their sex by secondary sexual characters, clothes etc. in the “Ego” drawings) and individuality. Usually, adolescents depict ill people as “bad”, somehow “defective”, “unmoving”, “old” or “young”. On the contrary, healthy people are “good”, “free in movements”; this indicates better acceptability of a healthy person’s image rather than of an ill person’s for all adolescents.

Typical features of the “Ego” drawings (pic. 3) in the chronically ill adolescents are the lack of body of the ego image (pic. 3B), the same sex of images of the ego, a healthy and an ill person, elements of social desirableness in the “Ego” drawing. It ought to be mentioned that these features were mathematically confirmed by means of a non-parametric Fisher’s test.

Head enlargement due to the lack or reduction of the body size in the “Ego” drawings together with the data obtained throughout observation and conversation allow us to suggest severe emotional experiences associated with the body ego, feelings of pain and distortion of the ego image in whole.

The same sex in all 3 drawings of the chronically ill adolescents may indicate the beginning of formation of personality’s adaptive mechanisms towards disease. In case of a long-term disease, patients adapt to their physical condition and start considering it normal, accepting the disease as is. Unlike healthy adolescents, they consider the disease to be a restriction of primarily body ego and physical activity.

Moreover, elements of social desirableness characteristic of the “Ego” drawings may indicate the need in being “proper” for adults (just like in the previous age periods), “involved” into the adult world; this confirms higher infantilism of ill adolescents in comparison with their healthy peers.

Unacceptance of the disease is more characteristic of healthy adolescents (pic. 4); they tend to depict ill people as “bad” and “asocial”: it is the ill people’s “fault” that they are ill (a certain social stereotype). Moreover, drawings “Ego” and “An ill person” of the healthy adolescents usually feature different sex; this may indicate subjective attitude of healthy adolescents towards ill people as to the others. This explains the fact that chronically ill adolescents are only rarely accepted by their healthy peers.

Thus, self-attitude of the healthy younger adolescents and the younger adolescents with chronic somatic diseases has common and specific characteristics, such as:

- Such components as self-esteem, autogenic sympathy and self-interest are manifested in self-attitude of chronically ill and healthy younger adolescents. The average values of manifestation of these components allows assuming the initial stage of self-attitude development.
- Such sets on internal actions towards the ego as self-confidence, self-acceptance, self-guidance, self-accusation and self-understanding are manifested in both groups of younger adolescents. Self-attitude of younger adolescents is characterized by weak manifestation of component “expected positive attitude”; it indicates stronger orientation of younger adolescents “on themselves” (peculiar adolescent egocentrism) rather than on other people. We may also distinguished lower average values of such sets on internal actions as self-guidance, self-confidence and self-accusation in the self-attitude structure of younger adolescents. Specific character of the self-attitude itself is manifested through general emotional instability and hyperexcitability of younger adolescents.
- Integral self-attitude, its components (self-esteem, autogenic sympathy, self-interest, expected positive attitude) and sets on internal actions towards the ego (self-confidence, attitude of other people, self-acceptance, self-interest) in younger adolescents with chronic diseases are significantly lower than in their healthy peers. A different social situation of development results in a peculiar functioning of self-attitude in younger adolescents with chronic somatic diseases.
- Chronically ill adolescents are characterized by higher anxiety, intrapersonal proneness to conflict and negative experiences associated with the body ego.

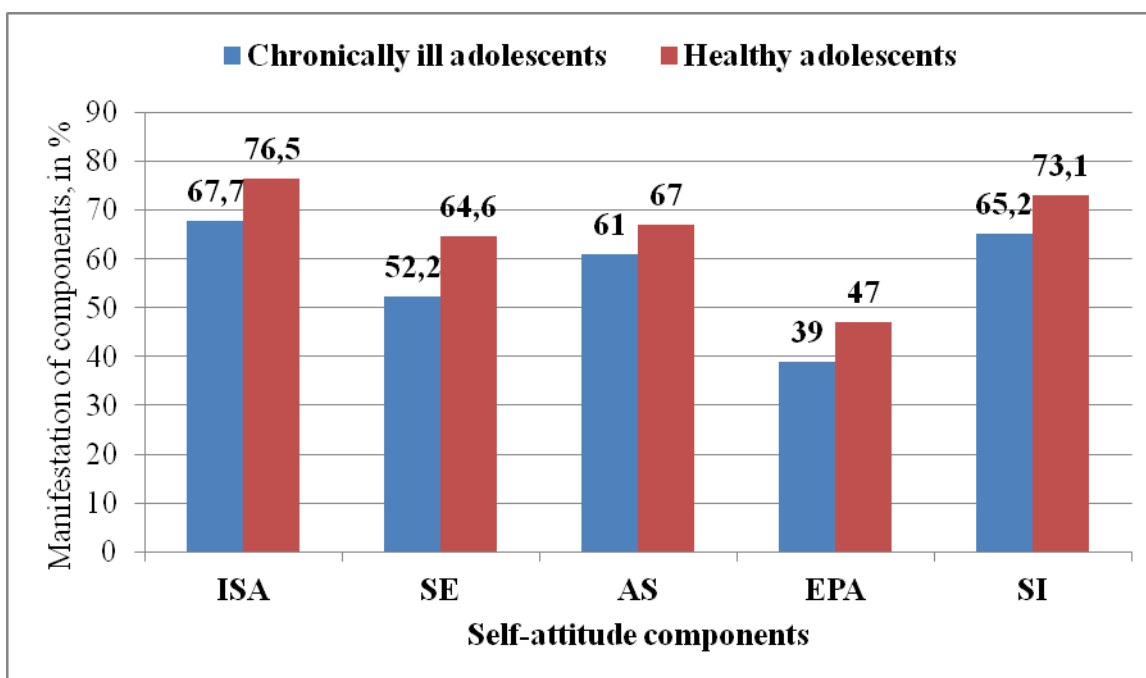
We observed gender differences in the formation and content of self-attitude of younger adolescents. Female adolescents have higher average values of sets on internal actions towards the ego (self-interest and self-confidence) than male adolescents in both groups. Girls have a higher level of aspiration. This may indicate earlier maturation of self-attitude and higher activity of girls in comparison with boys.

Healthy girls are characterized by higher anxiety and lesser satisfaction with their appearance, though better satisfaction with their families. Healthy male adolescents are characterized by significantly higher self-assessment of behavior, intellect, appearance and happiness than girls. Gender differences in the process of self-appraisal are less characteristic of chronically ill younger adolescents in comparison with their healthy peers.

Thus, due to the initial stage of self-attitude development and insufficiently defined “ego” during the shift from latency to puberty, chronically ill adolescents feel weakness of and have negative attitude towards their ego, experience difficulties in self-regulation and communication stronger than their healthy peers; they are more dependent on adults and prone to experience negative emotions associated with their ego. Chronic somatic diseases distort self-attitude development in younger adolescents towards infantilism. As a result, a patient’s personality becomes even more vulnerable to stressful situations, social and psychological deadadaptation. This is why chronically ill younger adolescents have a compelling need in individual psychological-pedagogical approach of their close adults (parents, teachers, doctors).

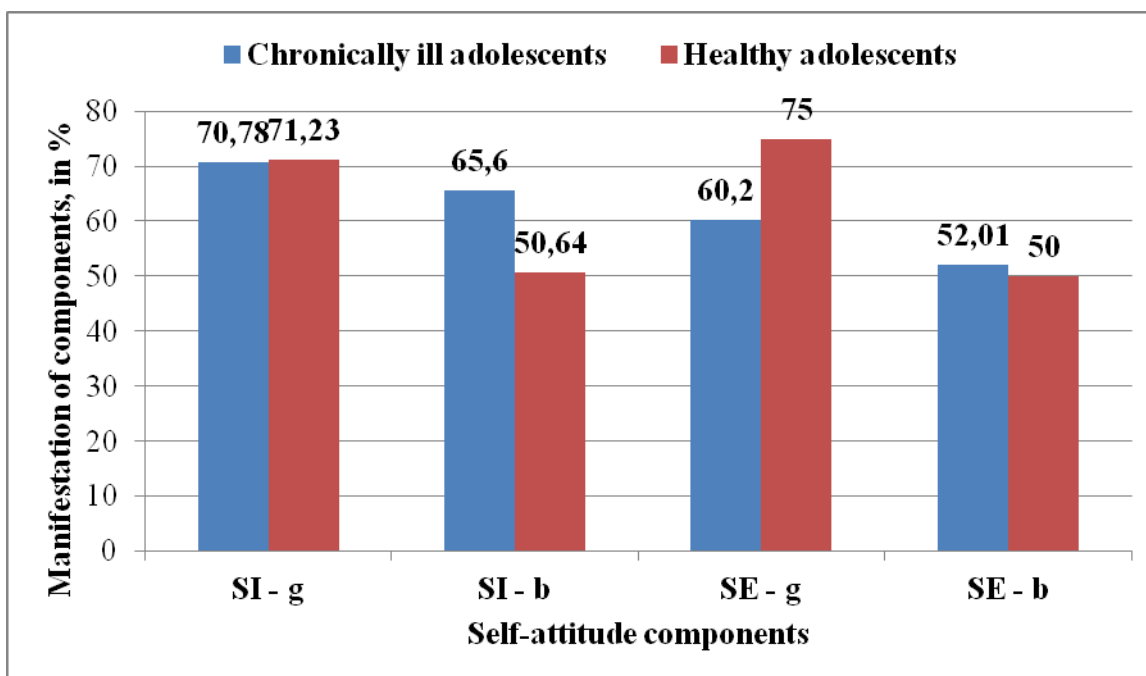
The obtained results of the study indicate the need in establishing a special psychological-pedagogical developmental environment for adolescents for the period of their upbringing in the family and rehabilitation measures during inpatient stay. The data that the children with a chronic course of disease require more time to form psychological age-adequate maturity than their healthy peers indicate importance of organization of psychological assistance to the ill child’s family from the moment of identification of health disorders. Psychological-pedagogical assistance ought to be rendered to children with chronic course of disease throughout childhood and include regular monitoring of the psychic setup formation process and provision of adequacy of the social conditions of the environment to the child’s psychological needs. Psychological-pedagogical assistance to children with chronic diseases is a method of preventing mental development disorders promoting their social adaptation.

Pic. 1. Comparison of self-attitude components in chronically ill and healthy younger adolescents (by V.V. Stolin and S.R. Panteleev)



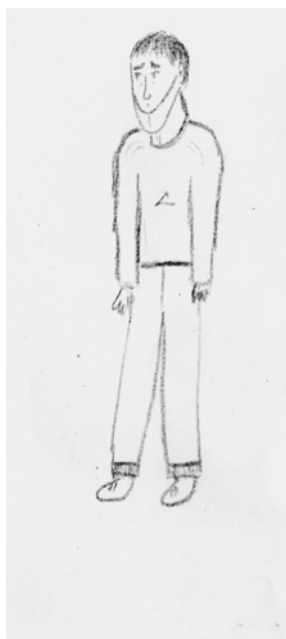
Note. ISA – integral self-attitude, SE – self-esteem, AS – autogenic sympathy, EPA – expected positive attitude, SI – self-interest.

Pic. 2. Sets on internal actions towards the ego (by V.V. Stolin and S.R. Panteleev) in healthy and chronically ill adolescents – girls (g) and boys (b)



Note. SI – self-interest, SE – self-esteem.

Pic. 3. Stepan, 12 years of age, diagnosis “Chronic glomerulonephritis”



A. “A healthy person”.

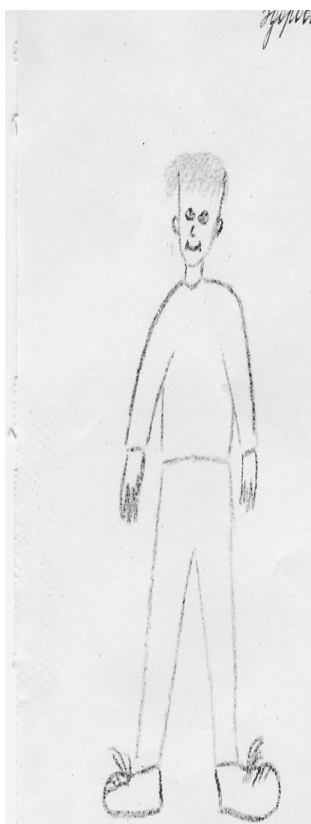


B. “An ill person”.

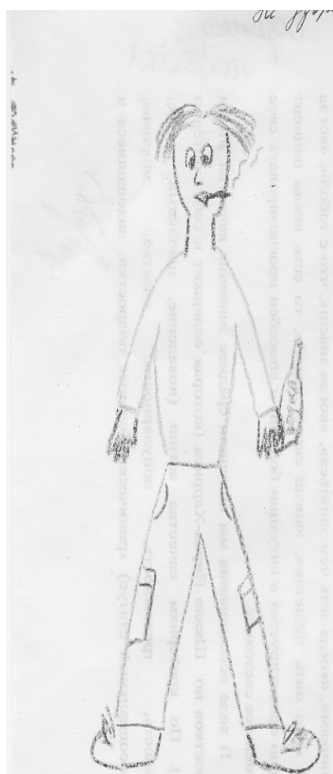


C. “I am Me”.

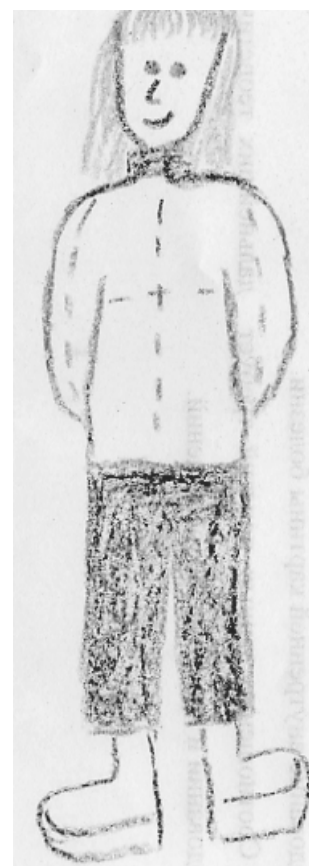
Pic. 4. Nathalie, 11.5 years of age, somatically healthy



A. “A healthy person”.



B. “An ill person”.



C. “Ego”.

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