

## EMOTIONAL AND BEHAVIOR DISORDERS IN CHILDREN WITH CHRONIC DISEASES

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### Summary

The children with chronic diseases are subjected to a psychic stress that generates unexpected emotional and behavior reactions, which surprise both physicians and parents. The study performed at the 2<sup>nd</sup> Pediatrics Clinic Timisoara has as a goal the setting of a diagnosis of the emotional and behavior disorders of the children with chronic diseases to ease up the interaction of the physicians with these patients and also to come to the aid of parents with new information in the domain.

**Key words:** emotional and behavior disorders, children, chronic diseases.

### Introduction

Since 1946, W.H.O. has defined health as being “a complete physical, mental and social well-being which consists in the lack of disease and infirmities”(4).

This definition “underlines the dynamic interaction and interdependence between the three components of health: the physic condition, the psychic equilibrium and the social environment”(4).

“A child with chronic diseases or infirmity is two times sick: through the basic disease or infirmity and through it’s perturbation of his morph functional, physical, intellectual, behavioral and social-emotional development”(2). Once with the detection of a chronic

disease the children go over an important period of their life (childhood and/or adolescence), bearing on their shoulders a much to heavy burden, which is the chronic disease with all it’s implications that unfold in time(1).

### The goal of the study

We set ourselves the goal to trace out the emotional and behavior disorders in the investigated children with three types of chronic diseases: mucoviscidosis, diabetes mellitus, bronchial asthma and also the find out, if possible, some correlations between the disease and the emotional and behavior disorders of these children.

### Working method

The studied group consisted of 33 subjects hospitalized in the 2<sup>nd</sup> Pediatrics Clinic Timisoara in the period 2005 – 2006, having an average age of 10 years, of which:

- 18 cases of mucoviscidosis
- 10 with insulin dependent diabetes mellitus
- 5 with persistent bronchial asthma.

All the cases were evaluated at two consecutive hospitalizations and a third examination was made at a distance of one year (Fig.1).

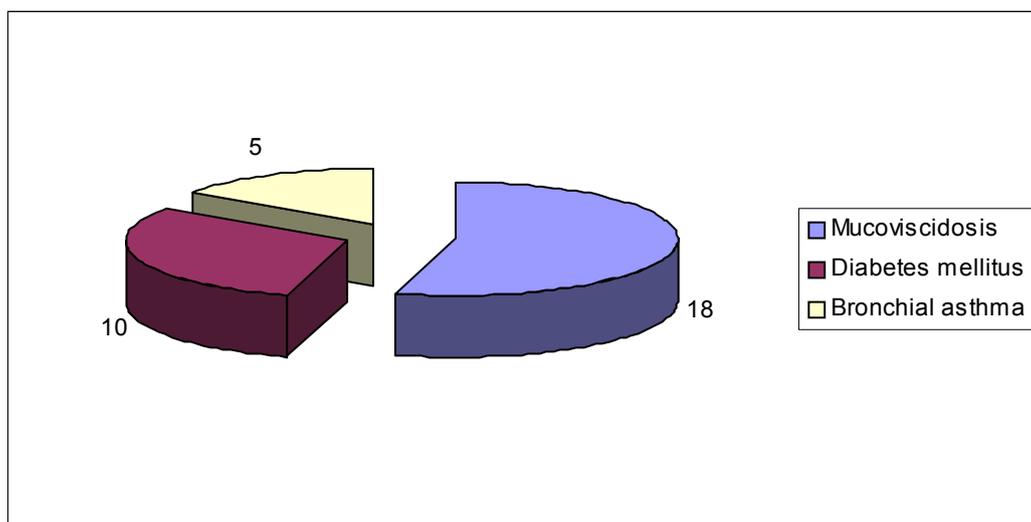


Fig.1.The cases were evaluated.

**The used methods and tests**

- a. The direct observation of the subject’s behavior, was done in the Psychological consulting room of the Mucoviscidosis Center Timisoara regardless of the type of chronic disease.
- b. The clinical interview – was aimed at obtaining information and the understanding of the psychological functioning of the patient through focusing on his life experience and with emphasis on the relationship established in the interview situation (3).
- c. The anamnesis – has as a goal the collecting of data referring to the important events in the life of the subject, and also to the eventual clinical records.
- d. The specific tests used in the psychological examination of children:
  - The “draw a person” test (Machover test) – is a projective test, the drawing of the person representing a real personal stamp. The analysis of the drawing gives information about the characteristic traits of the child and about the existence of eventual psychic, intellectual or emotional disorders.

- The tree test – is also a projective test. The study of the drawings gives information about the social attitude of the subject, about his intimate self (EGO), about his endeavors, wishes and needs.
- The family test. Projective test that highlights the relationship of the subject with his family, attracting attention on eventual conflicts inside the family which could have negative responses in the psychic life of the child.
- The Raven test. It is a perceptive, non-verbal test for the assessment of general intelligence.

**Results (Fig.5).**

57,14% of the children with mucoviscidosis have attachment disorders and 42,85% from them are affectively immature (Fig.2). In the group of children with bronchial asthma 66,66% of them suffer from anxiety, emotional lability and the rest of 33,33% of them are affectively immature (Fig.3).

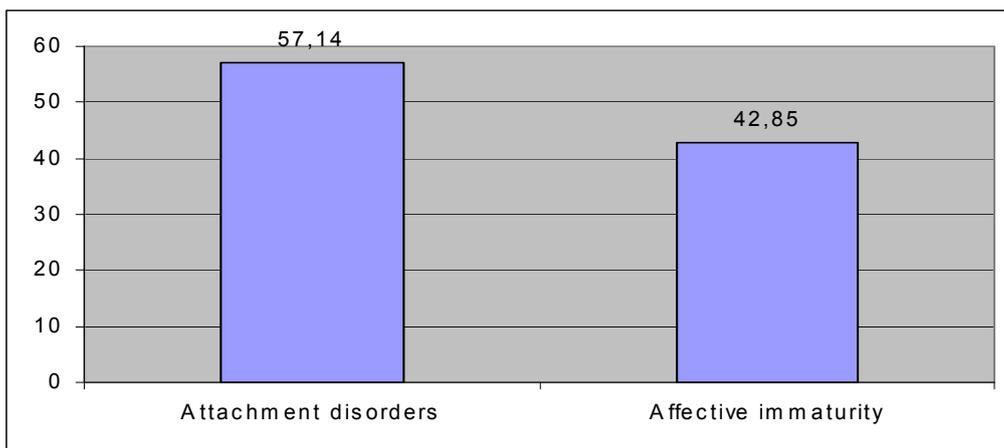


Fig.2. Emotional and behavior disorders in children with mucoviscidosis.

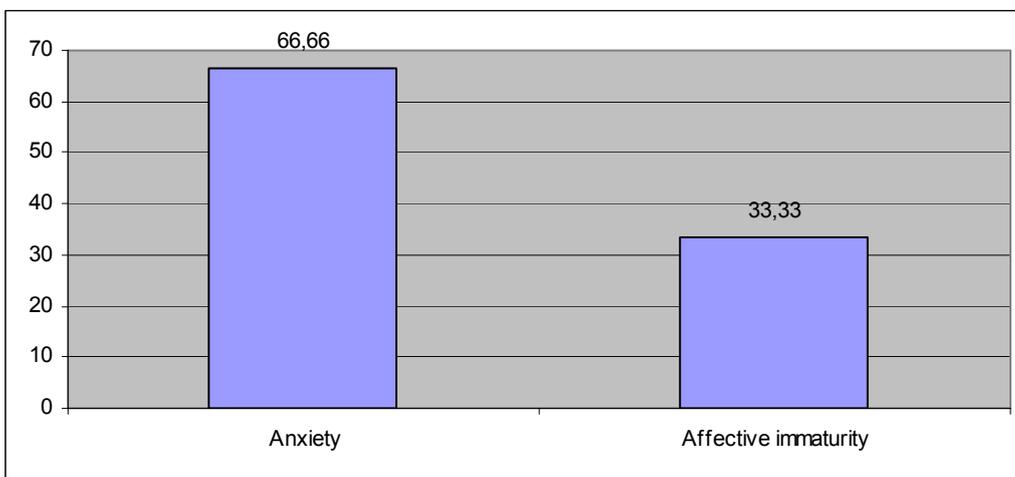


Fig.3. Emotional and behavior disorders in children with bronchial asthma.

From the analyzed children with insulin dependent diabetes mellitus 50% were affectively immature and 25% of them showed irritability and even hostility to the persons around them.(Fig.4).

The comparative analysis of the three groups of patients shows that from the point of view of the affective immaturity the first place is taken by the children with insulin dependent diabetes mellitus (Fig.6).

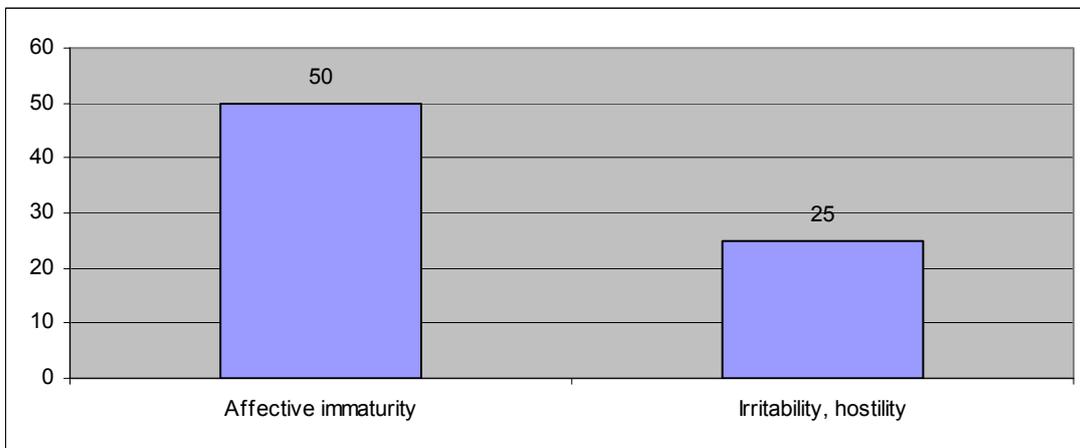


Fig. 4. Emotional and behavior disorders in children with insulin dependent diabetes mellitus.

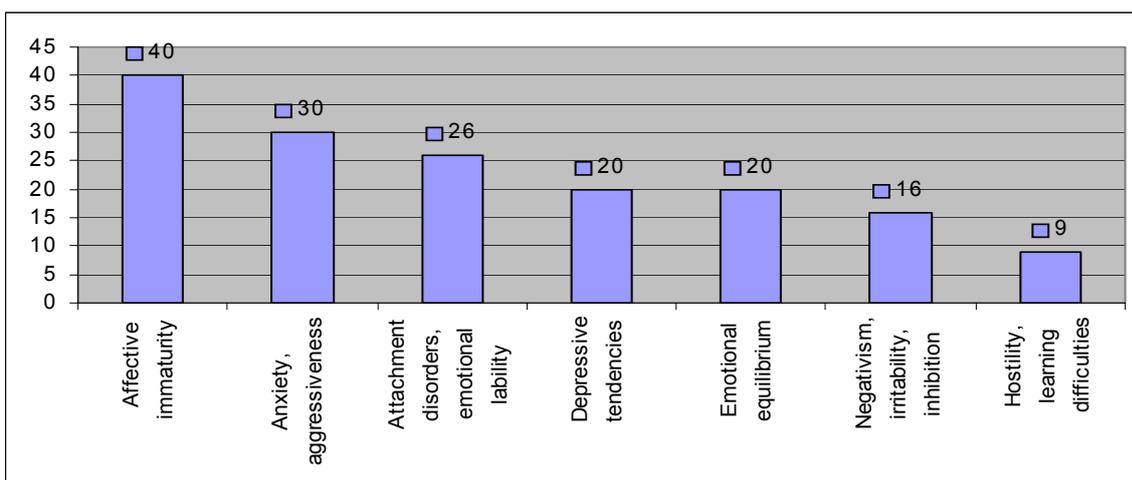


Fig.5 Comparative chart of the general frequency with which emotional and behavior disorders appear in children with chronic diseases.

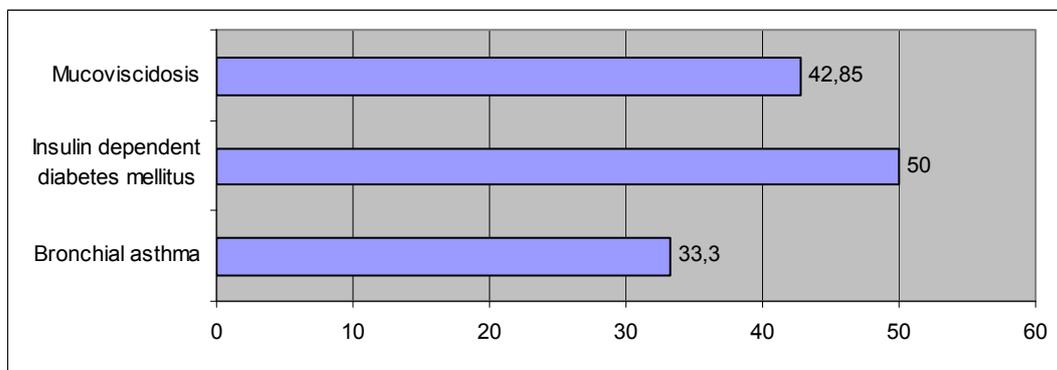


Fig. 6 Comparative chart, of the affective immaturity percentage, on groups of diseases, in the established batch.

**Discussions**

The parents-child-disease relationship in mucoviscidosis. The family is a complex system (in this environment every interaction between it's components has an echo at the level of the whole system). More than that, the intervention of a powerful and unexpected vector can break the fragile equilibrium of the interaction field, which characterizes the family life.

The family dysfunctions have negative effects on the behavioral and health status of the child with cystic fibrosis. Based on the experience of the Mucoviscidosis Center it was established that:

- Most of the parents react with a psycho-emotional block after hearing the diagnosis.
- In the next phase appears confusion (they are not sure that they have understood well).
- Some of them deny the possibility that this disease affects their child and even want to repeat the tests.

Parents react in accordance with their personality:

- some become excessively anxious,
- others become depressive,
- they try to maintain the equilibrium and not induce fear in the sick child,
- the partner is blamed for the child's disease (sometimes). We have not encountered cases

of hostility towards the physicians or the medical profession.

In most of the cases parents offer their full support to the child. There are also dysfunctional families, in which the relationship disorders have a negative impact on the sick child. The psychological implications of bronchial asthma on different age groups. The small child is more vulnerable emotionally to the asthma crises, because he does not understand them. When the family climate is very stern, the parents not showing clearly their affection to the child and often applying punishments, the small patient can perceive wrongly the disease. The psychological implications that appear in time in the child with diabetes mellitus. The child has to gain confidence in him, in the family and in the medical team, which is why his education raises the problem of finding a direct way to transmit information, having in mind the limits of his understanding.

**Conclusions**

The work hypothesis was confirmed, namely, in children with chronic diseases the presence of emotional and behavior disorders was established as statistically significant.

The obtained results are valid only for the investigated subjects, being impossible to extrapolate them to all the children suffering from the chronic diseases mentioned in the paper.

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