

## Psycho-Social Behavior of the Child Diabetes Diagnosed in the Favorite Family and Placement Center

Cristina Ștefanescu<sup>1</sup>

**Abstract:** We present the psychosocial behavior of a 10-year-old girl who was diagnosed with type 1 diabetes at the age of 5. It comes from an underprivileged family, having four older siblings and being neglected by parents. Her mother left to work abroad and her father worked temporarily in the village where they lived. Recently the father died. He arrived at the Emergency Clinic Hospital for Galati Children countless times, with a long history of hospitalizations. The girl took advantage of the disease to escape school and poverty at home. At the hospital she received hot food and befriended children of her age. He refused to eat for a day, which deliberately caused him to be hospitalized and hospitalized. The girl is insulin dependent. When he met with the clinical psychologist he demonstrated emotional immaturity, lack of cooperation and showed no trace of regret that his father died. Meanwhile, the mother agreed to let the child go to a placement center. After arriving at the placement center where he made friends, the number of admissions decreased and the girl was no longer absent from school.

**Keywords:** development; psychological impact; pre-adolescence; hospital, diabetes

**Children** with diabetes lead a different life from those who are healthy, from all points of view. First of all, we are talking about another type of diet, different from the other children, which must be strictly adhered to, otherwise they can endanger their lives, reaching extreme cases of coma. Second, we talk about the strong psychosocial impact, children with diabetes cannot consume the same foods as healthy ones, which causes them complex and anxiety and fear of isolation.

---

<sup>1</sup> Student, 2nd year, Faculty of Communication and International Relations, Specialization Psychology, Danubius University of Galati, Romania, Address: 3 Galati Blvd., Galati 800654, Romania, Tel.: +40372361102; Fax: +40372361290, Corresponding author: cristina.stefanescu86@gmail.com.

### **What is Type 1 Diabetes?**

For many families who are diagnosed with diabetes, the concept of this disease and what it represents is completely new. A large majority of children have type 1 diabetes, or autoimmune diabetes. Understanding some basic terms and concepts helps parents or caregivers start working on a way to live with diabetes. Research has revealed that the body of a person who develops type 1 diabetes begins to fight it, as a way of protection.

For reasons not yet known, T-type cells attack the beta-cells of the pancreas, located in the Langerhans Islands. These beta cells produce insulin that helps transform food into energy. Until 1997, this type of diabetes was called juvenile diabetes, because it only affected children. But since it was discovered that in rare cases it can affect adults, the name of juvenile diabetes has been transformed into type 1 diabetes, (McCarthy & Kushner, 2007).

### **Psychological Effects**

It is very important to study the psychological effects of type 1 diabetes in children and preteens. When we disclose the diagnosis, it is very important to inform the child that bed wetting is a symptom of diabetes. Urinating in bed can be a source of shame or guilt for some children, so it is very important for the child to understand this as an act done without his or her control. The second obvious sign is weight loss. The body cannot use food to get energy, so it has to get it somewhere. Most patients lose weight because their bodies get energy from fat and muscle mass. A baby can lose a lot of weight quickly, and in fact, many patients lose a lot of weight before having an established diagnosis. It is very easy for some parents to misinterpret the symptoms of their children, thinking that weight loss is due to fat loss during their childhood, because they do a lot of sports or simply see weight loss as a consequence of growth. Also, most parents do not weigh their children often. There may be other signs to prove that diabetes is present. Children's behavior changes when we talk about large amounts of sugar in the blood. Many parents complain that they lose control over their children before being diagnosed, and the child becomes irritated, uncooperative. These changes, on their own, may not lead a parent to think about diabetes, but combined with other symptoms are part of the puzzle.

Children may develop excess thirst and hunger before diagnosis. The thirst comes from the production and loss of excess urine, or osmotic diuresis. Some children, even small ones, can drink huge amounts of fluid quickly.

### **The Essential Difference**

Type 2 diabetes is a metabolic disease, not an autoimmune disease like type 1 diabetes. This means that a person with type 1 diabetes will never be able to produce insulin alone no matter what they do. A person with type 2 diabetes produces insulin, but the body fails to use insulin properly and sometimes does not produce enough.

Therefore, with a proper diet and exercise, a person with type 2 diabetes can improve their condition, while a person with type 1 diabetes cannot.

### **Insulin-Resistant Children**

The term insulin resistance refers to the early stages of type 2 diabetes, when the body produces enough insulin, but the cells fail to use that insulin. Children with type 1 diabetes lose weight quickly, and those with type 2 diabetes get fat and are very obese. Although when a child with type 2 diabetes experiences constant high blood sugar levels he may lose weight, he will still experience obesity later on.

How can we help them psychosocially? Camps are a solution for children with diabetes, they meet other children who are the same age and do not feel alone and how to improve their lives. There are also online support groups. The American Diabetes Association has information on the website [www.diabetes.org](http://www.diabetes.org) and provides solutions in this regard. (McCarthy & Kushner, 2007, pp. 4-60)

### **The Girl with Type 1 Diabetes, 10 Years Old and Finding Intrinsic Motivation**

At the Emergency Hospital for Children S.M, a 10-year-old girl presents in a coma. She had had a large number of hospitalizations in the last year, culminating in her entering the coma. After leaving the coma after meetings with the hospital psychologist, it shows that it shows socio-affective immaturity, against the background of inadequate cognitive developments (significantly below average age-related acquisition and schooling stage).

After this last hospitalization, the girl was moved to the placement center. Here, he became friends with the other children and began to eat, to follow his schedule of insulin injections, and to cooperate with the teachers at the school. As Floinda Golu also considers the motivation of the 10-year-old girl in the pre-adolescence period, puberty, she managed to move from the extrinsically motivated learning which in her case was missing because she did not have a family to educate her in this regard, to offer her rewarded for school successes, with intrinsic motivation, that of

integrating into the placement center. “The environmental factors, the physiological ones are becoming more diverse and put increasing pressure on the puber (for example, the transition from learning with a teacher to that of several, specialized in one field, the emergence of theses). We thus move from extrinsically motivated learning to that supported by complex motivations, with a strong intrinsic foundation. Anticipating a success, the desire for improvement, the joy of discovering, of progressing - all these are essential contributors to the development of the personality.” (Golu, 2010, p. 192).

### **Conclusion**

The influence of the secondary group in the case of the girl with diabetes was a positive one, more positive than the influence of the primary group, the family. The positive influence also speaks of M. Pages (Amado & Guittet, p. 137). He considers that “the experience of a positive connection is the source of the cooperation between the members of a group and the prerequisite element of any efficient group activity. Groups exist in reality, and not just as a dream or a ghost, as a place for organizing individual defense mechanisms against desire and its manifestations. They involve this aspect and something else: the place of sharing and affirming the desire, an active solidarity in the pursuit of an unconscious collective project: therefore, it is most often, hidden, repressed through all kinds of social control systems and shaken by formations. defensive psychological.” (Amado & Guittet, 2007, p. 139).

### **Bibliography**

Amado, G. & Guittet A. (2007). *Psychology of communication in groups*. Bucharest: Polirom Publishing House.

Golu, F. (2010). *Psychology of human development*. Bucharest: University Publishing House.

McCarthy M. & Kushner J. (2007). *The Everything Parents Guide to Children with Juvenile Diabetes: Reassuring Advice for Managing Symptoms and Raising a Happy, Healthy Child*. Avon: Massachusetts, Adams Media.