

12/21/76

JUVENILE DIABETES

AND

PERSONALITY DEVELOPMENT

* * * * *

J.R. CLAYER,

M.B. B.S. (University of Adelaide)

Diploma of Psychological Medicine (University of Melbourne)

* * * * *

Thesis submitted for the degree of Doctor of Medicine in the
University of Adelaide.

Submitted in May, 1975.

I N D E X

	<u>PAGE</u>
UNIVERSITY REQUIREMENTS	1.
ACKNOWLEDGEMENTS	4.
INTRODUCTION	5.
SUMMARY	12.
REVIEW OF THE LITERATURE	15.
1. Pathophysiological responses to emotion and stress in Juvenile Diabetes.	18.
2. Disturbed parent/child relationships in Juvenile Diabetes.	22.
3. The Personality of the Juvenile Diabetic.	
(a) Diabetes and Personality Development -	44.
(b) Diabetes and Psychiatric Illness.	60.
4. The Role and Function of Diabetes in Conflict Situations.	67.
HYPOTHESES	85.
THE PRESENT STUDY	87.
RESULTS	105.
DISCUSSION AND CONCLUSIONS	151.
APPENDIX	
Results of Preliminary Investigations referred to in the Introduction.	183.
Prevalence of Juvenile Diabetes and the Representatives in Adelaide.	186.
Case History.	188.
Assessment Sheets.	192.
Assessment of Socio-Economic Status.. Criteria.	207.
Raw Scores.	212.
Variables.	216.
Correlation Coefficients.	217.
BIBLIOGRAPHY	218.

The main areas wherein this thesis is considered to advance medical knowledge are :

- (a) The possible development of overt psychiatric illness in adults who have suffered from diabetes mellitus since childhood.
- (b) The function of the illness juvenile diabetes mellitus as a psychological defence that can be utilised by the ego to resolve conflict.
- (c) The role of the parents during the adjustment of the child's personality to the presence of diabetes.
- (d) The role of the physician during the adjustment of the child's personality to the presence of diabetes.
- (e) The attitudes and experiences of unstable diabetics and how these may have contributed to the instability of those persons' mental and physical health.
- (f) The relationship between the personality of an individual with juvenile diabetes and the stability of that person's diabetes.

These areas are mainly dealt with in the Introduction (p. 8 to p. 14), and in Discussion and Conclusions (p. 141 to p. 170).

SUMMARY

The thesis explores some aspects of the role that the illness, juvenile diabetes mellitus, has in the dynamic functioning of young adult juvenile diabetics.

The introduction reviews previous investigations carried out by the author into the association of mental illness with the presence of diabetes and how these investigations led to the field of interest dealt with in this thesis.

The literature is then reviewed. An attempt has been made to confine this review to the main area of the thesis, but the difficulties associated with this are recognised. The review of the literature suggests :-

- (a) that diabetics are emotionally disturbed during childhood and adolescence, partly from the presence of the diabetes and partly because of the attitude of others as a result of the diabetes.
- (b) that diabetics do respond to emotional stress by losing stability of their diabetes which in turn, serves to reinforce any feelings of insecurity.
- (c) that in addition to these features diabetics do appear to suffer from psychiatric disability to a greater extent than the general population.
- (d) the suggestion is also made in the literature that the person with diabetes can use his illness to avoid conflict situations and pain.

If the latter is so, then the need to use neurotic and psychotic methods of avoiding conflict and pain, might be cut short or supplanted.

From this the present author suggests that if the diabetes is used by diabetics to avoid conflict situations, then in Freudian terms the diabetic is using his illness as a defence.

Three hypotheses are formulated :

1. Persons with juvenile diabetes who experience difficulty in dealing with conflict, will be found to be more unstable diabetically than persons with juvenile diabetes who do not experience this difficulty.
2. Loss of control of diabetes can function as a mechanism of defence for juvenile diabetics and consequently they will be found to show less evidence of a "neuroticism" * than non-diabetics.
3. Those persons with juvenile diabetes, who are diabetically unstable in adult life, will be found to have different attitudes and backgrounds from those with stable diabetes.

The study is constructed to compare a group of thirty young adult juvenile diabetic persons with a matched group of thirty non-diabetic persons who had been admitted to the same hospital as the diabetic persons during childhood at the same time, for a minor complaint.

The comparison is made with regard to "neuroticism" and use of neurotic defence mechanisms. It is also made to examine any correlation that might exist between neuroticism and admissions to hospital for treatment of the diabetic state.

* defined under "Methodology".

It is also made to compare the background and attitudes of those diabetics requiring frequent hospitalisation as adults for diabetes, and those not requiring frequent hospitalisation.

The results do show a significant correlation between "neuroticism" and hospitalisation.

The results show that to some degree diabetics score less with regard to "neuroticism" and use of neurotic defence mechanisms than non-diabetics. They show that diabetics show less evidence of psychiatric illness than non-diabetics. They show that neuroticism as measured by the 16 P.F. can be significantly correlated with neurosis for non-diabetics but not for diabetics.

Some differences in background and attitudes are seen when the frequently hospitalised diabetics are compared with the infrequently hospitalised diabetics.

Conclusions are drawn as to the active role that diabetes appears to have in the dynamic functioning of some young diabetics, and how this may influence his likelihood of developing what are more usually recognised as neurotically defensive patterns of behaviour.

Discussion follows around the role that significant persons, notably the parents and physician, might have had in the development of a defensive role for the diabetic illness in some subjects.