

**PERSONALITY DEVELOPMENT IN FREQUENTLY ILL CHILDREN:
CLINICAL, PSYCHOLOGICAL, AND SOCIAL DIMENSIONS**

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Annotation: Children who experience recurrent illnesses represent a significant concern not only within maternal and child health systems but also from medical, social, and economic perspectives. Epidemiological data indicate that the majority of frequently ill children are aged 3-4 years, with studies reporting that they account for 25-57% of all preschool-age disorders. Among the chronic conditions observed in this population, diseases of the ear, nose, and throat (ENT) organs are particularly prevalent, ranging from 32% to 87,3%. Frequent illnesses impact both the physical and psychological development of children, influencing their socialization, self-perception, and overall personality formation. This study aims to examine the psychosocial and personality development features of frequently ill children, identifying key factors that contribute to increased anxiety, social dependence, and altered interpersonal relationships.

Keywords: frequently ill child, personality development, psychosocial adaptation, inner representation of illness, child health, family dynamics.

Introduction

The developmental trajectory of children who experience recurrent illnesses significantly differs from that of their healthy peers, affecting not only physical well-being but also psychological maturation and social functioning [1-3]. A frequently ill child's perception of their condition gradually forms a subjective internal representation of illness, which encompasses not only the medical manifestations of disease but also the emotional, cognitive, and social implications of being chronically unwell [4-6]. This



internal representation-commonly referred to as the inner picture of the disease-is shaped by the child's personal experiences of illness, parental interpretations, familial attitudes, and the broader social environment [7-9].

In frequently ill children, social limitations imposed by health-related restrictions often confine interactions predominantly to the family environment, thereby reducing opportunities for peer engagement and cooperative play [10-12]. Such restrictions interfere with the development of age-appropriate communication skills, social cognition, autonomy, and adaptive behavioral strategies [13-15]. The severity and frequency of illness episodes are influenced by a complex interplay of biological, developmental, and social factors, including age-related susceptibility to acute respiratory infections (ARIs), prenatal and perinatal complications such as prematurity and birth-related hypoxia, early nutritional patterns (breastfeeding versus artificial feeding), congenital vulnerabilities, and adverse environmental or socio-economic conditions [16-19].

The psychological development of frequently ill children is strongly affected by parental behavior and family dynamics [20-22]. Patterns of overprotectiveness, inconsistent caregiving, and heightened maternal or parental anxiety may contribute to excessive emotional dependence, infantilization, and increased levels of generalized anxiety in the child [23-25]. These dynamics can limit the development of independence, self-regulation, and confidence in coping with everyday challenges [26-28].

Additionally, children raised in disrupted or emotionally deprived family systems-where parental attention is inconsistent, conflicted, or emotionally unavailable-are particularly vulnerable to the development of heightened fears, low self-esteem, insecurity, and reliance on adult guidance in routine decision-making [29-31]. Such children often demonstrate reduced initiative, avoidance behaviors, and difficulty forming stable peer relationships [32-34].

Beyond familial influences, environmental factors related to educational settings also play a significant role in shaping the psychological well-being of frequently ill children [35]. Authoritarian teaching styles, inconsistent academic and behavioral expectations, and unpredictable or punitive responses from educators may exacerbate anxiety, increase emotional tension, and undermine the child's sense of safety and predictability [36]. These conditions limit the child's ability to adapt socially and academically, particularly during the critical transition to preschool and primary school environments [37].



Despite notable advances in pediatric healthcare, immunization programs, and preventive interventions, the social and psychological consequences of frequent illness in childhood remain insufficiently addressed within routine clinical practice [38]. Consequently, there is a growing consensus regarding the necessity of an interdisciplinary approach that integrates medical treatment, psychological support, and social interventions for both the child and the family [39]. Such comprehensive models of care aim to enhance adaptive functioning, reduce anxiety, and promote healthy psychosocial development in frequently ill children.

Purpose of the Study

The study aimed to investigate the psychological and personality development characteristics of children frequently experiencing illnesses, identifying their social, emotional, and cognitive challenges, and evaluating the need for targeted interventions in educational and familial contexts.

Materials and Methods

The study involved 30 children aged 3 to 10 years presenting with recurrent illnesses: adenoids (10), recurrent rhinitis (5), laryngitis (3), recurrent pharyngitis (5), chronic tonsillitis (4), persistent respiratory infections (2), and chronic bronchitis (1). Children were assessed using a multidisciplinary approach, incorporating:

Clinical evaluation (medical history, physical examination, ENT assessment)

Psychological assessment (anxiety scales, self-esteem and interpersonal relationship questionnaires)

Sociodemographic survey (family structure, parental behaviors, social environment)

Educational environment observation (peer interactions, classroom engagement, teacher-student interactions)

Methods included structured interviews, standardized psychological questionnaires (B. N. Phillips' school anxiety scale, L. A. Golovey and O. R. Rybalko's child relationship assessment, and A. A. Rukavishnikov's interpersonal relations survey), observational tests ("Me and the Group" image test), and mathematical/statistical analysis (Mann-Whitney U-test, using Statistica 10.0).

Children were classified into two groups: frequently ill children (disease frequency ≥ 4 times per year) and healthy control peers.

Results

In terms of communication and social functioning, frequently ill children exhibited significant impairments, including avoidance of eye contact with their gaze directed



inward or away in 12 children (40%), negative or excessively emotional responses to touch in 10 children (33,3%), a preference for isolation and minimal social engagement in 6 children (20%), low curiosity or disinterest in external stimuli and peer interactions in 11 children (36,7%), and high sensory sensitivity to environmental stimuli, both weak and strong, in 9 children (30%).

Speech development was notably delayed in children with adenoids, with first words appearing between 12-18 months and phrases by 2-3 years. Receptive language skills were more developed than expressive skills, and egocentric speech patterns predominated. Children with recurrent pharyngitis relied heavily on tactile, taste, and olfactory cues for environmental understanding, often using third-party references to identify themselves.

Drawing and projective tests revealed that frequently ill children in older preschool age showed heightened negative emotions, including sadness, fear, anger, guilt, and feelings of inadequacy. Anxiety levels were elevated in 75% of frequently ill children (59% high anxiety), compared to 32% in healthy peers.

Interpersonal relationship surveys demonstrated that frequently ill children exhibited a strong desire for emotional closeness and intimacy, sometimes to a compulsive degree, accompanied by greater dependence on adult support from parents and teachers, a preference for stable peer groups with limited social circles, and heightened anxiety in educational settings as well as during interactions with their peers.

Frequently ill children prioritized avoiding pain and discomfort over exploration and social engagement, in contrast to healthy peers who actively sought social interaction and environmental exploration.

The study highlights that frequent illnesses in childhood not only affect physical health but also have a significant impact on psychological development, socialization, and personality formation. The combined influence of somatic, familial, and environmental factors produces a distinct psychosocial profile in these children, characterized by elevated anxiety and emotional instability, impaired social skills with limited peer engagement, dependency on adult figures for emotional regulation, and delayed speech and cognitive development in specific areas. These observations emphasize the critical need for interdisciplinary interventions, which include individualized psychological support and therapy tailored to frequently ill children, family-centered counseling aimed at reducing overprotection while promoting age-appropriate independence, educational adaptations to enhance social skills, peer



integration, and emotional resilience, as well as coordinated care among pediatricians, psychologists, and educators to address the multifaceted needs of these children.

Conclusions

Children who frequently experience illness demonstrate distinct personality and psychosocial profiles, with heightened anxiety, dependence, and altered interpersonal interactions. Addressing these challenges requires:

Personalized psychological and educational programs to support social and emotional development.

Family interventions to optimize parent-child relationships and reduce anxiety-inducing patterns.

Integration of clinical, psychological, and social support to ensure holistic development.

Future research should focus on longitudinal assessment of frequently ill children, examining self-esteem, anxiety regulation, and social adaptation, while developing evidence-based interventions to mitigate long-term psychosocial consequences of recurrent illness in childhood.

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