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*Main transformations of personality in adults
suffering from bronchial asthma*

Bronchial asthma is one of the most frequently encountered chronic diseases of the respiratory system. It is estimated that globally the incidence of asthma in the adult population ranges from 1.2% to over 25%, and in Poland – from 2.0% to 8.0%. The studies indicate that at present asthma occurs twice as much as 20 years ago. It is a big social problem and concerns all age groups and both sexes (13).

In the light of the studies carried out for several years it is assumed that bronchial asthma is a chronic inflammatory disease of the respiratory tract. It is characterized by swelling of the bronchial epithelium and restructuring of the tissues within the walls of the respiratory tract paroxysmal dyspnoea (inhalation and especially exhalation are difficult), wheeze and cough due to bronchial spasm, increased amount of mucous excretion in bronchi lumen (7). The course of asthma is in the form of exacerbation or remission. The exacerbations are the paroxysms of dyspnoea in various degrees of severity. Mild paroxysms withdraw usually after treatment. Severe paroxysms may develop into asthmatic state and require treatment under constant monitoring of a doctor. The analysis of the clinical course and the advancement of the disease indicate the following of severity of asthma: episode asthma, chronic mild, chronic moderate, chronic severe (10).

Asthma is an incurable disease, requires a permanent treatment, is associated with a gradual loss of efficiency and worsening of life quality. In the course of the disease there are changes in mental functioning. They may remain in the form of personality transformations. A somatic disease is an experience which may cause degradation of personality or its rise to higher levels of functioning. However, chronic and severe diseases, such as bronchial asthma, usually lead to unfavourable changes of personality and difficulties in its further development. The notion of personality change concerns relatively permanent changes, the deepest emotional structures, motivation structures, cognitive structures, self-concept and the system of values which are responsible for attitudes, activities and ways of perceiving reality (1).

The changes of personality can be divided into qualitative and quantitative. The quantitative changes occur when new traits appear or there are changes in intensity within the existing structures (amplification or decline). The qualitative changes consist in the restructuring of the system organization in the desired or not desired direction or the change of the level of organization. A radical change includes larger spheres and the less radical changes will only concern some portion of personality. The kind of changes taking place in a sick patient's personality depends on the properties of the disease such as: the kind and character of ailments, the duration and dynamics of the disease, the kind of limitations and difficulties caused by the disease (1). The influence of the somatic disease in human psyche is connected with the character of the accompanying ailments. The changes of mental state of a patient depend on the kind and intensity of the experienced ailment and individual predispositions

for resisting the physical suffering. In patients suffering from bronchial asthma a negative physical feeling is dyspnoea and cough. Besides pain, dyspnoea is one of more negative physical feelings, the effect of which is most frequently the threat of a great intensity. The paroxysms of dyspnoea appear usually suddenly and irregularly. Each paroxysm may last from several minutes to several days and is a real threat to human life. A characteristic course of asthma has a negative influence on sick people's psyche. In this disease there is a great dynamics of changes, periods of remission are interwoven with exacerbations and it causes the absence of emotional stability. The studies of Margalit proved that people with motor organs dysfunction have smaller problems of personality than the asthma patients. Disability is a stabilized condition that develops into an image of oneself. However, in patients suffering from bronchial asthma the dynamics of changes in its course, lack of stability of its image result in serious emotional consequences.

Negative effects of bronchial asthma for functioning of personality also results from the fact that it is a chronic and incurable disease. With time there are irreversible pathological changes in the respiratory tract and they reduce physical efficiency. Asthma being the chronic disease involves a series of limitations and difficulties. It requires changes of patients' old habits and lifestyle, resignation of everything that was important for them. What elements of personality of asthma patients will change and to what extent – depends on the influence of indirect factors, such as social environment of the patient, sex, personality features before the disease, the time of getting ill, knowledge about the disease and the value which is associated with the disease and how he copes with the disease.

The purpose of the study was to analyse the scope and contents of personality change in adults suffering from bronchial asthma.

MATERIAL AND METHODS

One of the methods of learning about the personality dynamics is studying the feeling of change. The test is performed once and the present perception of a patient's changes is analysed. Such a view from the inside with considering a proper for a given person way of perceiving oneself and the world in a specific situation, is a referral to the phenomenology trend, developed by humanistic psychologists. The feeling of change is the discrepancy between a subjective evaluation of the real self-concept (what am I like) and the evaluation of retrospection self-concept (what was I like). For testing the perception of change the Adjective Check List by H. Gough and A. Heilbrun was applied. It consists of 300 hundred adjectives that are most frequently used for characterizing a man. The authors of the ACL test assumed that the tested subjects who chose characteristic of themselves constellations of adjectives, have different perception of self-concept and in their behaviour they reveal different traits and behavioural schemes. The tested subjects were describing two self-concepts: "real me" and "retrospective me", the comparison of which allowed for indicating the extension, contents and the direction of perceived personality transformation.

The tests were carried out on 118 asthmatic patients who were treated in the Department of Pulmonology, Oncology and Allergology of Medical University of Lublin. Among the studied subjects there were 78 women and 40 men. A specific characteristics of the studied population is presented in Table 1 and 2.

Table 1. Characteristics of the studied group

	N	Age		Education			Place of residence	
		≤ 45 years	> 45 years	Vocational	Secondary	Higher	Village	Town
Women	78	57	21	13	47	18	20	58
Men	40	25	15	21	12	7	8	32
Total	118	82	36	34	59	25	28	90

Table 2. Characteristics of the studied group with relation to the severity and duration of the disease

	N	Duration of the disease	
		≤ 10 years	> 10 years
Less acute asthma	56	35	21
Acute asthma	62	30	32
Total	118	65	53

RESULTS

The first stage of the analysis of test results was a comparison of the mean values of the current image and retrospective image of bronchial asthma patients, which allowed to establish the extent and content of personality transformation (Fig. 1).

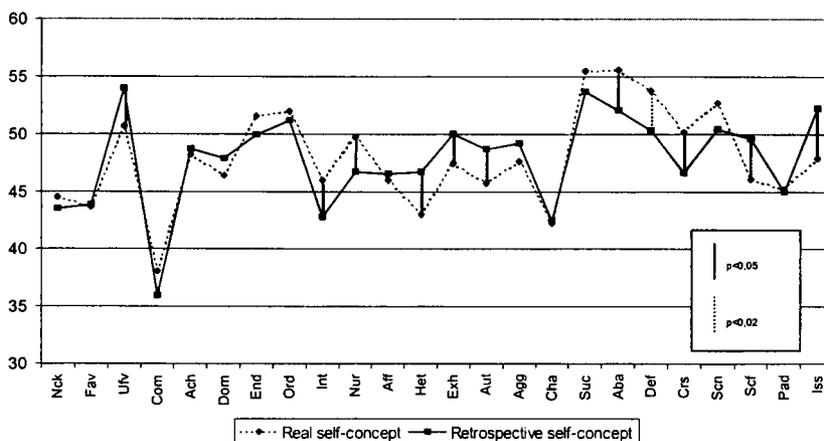


Fig. 1. Comparison of the mean values of the real and retrospective self-concept of the patients with bronchial asthma

In the studied population of bronchial asthma patients' changes of personality are observed within 11 out of 24 categories of ACL test. The changes within interpersonal relationships are most characteristic. Asthma patients feel that the disease has caused worsening of contacts with other people. The number of social contacts and trust in people have got reduced. In interpersonal contacts the asthma patients have become still more careful and more inclined to be submissive and subordinate. Simultaneously they feel that the disease makes them understand other people better and they have become more sympathetic and willing to support others.

A subsequent characteristic area of personality transformation in asthma patients are changes in self-concepts. The tested subjects are less satisfied of themselves and lose confidence in their own abilities; they feel defeated by life and therefore they have difficulties in mobilizing for active life and reaching their goals.

The next step of the analysis of results was comparison of the scope and content of personality change of asthma patients depending on the sex and the severity of the disease (Fig. 2–5). Such variables as age, the duration of disease, marital status and place of residence, turned out to have no influence on the extent and content of the personality changes of asthmatic patients.

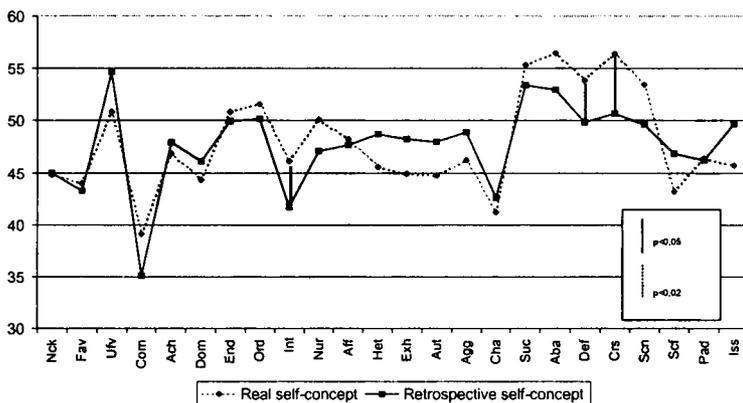


Fig. 2. Comparison of the mean values of the real and retrospective self-concept of men with bronchial asthma

In the group of the studied asthmatic men the changes in personality are observed within 3 out of 24 categories of ACL test. They feel that the disease influences the increase of the scope of their interests and the need of understanding themselves and others. They note that negative changes in their interpersonal relationships are mainly due to the lack of confidence in themselves. It results in the increase of tendencies for subordination in relationships with others. Men experience dissatisfaction with their situation and feel neglected. They are less capable of enjoying their life.

In the group of the studied asthmatic women the personality changes are observed within 5 out of 24 categories of ACL test. They feel that their contacts with people have been loosened. They keep distance with others and withdraw to a narrow and limited circle of people. They have become more dependent and inclined to be submissive and that results from the changes within the self-concept. In women the feeling of own value and abilities to cope with life has decreased. They have become more inclined to self-criticism and feeling guilty.

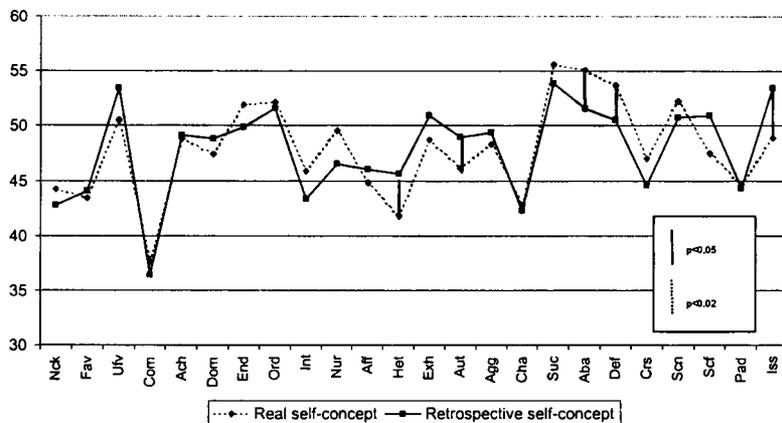


Fig. 3. Comparison of the mean values of the real and retrospective self-concept of women with bronchial asthma

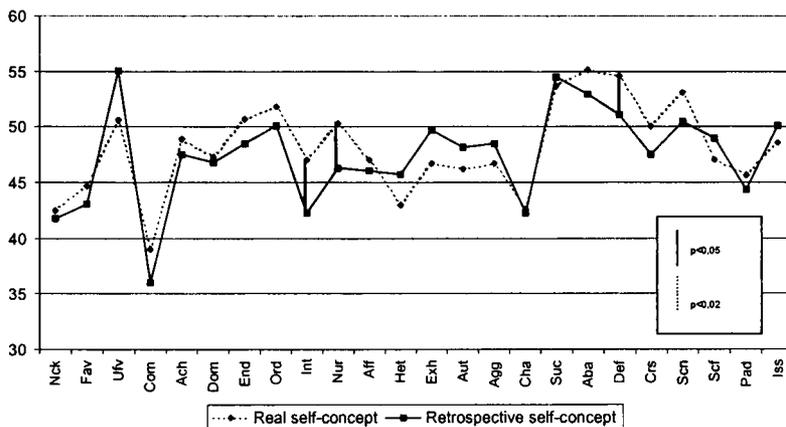


Fig. 4. Comparison of the mean values of the real and retrospective self-concept of patients with less acute bronchial asthma

Basing on the medical diagnosis and statistical analysis the patients were divided into a group with less acute form of asthma (including episodic asthma and chronic mild asthma) and a group of patients with severe form of asthma (including chronic moderate asthma and chronic severe asthma). In the group of patients with a less acute asthma changes of personality are observed within 3 out of 24 categories of ACL test. The need of understanding oneself and others has increased and the scope of interests and cognitive needs has been extended. To a greater degree these patients have become sensitive to the needs of others and more willing to perform activities that would be emotionally or materially beneficial for others. However, they feel that in their contacts with other people they have become more submissive and subordinate.

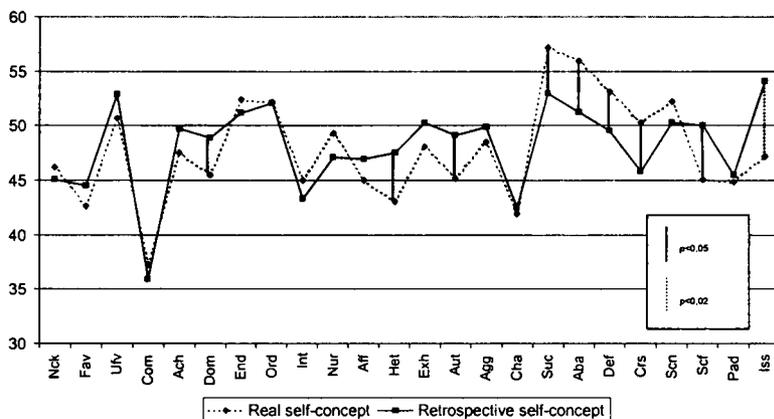


Fig. 5. Comparison of the mean values of the real and retrospective self-concept of patients with acute bronchial asthma

In the group with severe form of asthma the changes of personality are observed within 9 out of 24 categories of ACL test. The tested patients have lost self-confidence and the trust in their own abilities. They have become more reserved, shy. They have bigger problems with meeting the challenges and realization of goals. They do not feel sufficiently strong to cope with many difficult situations. They have become more inclined to seek support in others and they are more willing to be dependent on them and be managed by them. They limit themselves to contacts with a small group of people.

DISCUSSION

In the studied group of asthmatic patients personality changes were confirmed and their scope and content depend on the sex and the severity of the disease. The relationship between the severity of the disease and personality transformations is confirmed by the research of Balloch and Henry. The earlier papers also confirm the relationship between the sex and the way of feeling and coping with the disease (2, 4). The recent studies on the personality of asthmatic patients emphasize a very significant influence of such variables as the time of getting sick, and the duration of the disease (3, 14). The results of our investigations have not supported this relationship.

The analysis of our study demonstrates that the personality transformations in asthmatic patients concern mainly such spheres as self-concept and social contacts. The studied subjects are less satisfied with themselves and they have become more reserved, secret and shy. They have lost self-confidence and trust in their own abilities. They have bigger problems with taking up challenges and realization of their goals of life. They do not feel strong enough to cope with many situations, mainly the difficult ones. The results of our study are compliant with the results of Bonke and Kashami. The patients lose orientation in their own abilities. There appears a feeling of difference and confidence about inability to achieve satisfaction of life. There is a negative self-concept and decline of feeling own value. It has been noticed that asthmatic patients do not accept many of their personality traits and they are very critical about themselves. They define themselves as neurotic, vehement, weak and they are little attractive and not happy. The level of self-concept depends on the duration of the disease (3). The patients suffering for a longer period formulate more critical self-concepts with simultaneous placing high requirements for themselves. Also instability of self-concept of asthmatic patients is observed.

The improvement of the health condition (comfort) results in making plans for the future, liveliness, willingness to be active. Worsening of health condition causes distress, disbelief in own abilities, feeling of less importance (6).

The studies also demonstrated that in asthmatic patients there is a series of personality changes which make social functioning difficult. They feel that the disease influences the deterioration of contacts with other people and the decrease in quantity. In interpersonal contacts the studied subjects have become more careful. They seek the support of others more often and they submit to their influence and management more willingly. This results in the increase of inclinations to submission and loss of independence. In the study often the difficulties in social functioning of asthmatic patients are emphasized. The patients often have the feeling of the change of social life quality and decline of psychosocial abilities (3). They are less active socially. They define their social position as low and the social contacts as conflicting (12). It has been noticed that they are over-dependent on others and inhibited in their social contacts (11). The kind and quality of social contacts of asthmatic patients depend mainly on the severity of the disease. The less efficient, the more inclination towards withdrawing from social contacts. People with a more severe form of asthma are more dependent on others and simultaneously negatively disposed to the environment (5, 8).

The results of our studies show that the asthmatic patients experience not only negative changes of personality. Some of them, mainly those with a less severe form of asthma, have the feeling of positive changes. The lighter form of the disease increases the need to understand oneself and others, sensitivity to the needs of others and a tendency towards activities to the emotional and material benefit of others. In our earliest studies negative changes of personality were emphasized mainly (2, 3, 4, 6, 8, 11, 12, 14).

CONCLUSIONS

1. The patients with bronchial asthma experience the change of personality. The extent and content of the changes depend mainly on the sex and severity of the disease.
2. In men negative changes within social relationships, dissatisfaction of life and oneself with a simultaneous sensitivity to the needs of others, are characteristic.
3. In the group of women there are characteristic changes within self-concept, with a loss of confidence in own abilities, the increase of tendencies to self-criticism and feeling guilty, and loss of autonomy.
4. Some patients, mainly with less severe asthma, have a feeling of positive changes of personality.
5. The severe asthma causes in patients negative changes of personality which result in difficulties in correct functioning and adaptation.

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SUMMARY

Every severe somatic disease is the experience which can cause a transformation of personality, its degradation or elevation to higher levels of functioning. Chronic diseases frequently lead to unfavourable changes of personality. The purpose of the paper is to analyse the scope and content of personality transformation in adults suffering from bronchial asthma. The study included 118 subjects suffering from bronchial asthma, 78 women and 40 men, treated in the Department of Pulmonology, Oncology and Allergology of Medical University of Lublin. The Adjective Check List by H. Gough and A. Heilbrun was applied in the study. The studied subjects made two self-concepts: the real and retrospective, the comparison of which allowed for indicating the extent, content and the direction of the perceived change in personality. The subjects who suffer from bronchial asthma are aware of personality transformation. The extent and the content of the change depend mainly on the sex and the progression of the disease. The men are characterized by negative changes in social attitudes, dissatisfaction of life and themselves, with simultaneous increase of sensitivity to the needs of others. The women are characterized by changes in their self-concept, loss of confidence in their capabilities, increase of self-criticism and feeling guilty, loss of autonomy. Some subjects, mainly with a light course of the disease, feel positive changes of personality. The severe form of asthma results in negative changes of personality that make adequate functioning and adaptation difficult.

Główne zmiany osobowości osób dorosłych chorych na astmę oskrzelową

Każda ciężka choroba somatyczna jest doświadczeniem, które może spowodować zmianę osobowości, jej degradację lub wzrost ku wyższym poziomom funkcjonowania. Przewlekłe schorzenia prowadzą najczęściej do niekorzystnych zmian osobowości. Celem pracy jest analiza zakresu i treści zmiany osobowości u osób dorosłych chorujących na astmę oskrzelową. Badaniami objęto 118 osób

chorych na astmę oskrzelową, 78 kobiet i 40 mężczyzn, leczonych w Klinice Chorób Płuc i Gruźlicy AM w Lublinie. Do badań zastosowano Test przymiotnikowy ACL (Adjective Check List) H. Gougha i A. Heilbruna. Badani dokonywali opisu dwóch obrazów siebie: ja aktualnego i ja retrospektywnego, których porównanie pozwoliło na wskazanie rozległości, treści i kierunku odczuwanej zmiany osobowości. Osoby chore na astmę oskrzelową mają poczucie zmian osobowości. Zakres i treść zmiany zależy przede wszystkim od płci i stopnia ciężkości schorzenia. U mężczyzn charakterystyczne są negatywne zmiany w zakresie stosunków społecznych, niezadowolenie z życia i z siebie przy jednoczesnym wzroście wrażliwości na potrzeby innych. W grupie kobiet charakterystyczne są zmiany w obrazie siebie, utrata zaufania do własnych możliwości, wzrost tendencji do samokrytycyzmu i poczucia winy, utrata autonomii. Niektóre osoby, głównie z lekkim przebiegiem choroby, mają poczucie pozytywnych zmian osobowości. Pod wpływem ciężkiej astmy u pacjentów następują negatywne zmiany osobowości, powodujące trudności w prawidłowym funkcjonowaniu i przystosowaniu.