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PSYCHO-EMOTIONAL PORTRAIT OF PRIMARY SCHOOL-AGE CHILDREN WITH RECURRENT RESPIRATORY INFECTIONS

Abstract. Respiratory infections occupy a leading place in the structure of the population's morbidity, especially among children. At the same time, recurrent respiratory infections (RRIs) impose the main burden on society and families. Most of the factors contributing to the manifestation of the RRI phenomenon have already been well-studied. However, the influence of psychological and emotional aspects on a child's health has remained largely overlooked. **Aim.** To study the psychological characteristics of children aged 5–7 years in comparison to episodically ill peers and their correlation with local immunity indicators. **Materials and Methods.** The study involved 80 children, with 60 in the main group (children with recurrent respiratory infections) and 20 in the control group (episodically ill children). For psychological testing (psychometrics), the following methods were used: Blob Tree test (P. Wilson) to determine motivation and adaptation of children in a group setting. The projective „Family Sociogram” test (E.G. Aidemiller) to determine the place of the subject in the system of interpersonal relationships and to assess the nature of communication within the family. A modified version of A. Etkind's Color Relations Test was used to determine individual typological personality characteristics and attitudes towards significant people and the surrounding environment on both a conscious and partially unconscious level. Clinical laboratory examination included measuring levels of secretory IgA and lysozyme in unstimulated saliva. **Results.** When analyzing the data obtained, a statistically significant difference was found between the results of children in the main and control groups. **Conclusions.** During color selection, children with RRIs more often associated themselves with the color red (40.7 %), their mothers with purple (40.7 %), and kindergarten or school with yellow (29.7 %) compared to episodically ill peers ($p < 0.05$). Children with RRIs in the „Family Sociogram” test more often than episodically ill peers demonstrated reduced self-esteem (73 % vs. 30 %, $p = 0.038$). In the Blob Tree test, children with RRIs differ in their first choice (current position in the group) from episodically ill peers ($p < 0.0001$). The level of sIgA and lysozyme in saliva in the group of children with RRIs correlates with the sensory choice of color for the mother ($p < 0.0001$).

Key words: psychometrics; adaptation disorders; mother; color test; respiratory tract infections; children.

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INTRODUCTION

Acute respiratory infections (ARIs) rank first among all infectious diseases both in Ukraine and globally [1]. In pediatric and outpatient practice, ARIs are encountered much more frequently, and in the case of a prolonged course with repeated episodes (more than 6 per year), they can lead to weakened immunity, psychological and emotional exhaustion of the patients [2]. Recurrent respiratory infections (RRIs) most commonly manifest during periods when children begin attending organized groups such as preschools and schools [3]. To date, significant attention has been given to external and internal factors contributing to RRI, such as age-specific immune system development, early socialization, allergic and immunodeficient conditions. However, psychological determinants remain insufficiently studied [4].

The initiation of organized group attendance serves as a stressor for both the child and their family, especially in the context of frequent absences and parental sick leave. In the psychological development of a child, the mother plays a central role as a mediator in the process of a child's socialization. Through her interactions, she shapes the child's self-esteem. At the same time, excessive maternal influence can have negative consequences, leading to increased child anxiety, which subsequently intensifies the maladaptive processes in a child with RRI [5].

Mothers of children with RRIs may experience problems with self-identification in an unwanted role, a reassessment of their own system of social attitudes, orientations, and relationships. These contradictions in a woman's interactions with her surroundings can often be transmitted to the child, forming a model of negative perception of life situations and hindering their socialization [6,7]. Studying the psychological state of mothers and their children who have RRIs can help shed light on these issues and develop future intervention strategies.

The aim of this study is to explore the psychological characteristics of children aged 5–7 years in comparison to episodically ill peers and their correlation with indicators of local immunity.

Materials and Methods: The study involved 80 children, with 60 in the main group (children with recurrent respiratory infections) and 20 in the control group (episodically ill children - EIC). Children in the main and control groups did not differ in age and gender and were therefore comparable based on other parameters. The inclusion criteria for the main group were as follows: ages 5–7 years, recurrent acute respiratory tract infections, and a period of clinical well-being. The inclusion criteria for the control group were ages 5–7 years, episodic acute respiratory tract infections that did not meet the criteria for recurrent episodes. Exclusion criteria for both groups included the presence of an illness episode at the time of the study, refusal of participation by parents or the child, and severe chronic conditions (cystic fibrosis, cardiovascular failure, etc.). For psychological testing, the following methods were utilized: to determine children's motivation and adaptation in a group setting, the Blob Tree test (P. Wilson) was used. To assess the place of the subject in the system of interpersonal relationships and determine the nature of family communication, the projective test „Family Sociogram“ (E. G. Aidemiller) was employed. To determine individual typological personality characteristics and attitudes towards significant individuals and the surrounding environment on both a conscious and partially unconscious level, the Color Relations Test by A. Etkind was used in an author's modification. In this test, children were asked to choose colors in relation to themselves, their mother, father, friends, home, kindergarten or school, teacher or class supervisor, and illness. This test was conducted twice, with a 5-minute break, and the second attempt was taken into account. Each color could be chosen as many times as necessary [8].

The laboratory clinical examination included the measurement of secretory IgA and lysozyme levels in unstimulated saliva. This measurement was conducted using a photometer for microplates

HiPo MPP-96 with the assistance of DKO078IgA Saliva ELISA DiaMetra Italy test systems and Human LZM (Lysozyme) ELISA Kit Elabscience. These tests were carried out at the diagnostic laboratory of the medical diagnostic center „Apteki Medychnoi Akademii” in accordance with the manufacturer’s instructions.

Ethical Considerations: The actual study was conducted with the written consent of the children’s parents, who participated in the study, in accordance with the principles of bioethics and moral-ethical norms of the Helsinki Declaration „Ethical Principles of Medical Research Involving Human Subjects” and the „Universal Declaration on Bioethics and Human Rights (UNESCO)”. The study ensured the rights and freedoms of patients as envisaged by the Helsinki Declaration of the International Conference on Harmonization and Compliance with Standards of Good Clinical Practice, the Convention of the Council of Europe for the Protection of Human Rights and Dignity concerning the Application of Biology and Medicine.

Statistical Analysis: both parametric and non-parametric statistical methods were employed. The data were processed using software packages such as MS Office Excel 2010 and STATISTICA v.6.1 (Statsoft Inc., USA) (License No. AGAR909 E415822FA). The critical level of significance when comparing two groups was set at $p = 0.05$, and when comparing more than 2 groups (Kruskal-Wallis analysis), it was calculated using the formula $p = 0.05/\text{number of groups}$.

Results and Discussion: In line with the set objective, we conducted a comparison between children in the main group and the control group based on the results of the color selection method using the Pearson’s chi-squared test (Table 1).

Table 1. Comparison of the results of the color selection test in children with RRIs and EIC

Concept for associative color choice	p value
You (directly child)	0,0453*
Educator / teacher	0,5040
Home	0,0744
Friends	0,1725
Mother	0,0018*
Kindergarten / school	0,0031*
Father	0,5142
Disease	0,0726

* statistically significant results

The frequency display of the choice of colors in relation to statistically significantly different indicators is shown in the table. 2

Table 2. Choice of color by children of the main and control groups in relation to themselves, mother, kindergarten/school

Main group (n=54)				Control group (n=20)			
Indicator	You	Mother	Kindergarten / school	Indicator	You	Mother	Kindergarten / school
Number and colour	%	%	%	Number and colour	%	%	%

Continuation of Table 2

0 (grey)	0	0	11,1	0 (grey)	0	10	0
1 (blue)	14,8	11,1	7,4	1 (blue)	0	0	20
2 (green)	3,7	3,7	11,1	2 (green)	0	10	0
3 (red)	40,7*	11,1	25,9	3 (red)	20	10	0
4 (yellow)	11,1	25,9	29,6*	4 (yellow)	10	30*	60*
5 (violet)	14,8	40,7*	3,7	5 (violet)	40*	20	0
6 (brown)	7,4	7,4	11,1	6 (brown)	10	0	10
7 (black)	7,4	0	0	7 (black)	20	20	10

* leading position (highest %)

In analyzing the color choices made by children, it is interesting to note that children with RRIs preferred the color red when associating it with their own personality. It is important to consider that the first choice of color is the most pleasant for an individual and reveals an inherent character trait, establishing a dominant tendency. The concept of tendency includes both the initial typological property and personal characteristics and the state that can develop based on this individual-personal property. Therefore, even when discussing a state, the type of reaction to stress is still fundamentally rooted in an individual's leading individual-typological tendency. Thus, the obtained data should be interpreted without detachment from the individual, as a reaction to a situation specific to them.

The color red reflects a sthenic type of reaction in its most pronounced form and indicates a need for activity aimed at achieving goals, acquiring everything that brings joy and pleasure. Individuals with this tendency typically exhibit high exploratory activity, curiosity, and a preference for emotional interests. Their primary desire is to „be“ and to self-realize, which is manifested as emotional tension if the satisfaction of needs is not immediately possible. In individuals with a disharmonious personality, this quality is expressed as impulsivity, reduced self-control, aggressive expressions, and actions. Although such a personality type may outwardly appear quite „ideal“ due to strong self-control, it is characterized by pronounced inner tension, which can be a fertile ground for psychosomatic illnesses (transformation through somatization). The psychological portrait of these individuals is close to type „A“ as described by Jackson as a psychosomatic predisposition.

In our opinion, the choice of the color red by children was related to their constant „struggle for a place in the sun“ since recurrent infections lead to the exhaustion of adaptive potential, affecting both the physical and mental development of the child. Frequent absences from kindergarten or school are factors that worsen socialization within the group. The inner tension characteristic of such personalities is repeatedly intensified by external circumstances.

On the other hand, respondents in the control group preferred purple as an association with their personality. This choice is characteristic of individuals with impaired adaptation due to pronounced individualism. Statistically, it often appears in children and adolescents. The childhood period is characterized by an underdeveloped personality, resulting in weak integration of the „self“. This manifests as a childlike, direct way of perceiving, where the ability to use accumulated experience and ready-made solutions (stereotypes) has not yet become a habit.

It is worth noting that none of the respondents from either the main or control group chose gray as a color associated with their personality. Gray can directly imply temporary fatigue and asthenia as a long-term condition, situational difficulties in interpersonal contacts, and introversion as a constant personality trait.

When it came to associating colors with their mothers, the majority of children in the main group chose purple, while children in the control group opted for yellow. In psychology, the color yellow is characteristic of individuals with emotional inclinations. They require emotional experiences and the process of communication, with their primary need being involvement in emotionally rich interpersonal interactions.

Regarding the color associated with kindergarten or school, both groups of children predominantly chose yellow. Yellow is often linked to individuals who have a strong emotional need for socialization and communication.

Next, the research analyzed the results of the „Family Sociogram” test. In our study, it was found that children with RRIs more frequently demonstrated low self-esteem (the circle representing themselves was smaller in diameter compared to others) compared to children in the control group ($\chi^2 = 4.3022$ with Yates correction, $p = 0.038063$), 73% versus 30 %. However, we did not find a significant difference between the examined groups in terms of the scales „Egocentrism”, „Emotional Exhaustion”, and „Alignment in One Line”.

Further analysis was conducted on the results of the Blob Tree test, which aimed to determine the motivation and adaptation of children in a group setting. The results of this test are presented in Table 3.

Table 3. Results of children with RRI and EIC according to the Blob Tree test

Position number on the tree	First choice (current situation)		Second choice (ideal position)	
	Main group n (%)	Control group n (%)	Main group n (%)	Control group n (%)
1	4 (7)	2 (10)	6 (10)	4 (20)
2			2 (3,5)	
3			2 (3,5)	
4	18 (30)	2 (10)	6 (10)	
5	2 (3,5)			
6			4 (7)	
7			2 (3,5)	
8	2 (3,5)			
9	3 (5)	2 (10)	6 (10)	
10	14 (23)	4 (20)	7 (11)	4 (20)
12			6 (10)	
14	5 (8)	2 (10)	2 (3,5)	2 (10)
15	2 (3,5)		4 (7)	
16				2 (10)
17			2 (3,5)	2 (10)
18				2 (10)
19		2 (10)		
20	8 (13)	6 (30)	11 (18)	4 (20)
21	2 (3,5)			

The statistical analysis revealed a significant difference in the first choice in the Blob Tree test between the main and control groups ($p < 0.0001$). According to the methodology, the first choice characterizes the current state of affairs in a child's life, while the second choice represents the ideal position in a group setting. In the main group, the majority preferred number 4 in the first choice, indicating stability, openness, motivation for success without overcoming difficulties, and the need for support in motivation for learning and interpersonal relationships. In the second choice (ideal position = perspective), most voted for position number 20, characterized by elevated self-esteem, a desire for leadership at any cost, and potential adaptation disorder.

In the control group, children in the first choice predominantly favored position 20, and in the second choice, they evenly distributed their preferences among positions 20, 10, and 1. The first position in the Blob Tree test signifies a disposition to overcome difficulties and obstacles, typical of hardworking individuals who successfully go through the adaptation period without losing a positive emotional mood, motivated to achieve results. In contrast, choosing position 10 indicates a comfortable state, motivation for success, often accompanied by attention disorders, inattentiveness, forgetfulness, and a desire to be at the center of attention, suggesting normal adaptation.

Comparing the results of children with RRIs and those in the control group, it's worth noting that the former require support in learning and interpersonal relationships, while the latter tend to exhibit leadership and elevated self-esteem. In the future, children in the main group aspire to have what is currently characteristic of the control group (catching up) and secure their „place in the sun” in the collective.

The next step involved conducting a variance analysis of the data, taking into account the levels of sIgA and lysozyme in children from the main group (Table 4). The level of statistical significance was set at 0.007 since we were comparing up to 7 groups simultaneously.

Table 4. The results of comparing the levels of sIgA and lysozyme in the saliva of children with RRIs depending on their psychological characteristics

Indicator	sIgA level (p-value)	Lysozyme level (p-value)
Sensory choice of the child in relation		
You	0,757913	0,237608
Mother	0,000023*	0,000039*
Kindergarten/school	0,010539	0,146238
Choice in Blob Tree test		
First choice	0,000486*	0,324530
Second choice	0,342076	0,087765
Self-assessment according to the „Family Sociogram” test		
Self-assessment	0,889261	0,349015

* statistically significant results

According to the data from Table 4, children in the main group exhibited a statistically significant difference in the levels of sIgA and lysozyme in saliva based on their choice of color associated with their mother and the differences in sIgA levels based on their first choice of the figure on the tree in the Blob Tree test. The levels of sIgA (Figure 1) and lysozyme (Figure 2) in saliva are presented below.

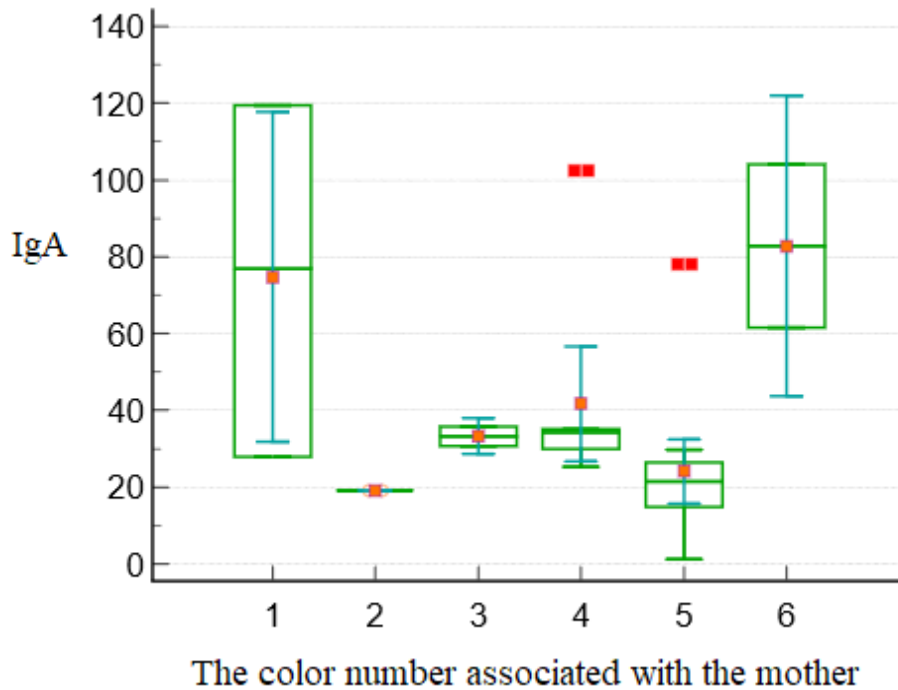


Figure 1. Mean values of salivary sIgA level depending on the color selection of the association with the mother.

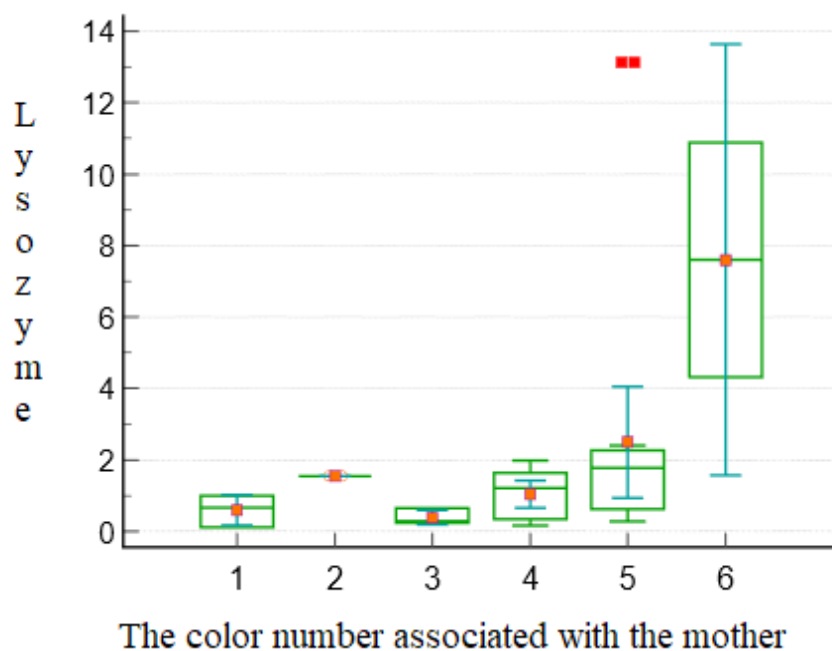


Figure 2. Mean levels of lysozyme in saliva based on color choice associated with the mother

Using the chi-square test, we found a relationship between the choice of color association with the mother and the levels of sIgA in the saliva of children with RRIs, with a contingency coefficient $C = 0.913$, $p < 0.0001$, and also with the levels of lysozyme in saliva ($C = 0.903$, $p < 0.0001$).

Thus, the choice of an associative color for the mother is linked to the indicators of local immunity in the child's oral cavity with RRIs and is associated with the susceptibility of the body to respiratory

diseases. As seen in Figure 1, the sIgA levels in children with RRIs who chose blue or brown as the color for their mother were significantly higher than others. Children who chose brown for their mother had higher levels of lysozyme in saliva than others. According to the literature, brown color reflects anxiety with a vital (somatic) aspect, feelings of insecurity, and humiliation. This color may indicate tension in physiological needs, in some cases - hypochondriacal fixation, discomfort of a general somatic nature, or dissatisfaction with the hedonic personality, which the child associated with their mother's personality. Blue, on the other hand, reflects introversion and passivity, coexisting with excessive anxiety and a tendency toward pessimism. Individuals of this type who are unsure of themselves and their prospects constantly need reliable support and calmness, forming dependency traits, increased sensitivity to the influence of the environment, and a tendency to solidify their position through the favor and protection of another person, while the affiliative need remains dominant. This type of reaction is encountered much more often among women than among men.

CONCLUSIONS

1. During color selection, children with RRIs more often associate themselves with the color red (40.7 %), their mother with purple (40.7 %), and preschool or school with yellow (29.7 %) compared to episodically ill peers ($p < 0.05$).
2. According to our data, children with RRIs in the „Family Sociogram“ test more often demonstrate reduced self-esteem compared to episodically ill peers (73 % vs. 30 %, $p = 0.038$).
3. In the Blob Tree test, children with RRIs differ in their first choice (current position in the group) from episodically ill peers ($p < 0.0001$).
4. The level of sIgA and lysozyme in the saliva of the group of children with RRIs is correlated with the sensory choice of color for the mother ($p < 0.0001$).

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ПСИХОЕМОЦІЙНИЙ ПОРТРЕТ ДІТЕЙ МОЛОДШОГО ШКІЛЬНОГО ВІКУ З РЕКУРЕНТНИМИ РЕСПІРАТОРНИМИ ІНФЕКЦІЯМИ

Анотація. Респіраторні інфекції займають провідне місце в структурі захворюваності населення, особливо дитячого. При цьому основний тягар для суспільства та сімей становлять рекурентні респіраторні інфекції. Більшість факторів, що сприяють реалізації феномену РРІ вже є достатньо вивченими, проте вплив психологічних та емоційних аспектів на здоров'я дитини досі залишався поза увагою. **Мета.** Вивчити психологічні особливості дітей віком 5–7 років в порівнянні з епізодично хворіючими однолітками та їх зв'язок з показниками місцевого імунітету. **Матеріали і методи.** В дослідженні прийняло участь 80 дітей, 60 з них – основна група (діти з рекурентними респіраторними інфекціями) та 20 група контролю (епізодично хворіючі діти – ЕХД). Для психологічного тестування (психометрія) нами було використано наступні методики: для визначення мотивації та адаптації дітей в колективі – тест „Дерево з чоловічками” (П. Вілсон), з метою визначення місця досліджуваного в системі міжособистісних відносин і визначення характеру комунікацій в сім'ї – проєктивний тест „Сімейна соціограма” (Е. Г. Ейдеміллер); для визначення індивідуально-типологічних особливостей особистості та відношення до значимих їй людей і оточуючого середовища на свідомому та частково неувідомленому рівні – тест кольорових відношень А. Еткінда в авторській модифікації. Лабораторне клінічне обстеження включало: вимірювання рівнів секреторного ІgА та лізоциму нестимульованої слини. **Результати.** При аналізі отриманих даних було виявлено статистично достовірну різницю між результатами дітей з основної та контрольної груп. **Висновки.** Під час кольорового вибору діти з РРІ частіше асоціюють себе з червоним кольором (40,7 %), матір з фіолетовим (40,7 %), а садочок чи школу з жовтим (29,7 %) за епізодично хворіючих одноліток ($p < 0,05$). Діти з РРІ в тесті „Сімейна соціограма” частіше за епізодично хворіючих одноліток демонструють знижену самооцінку (73 % проти 30 %, $p = 0,038$). В тесті „Дерево з чоловічками” діти з РРІ відрізняються за своїм першим вибором (нинішнє положення в колективі) від епізодично хворіючих одноліток ($p < 0,0001$). Рівень sIgA та лізоциму слини групі дітей з РРІ має взаємозв'язок з сенсорним вибором кольору для матері ($p < 0,0001$).

Ключові слова: психометрія; розлади адаптації; матір; кольоровий тест; інфекції респіраторного тракту; діти.

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