RELEVANCE AND OBJECTIVES OF THE STUDY

Adolescence is a complex transitional period that is developmentally distinct from childhood. Biological, psychological, and social changes occur, all with implications for psychosocial adjustment. Risk factors may have the greatest impact during transitions such as this, but chronic illness onset during adolescence has not been well studied (Holmbeck, 2002). Research on adjustment to pediatric chronic illness has focused primarily on children, and if at all adolescents were included, they were often grouped in the same sample with younger children. Furthermore, the chronic conditions that primarily have been examined are early-onset diseases such as cystic fibrosis. The onset of a chronic illness during adolescence is likely to have very different implications for development than earlier onset before adolescence (Spirito et al., 1991).

According to Kazak et al. (1991), illnesses and their treatments change, both with the course of illness and over time. Indeed, in most childhood chronic illnesses, substantial progress has been made in recent decades in treatment and cure. These changes have affected the type of care that families provide, and often the meaning of the illness for the child and family. Hence there is this constant need for updating the knowledge about which are the protective factors, moderating factors and risk factors for the same. Current study attempted to work in this direction.

The question of whether impact seen in families with children having medical problems are specific to one disease or if a noncategorical approach to illness is more appropriate (Stein and Jessop, 1982) has also been raised, but with ambiguous conclusions. At a more global level of outcome (stress and general coping styles), there are many commonalities across diseases (e.g., general distress, caretaking, family reorganization). However, when looking at more specific outcomes and family patterns, there are data that support differences among related childhood diseases. In two gastrointestinal conditions (ulcerative colitis, Crohn's Disease), distinct
patterns of marital adjustment, divorce rates, and sibling response were found (Zimand and Wood 1986; Wood et al., 1988). If both disease and family are understood as complex, fluid systems, then it may be most fruitful to examine not the disease per se, but aspects of it and its impact on family.

There is little empirical evidence to suggest that children with specific diseases differ substantially in the type or degree of maladjustment (Gortmaker et al., 1990) with an exception of increased risks for disorders involving CNS dysfunction (Perrin et al., 1987).

There is conflicting evidence in the literature regarding the degree to which teenagers with chronic illness may be at risk for emotional distress and adjustment problems. A number of studies support the position that chronically ill adolescents demonstrate increased rates of psychological maladjustment, behavior problems, and psychiatric symptoms (O'Malley et al., 1979; Orr et al., 1984; Drotar and Bush, 1985) and have lower self-esteem (Hayden et al., 1979; Kapp, 1979; Lindemann, 1981). Other studies, however, have shown no differences between chronically ill and healthy teenagers in such areas as anxiety or self-esteem; adolescents with chronic illness have appeared to be as psychologically well-adjusted as their healthy peers (Kellerman et al., 1980 and Beck et al., 1986).

Overall, the literature apparently cannot yet provide clear and compelling evidence regarding this issue. At the same time literature review strongly suggests that chronic illness appears to be a definite risk factor for well being of adolescents. The negative impact of chronic illness may depend upon adolescent's personality attributes, stress experienced and coping methods. In addition, family appears to be of critical importance as it directly influences resilience in chronically ill adolescents. The family may influence through family structure and family environment, parental support, quality of parenting and love and warmth given to sick child. One important reason for this research in chronic illness is that most of the research is specific to a particular disease like patients with a
particular disease (e.g. diabetes, asthma, multiple sclerosis) are typically compared with normal populations or with subpopulations within the same diagnostic category and similarities and dissimilarities across different illness conditions have hardly been studied (Falvo, 2005) Given the paucity of studies when it comes to comparison of different illness groups, it is difficult to determine whether differences exist as a function of type of illness.

Present study was planned with the following main objectives as an attempt to contribute to the literature on theoretical framework in this field of psychosocial aspects of chronic illness in adolescents. The study was planned to identify the factors which may enhance the mental health of this population despite their chronic illness. The main objectives of the study were:

- **Intra group comparison**: To compare the high mental health and low mental health groups among the chronic disease groups on Depression, Perceived Social Support and Perceived Parental Bonding Dimensions, Measures of Stress, Ways of Coping, Eysenckian Personality Dimensions, Self Esteem and Family Environment Dimensions.

- **Inter group comparison**: To explore the differences within the chronic disease groups viz. Gastrointestinal Disorders Respiratory Disorders, Skin Disorders, on the variables under study namely: Depression, Perceived Social Support and Perceived Parental Bonding Dimensions, Measures of Stress, Ways of Coping, Eysenckian Personality Dimensions, Self Esteem and Family Environment Dimensions.

- To explore gender differences among the chronically ill adolescents.