



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

EXPERIENCES AND PERCEPTIONS OF TEENS WITH TYPE 1 DIABETES MELLITUS

EXPERIÊNCIAS E PERCEPÇÕES DOS ADOLESCENTES COM DIABETES MELLITUS TIPO 1 EXPERIENCIAS Y PERCEPCIONES DE LOS ADOLESCENTES CON DIABETES MELLITUS TIPO 1

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ABSTRACT

Objectives: analyzing the daily life of adolescents with type 1 diabetes mellitus. **Method:** an exploratory study of a qualitative approach through the phenomenological method performed in a public health institution with six female adolescents. The production of data was performed from the application of a semi-structured interview guide and analyzed according to four steps suggested by the phenomenological method. The research had the project approved by the Research Ethics Committee, CAAE No 24220413.2.0000.5384. **Results:** five categories emerged after the construction of the analysis process: (1) "about the issue of disease"; (2) "about the issue of behavior"; (3) "about the issue of ownership of the disease"; (4) "about the issue of otherness"; and (5) "about the issue of being". **Conclusion:** the results indicated that adolescents require support of treatment and understanding that is consistent with the biological, psychological and social characteristics of this phase of human development. **Descriptors:** Adolescent; Insulin-Dependent Diabetes Mellitus; Health Psychology.

RESUMO

Objetivos: analisar o cotidiano de adolescentes com diabetes mellitus tipo 1. **Método:** estudo exploratório de abordagem qualitativa pelo método fenomenológico realizado em uma instituição de saúde pública com seis adolescentes do sexo feminino. A produção de dados se deu a partir da aplicação de um roteiro de entrevista semiestruturado e os dados analisados de acordo com os quatro passos sugeridos pelo método fenomenológico. A pesquisa teve aprovado o projeto pelo Comitê de Ética em Pesquisa, CAAE nº 24220413.2.0000.5384. **Resultados:** cinco categorias emergiram após o processo de análise-construção de: (1) "sobre a questão da doença"; (2) "sobre a questão do comportamento"; (3) "sobre a questão da apropriação da doença"; (4) "sobre a questão da alteridade"; e (5) "sobre a questão do ser". **Conclusão:** os resultados indicaram que os adolescentes requerem um suporte de tratamento e compreensão que seja coerente com as características biológicas, psicológicas e sociais dessa fase do desenvolvimento humano. **Descritores:** Adolescente; Diabetes Mellitus Insulino-Dependente; Psicologia da Saúde.

RESUMEN

Objetivos: analizar la vida cotidiana de los adolescentes con diabetes mellitus tipo 1. **Método:** un estudio exploratorio con enfoque cualitativo por el método fenomenológico realizado en una institución de salud pública con seis mujeres adolescentes. La producción de los datos era de la aplicación de una guía semi-estructurada de entrevista y los datos analizados de acuerdo con los cuatro pasos sugeridos por el método fenomenológico. La investigación tuvo el proyecto aprobado por el Comité de Ética en la Investigación, CAAE No 24220413.2.0000.5384. **Resultados:** cinco categorías surgieron después del proceso de análisis construcción de: (1) "en el tema de la enfermedad"; (2) "en el tema de la conducta"; (3) "en la cuestión de la propiedad de la enfermedad"; (4) "en el tema de la alteridad"; y (5) "acerca de la cuestión del ser". **Conclusión:** los resultados indicaron que los adolescentes requieren apoyo de tratamiento y comprensión que sea consistente con las características biológicas, psicológicas y sociales de esta fase del desarrollo humano. **Descriptor:** Adolescente; Insulina-Dependiente Diabetes Mellitus; Psicología de la Salud.

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INTRODUCTION

From questions and readings about the difficulty of accepting the disease by diabetic teenagers and consequent difficulties in dealing with the disease treatment every day, it was possible to consider about how difficult it can be for teenagers to have to live with a chronic disease in a phase of life already marked by biological evolutionary changes, profound psychological and social. Thus, adolescence associated with a chronic illness like diabetes mellitus type 1 (DM1), can cause severe changes in the physical and mental health of the young.¹⁻³

Certain questions guided the research proposed on the research reported in this article: How teenagers deal with diabetes? Why is often so difficult to accept? There are differences in daily activities reported by adolescents with type 1 diabetes, according to the time of diagnosis? In this sense, defining what adolescence is, while stage of human development becomes of fundamental importance. Various theorists, in diverse approaches, describe their perspective regarding what constitutes, in fact, adolescence.⁴⁻⁶

The concept that adolescence is a cultural and produced phenomenon, rather than universal and natural in the human development process (as previously thought) has been very currently disclosed. Important is to understanding that it is not denying the existence of puberty and the transition from pre-adolescence to adulthood. What cannot happen is the widespread claim that adolescence is an equally difficult period for all.⁴

The fact is that, although not a universal phenomenon, Adolescence is a characteristic period of youth development in our society due to the fact that by being in an evolved society technically (industrialized), sometimes it is required to more for the individual to getting the knowledge to participate in it.⁴

Diversity characterizes then adolescence. Hence the importance of avoiding generalizations with regard to all aspects that characterize it, because its manifestation depends on the combination of the various aspects involved in human development: culture, social, intellectual, psychological and biological.⁵⁻⁶

The singularity of adolescence is also expressed and influenced in the chronic disease process. The reality is that every teenager as an individual is a case of both complexity of chronic disease itself, as their interactions with their environment that may

or may not favor their coping with the disease.⁷

Much has been said about the chronic disease-adolescent relationship, but that has more clearly so far is that "the complexity of the disease, its treatment, the use and access to technologies influence the trajectory of chronic disease"^{7:553} and adolescent chronic disease can become a stressful situation, being for teenagers, either to their parents.¹

Thus, to better understand the peculiarities of diabetes as a chronic disease becomes essential.

Diabetes mellitus (DM) refers to a group of metabolic diseases due to irregularities in insulin action, or both in secretion which results in hyperglycemia in long term, established in several loss and dysfunction affecting the organs.⁸ DM1⁵ 10% of total DM, which makes such as little incident, that is, lower incidence in the world population, but one of the most prevalent, ie, predominantly in childhood and adolescence.⁹

Adolescence is then a phase of human development more affected by DM1 and, according to the International Diabetes Federation in Brazil, in 2010 there were about five million people with diabetes, and of these about 300,000 are younger than 15 years old.² "Diabetes mellitus type I, which generally affects children and adolescents, is a disease that can be administered through four basic pillars: insulin therapy, diet therapy, glycemic control monitoring and exercise"^{2:42}

Whereas the phenomenon of adolescence and its complications with chronic illness, it was that adolescence interaction and DM1 can cause numerous problems for the adolescent's life, because of the difficulties of accepting the disease and treatment adherence to it. These implications can interfere with many aspects of life of adolescents with DM1, but there are few studies that show children and adolescents as an object of study. To carry out a survey of the literature that deals with the relationship between diabetes and themes of adolescence, which is a very big shortage of research papers and those that exist are aimed at the aspects of epidemiology and symptoms.³

Thus, it can be seen that it is possible and desirable to highlight the close relationship between DM1 and adolescence, which, along with the childhood period, are the most affected age group by this chronic disease.

Investigating and understanding how adolescents with DM1 experience and perceive this disease, particularly with regard to facing this, it presents a clear scientific and social relevance. Thus, this research aims to:

- Analyzing the daily life of diabetic patients type 1;
- Describing the DM1 coping strategies reported by the adolescents studied.

METHOD

This article is an excerpt from the Final Report of the Scientific Initiation Research Project << *The experience of diabetic adolescents: between being and be* >>, effective from August 2010 to July 2011.

This is an exploratory study with a qualitative approach for the phenomenological method. Exploratory research aims to develop a closer relationship with the problem, to make it clearer and helping to create hypotheses, mainly aiming at improvement ideas or the discovery of new ideas .¹⁰ The qualitative approach abandons the use of generalization, and focusing and centralizing attention in singular, specific, in peculiar, to understand, and not explain the phenomena studied.¹¹ While research method, phenomenology brings the possibility of the researcher does not working with assumptions, but with a description of phenomena as they show and present to Psychology as an adequate remedy to investigating the experience.¹²

The study was conducted in the first half of 2011, in a reference service in the care of diabetics in the city of Franca and region in the care and treatment of endocrine disorders. This is a public institution that meets the basic health care, maintained with the SUS budget and offering medical care, nursing, nutrition, social work and psychology, in addition to providing free medication.

The participants were six adolescents with type 1 diabetes aged between 12 and 19 years old, attending the institution. Inclusion criteria were: be carrying the DM1 for at least one year, which reported no other chronic disease or diagnosed mental disorder or apparent and accept participate in the study by signing the Informed Consent (IC) and allow recording of interview and dissemination of results. This agreement was signed in duplicate, and a copy to each participant. In the case of underage participants the IC was presented to parents or guardians for their authorization and signature.

Initially, came in contact with the Municipal Secretary of Health whose purpose was to obtain authorization to carry out research in the public institution. After obtaining the authorization of the municipal health department and the release of the research project by the Research Ethics Committee (COMEP) University Center of

Franca - Uni-FACEF, the research was started by applying the research instrument.

The production of data was performed through semi-structured interviews, unique to each participant. The interview is the most used in the field work, a privileged communication technique that aims to structure information related to the object of research, as well as the survey, the interviewer also issues related to research.¹³ Goals were individually made while waiting for medical appointments and recorded for later analysis. The number of interviews was limited by the saturation data and the adolescents were asked aiming the use of the adolescent with DM1 daily life, and to encourage participants to discourse about the meanings, perceptions and experiences regarding the relationship DM1 and adolescence.

Proceeded to the method of qualitative analysis of the situated phenomenon, technique where the focus is on the meanings, that is, to the clear expressions on perceptions that the subject has of what is being surveyed.¹¹ The development of this method was in four stages : a) reading in order to understand the sense of the whole; b) discrimination of meaning units; c) transformation of everyday expressions of the subject in a psychological language; d) Summary of the meaning units turned into proposition, that is, categories that reveal the elements of the investigated phenomenon.¹¹

The study met the determinations recommended by Resolution 196/96 of the National Health Council (CNS), which regulates research involving humanbeings¹⁴ and was approved by the Research Ethics Committee of the University Center of Franca (COMEP Uni-FACEF) under CAAE number 24220413.2.0000.5384. To ensuring the anonymity of the study participants they were identified by the letter A, then the sequence number of the interviews.

RESULTS AND DISCUSSION

The adolescents with DM1 were of ages ranging from 12 years old, the youngest teenager; a one was of 19 years old, the oldest adolescent. All adolescents interviewed were diagnosed with the disease as children between nine and 12 years old. Regarding the time of diagnosis, this ranged between one and eight years.

Data analyses were five categories: "*on the issue of disease*," "*on the issue of behavior*," "*on the issue of ownership of the disease*", "*on the question of otherness*" and "*on the question of being*."

◆ About the illness

This category shows the adolescent experience in the diagnosis of diabetes period in terms of discovery and diabetes ignorance. All respondents found the disease as children, between nine and eleven years old, which agrees with the literature pointing the T1DM as more frequent in childhood / adolescence, "the diagnosis of type 1 DM usually occurs in childhood and adolescence, with the peak incidence around 10-14 years old".^{15:78}

Participants describe in interviews about the impact of the discovery of the disease and the difficulty in accepting it. Before the shock of the diagnosis, adolescents become frightened, sad, surprised, lost in unexpected news

When I received the news, came as well, a sad time, but after I started already to control [...] (A4)

This difficulty of acceptance occurs, because "the impact of the diagnosis is mainly due to the fact that is a chronic disease; that is, the individual will have to live the rest of his life with this disease, what teens experience in a phase characterized by uncertainties".^{16:4}

It should be emphasized that most adolescents (4) reported having been diagnosed with diabetes in a hyperglycemic crisis that led to the hospitalization experience.

Oh it was very bad, everyone panicked, and I had to be hospitalized a week back home [...]. (A1)

On the one hand the shock, surprise and the difficulty generated by the diagnosis of the disease shown to be related to lack of knowledge of adolescents and their families about diabetes, as exemplified in the report below:

[...] but it was a very, very new. [...] I didn't even know what the was diabetes (A1)

On the other hand the fact that already has some knowledge about diabetes seems to change these expressions of surprise, shock and difficulty to accept the diagnosis.

[...] When I took the exam, I knew I had, my older brother had already, also from the eleven. [...] even having my brother there beside me, knowing that I could have the chance to have, I didn't believe that it was me (A5)

This phenomenon can be explained by the fact that the teenager, now diabetes patient, regardless of diabetes already know or not, realize and feel that things are no longer the same, that all changed and now has the need for learn and adjust to their social, physical and dietary limitations that characterize a period of uncertainty and disruption.¹⁶

Diabetes comes so suddenly and for no apparent reason as they relate to questions of "Why me? What I did?" at first, trying to understand this new situation they are in.

In a sense I've suspected that I was right, but how can I tell you ... we do not accept: ' why, I? Why I got this? What did I do?' [...] I didn't believe it was me, I didn't want to take, you know, always takes me, then I think until today, you never accept 100% something that's going to be forever. It's sad, I kept thinking, my God now is forever, forever [...] (A5)

Thus the report also shows how being diagnosed with diabetes, a chronic disease that is "forever" and with it their rules is very difficult, leaving angry teenagers, disbelief and accept the disease.

Our ... it was hard [...] It was very sad, very hard for me, I was so very angry, getting very nervous and I still get every once in a while like that huh, but pass [...] (A2)

The revolt generated by the sudden diagnosis of diabetes is seen as a result of the changes required by the disease, as well as the fact that the person is going through a period of life where the behaviors tend to rebellion and nonconformity.¹ The teenager, now with the diagnosis of a chronic disease like diabetes bother with the new conditions of life, the many "charges" that, at first, lead them to rebel and have attitudes contrary to what is proposed to them, to do all that "could not". This rebellious and oppositional behavior are typical of adolescence and are identified as the "emotional agitation pattern that may involve conflict with family, sale of adult society, irresponsible behavior and rejection of adult values".^{5:493}

◆ On the issue of behavior

After the first time that involves the impact of being diagnosed with diabetes, the teenager now is faced with difficulties and specific care needs, requiring self-control, coping strategies, responsibility and maturity.

The first situation that can be observed is the difficulty to deal with this new diabetes treatment by tax everyday which implies rules and a strict routine care to the treatment that involves the essential application of exogenous insulin, home monitoring (blood glucose check capillary), physical activity for increasing sensitivity to insulin and upgrading of a food plan.

[...] It's really hard to have diabetes, it's not easy not... Even more having to prick your finger every day, take insulin every day, it's not easy. [...]. It's difficult. It's not easy ... because there are times that you wanted to talk, oh how I wanted to suck a candy (A3)

The constant attention required by the treatment of diabetes is described as a

difficult situation and have to control all the time very patient demand, "they need to suppress their desires between the desire to eat and to do so as they have evil consciousness certain type of food can cause to their health, when they disobey the guidelines".^{7:557}

[...] It's a hard thing to deal with, difficult to control, hard to pass and see people eating something and you cannot do, having to do much exercise, right, you have to take your time to do (A2)

This difficulty becomes even greater and even frustrating, when teenagers go through periods of treatment in the stabilization of blood sugar becomes very difficult to achieve, due to several factors, such as their own hormonal changes of adolescence combined with insulin¹⁷ resistance and the stress that can complicate the control of blood glucose levels, reaching even to a hyperglycemic process induced by hormones released during stress situation.¹ Thus, the adolescent sees a situation where, for more than try and follow the rules, cannot control the glucose level and get annoyed with it.

All, it all makes diabetes out of control, ours. [...] does not control, as much as you do, it can't control, no matter how much you try to control and that it makes you nervous (A5)

However, self-control is essential in the treatment of diabetes and can say that is directly related to the responsibility that the teenager takes on self-care with the disease, requiring certain softening from them.

I apply myself insulin ... I'm starting to make counting carbs. [...] Monday through Friday I do training. [...] I apply, I measure, and I do everything (A1)

I already have discernment of dealing; of not just step right ... because I know I can't eat. Before I ate hidden (laughs), now I know it's bad for me. [...] then I try to eat something that kills hunger and gives so much change, right, on blood glucose. I've got, right, suitable more or less (laughs) [...] so now I'm doing a more rigid follow-up to thus controls. [...] now I do gym, fitness, swimming [...] Measure as many times as it takes (A2)

The phrase "I apply, I measure I do everything" illustrates this notion of responsibility in treating the disease, which only he can do for him what is necessary to stay well: over time, the adolescent assumes that need to be fine obey the indicated treatment, including their situation of being a teenager holder of DM 1.²

Thus, from the moment in which the adolescent becomes aware about their condition, coping strategies to cope with diabetes are fundamental and built by him in

order to maintain controlled diabetes and facilitate the management of the disease.² There authors that define coping as a process, ie, the extent to which changes in emotional and cognitive responses are happening, the person is able to reinterpret the situation that causes stress and thus formulate new ways of coping.¹

[...] so I searched a lot to put me in environments that everyone knows, is a friend, is someone the family, never goes in different place, weird without you nobody knows about diabetes, knows how to treat me if I gets sick. [...] because sometimes when you get hypoglycemia's reasoning, the train is going to investors, you get a little dizzy, hiii ... so I've been so, twice that I spent so I stayed there grip smarter then ... don't go out if you don't have anyone to take care of me, literally, always have to have someone there that I know will know what's going on ... then everything I do, everywhere I go, there's got to be someone known to know how to deal with me" (A5)

The speech "so I've been so twice I spent grip so there I was more then smart" exemplifies this definition of coping as a process, ie, through a previous experience of "passing a grip" because of having to deal alone with hypoglycemia, caused the teenager to stay "smart", reinterpreting these stressful situations and formulating the new way to not get out of confrontation "if you have no one to look after me". This shows that coping strategies aim to support the well-being of the individual, seeking to mitigate the consequences of stressful situations.¹

♦ About the issue of ownership of the disease

Through the above categories, it was possible to see a question outline the influence of the passage of time in a chronic disease like diabetes, where the teenager, after a while and with the understanding of what is a disease like this, can realize that it is already easier to deal with diabetes. Thus, this category deals with the seizure of the disease that teenagers diabetic respondents brought in terms of changing perceptions, the notion of normality of the disease and to be a disease they termed as "different."

All adolescents interviewed reported how, understanding and information acquired about diabetes in their treatment of everyday contributed to a change in perception about the disease.

[...] like, I've learned to eat too, it's been seven years. [...] It's just we got right eh, don't do extravaganza, a sweet, so eat, it's not every day we can eat sweet huh, but once a week a sweetie, something, too, so a little bit for us is not in the mood right, but

so ... eating extravaganza every day that much sweeter, there can no longer not because it is very difficult ... after we pass badly, don't know why. [...] but then he has to go taking life huh ... you have to go changing, a certain way came to me in the case then let's face it, do what If I don't envisage there will just worse so ... you have to live the life (A5)

This change in perception of diabetes as a disease present in the notion that diabetes is only experienced as a hindrance while the practice and the daily habit care with the disease are not yet installed.¹ From this awareness involving diabetes, can realize that the teenager sees the disease as something you do not want, but that is not something that cannot adapt to their way of life, after all, we must "face and live life" as said by the interviewee.

Along with the change of perception about diabetes comes the notion of normality of the disease, which appeared in the majority of cases (4), and the other two interviews one of the interviewees did not actually mention the normal and the other dealt with the notion of normality differently from other respondents.

Oh, I've already used, so for me it's normal stuff like that. [...] It's not very difficult to care for those who have used it, we live normal, just have to take care properly [...] (A6)

The reports above demonstrate the relationship that these teenagers did on the fact of "getting used" to treatment and this "turning routine" with the power to consider diabetes as something normal, which is consistent with the literature that suggests that in adolescents with DM considers normal life, even with the presence of this disease:

For them, normality means the absence or denial of the illness, but that the disease is part of the normality of life they may have, without excessive stress or suffering to happen.^{2:45}

However, these same authors point out that a lot of teenagers persists in wanting to be like before diagnosis of the disease, being "normal", although they are well instructed about the disease, its treatment and the fact that chronic.² This can be seen in the case of one of the interviewees reported that consider diabetes as something out of the ordinary, which prevents her from being like everyone else.

[...] equal, there's a lot that I wanted to do, but I know that if I'm going to do I have to stop to eat, then it bothers me [...] I tend to stop to take medicine, stopping to take in there, you know, normal and I can't be normal ... it bothers me, I can't be normal like everybody else because it isn't, no matter what you say 'Oh, if you take care of

is equal to everyone', by more than not, all you have to worry about, everything like that, don't you, that bothers me, being different ... the diabetes makes you different and it bothers me (A5)

Note that the teenager is bothered by this lack of normality caused by diabetes, denoting their difficulties in dealing with the disease situation.²

Another common found in the part of reports of the interviewees (4) was the idea that they brought to consider diabetes as a disease yes, but different in the sense of gravity when compared to other chronic diseases such as cancer, for example. Below, the reports:

[...] there equal so mom says, the better your diabetes than a cancer that is more worse than the diabetes, diabetes at least can you control right, just take care ... but doesn't have cancer like we got right, for most we do, us an hour will do, there's no way ... then the diabetes is better than a disease of this right (A6)

It's not to be sick, because I think there's too much worse than mine. It's not a disease, cancer, for example, is quite different (A3)

These comparisons made by the adolescents interviewed demonstrate that despite the teenagers consider diabetes as something bad and difficult, yet diabetes as a disease does not carry a meaning as stigmatizing as cancer. What happens is a disease reframing process, by understanding the disease and attitude of the wearer that are essential in the interpretation of the experienced situation due to illness and the structuring of a new direction for this experience lived.¹⁸ The reframed the illness "[...] is a process of subjectivity by which one appropriates his disease, leading to a reorganization, change and new conception of life to stand in the current existential context caused by the disease".^{19:82}

◆ About otherness

Permeating this new reality of life caused by diabetes, we also have the changes that occur in the context of relationships with family, with friends, with each other and also make up one aspect of human development in adolescence: the affective-emotional aspect. Is that if the diabetes itself requires changes in the adolescent's life, the characteristic affective-emotional aspect of this period of human development "reflects, in part, the multiplicity adjustments that it must perform, the difficulties encountered in their search for independence and the pressures it is exposed"^{6:105}, ie, the established relationships with each other are doubly affected by the circumstances of adolescence and diabetes.

So that category now, the perception that the diabetic teenager has of the other, and the identification he has with this other, in terms of being the same or different and also deals with family relationships, from the familiar reaction to the diagnosis of diabetes.

On the perception of the other, it was found that at some point there was the uncomfortable and even ashamed to tell others about diabetes.

In the beginning I tried to hide what I had, so not now, now I speak what I have, explain. Sometimes I try to not talk because it starts an interrogation, insulin in front of people I don't even usually applies, because there are 'Wow that hurts?' It's too, I don't know ... uncomfortable [...] but is uncomfortable the other keeps asking 'does it hurt?' 'As if you were a person from another world and are not [...] Sometimes I don't even speak because it is difficult to understand what that person is diabetic ... because after explains takes hours, is much... (A2)

These reports show that both the bias and the fact that they often expose in their daily care treatment creates discomfort because they feel inadequate or, or angry with the reactions of others against the fact that they are diabetic. The teenager with DM1 feels restricted by the disease itself and the limitations caused by it, causing suffering to see if different from the group and to be treated differently by other.² Other authors point out that:

Currently, there is a lot of information about diabetes; however, the teenager still perceives facing the ignorance of people about diabetes, and there are a large number of people who don't know the basics about the disease. That way, he doesn't like to talk with these people, because you have to give many explanations about the disease and its treatment, in addition to often believe they're sorry, what irritates the teenager.^{17:5}

On the other hand, you can see the importance that friends, the people closest acquire this phase of life, becoming accomplices also in everyday diabetes situation.

Ah, all my friends would know, is already used, ones that cannot see blood, I notice I'm going to measure 'o', then it goes away and I never had a problem with it. Sometimes they will eat candy in front of me, and then they come out a little close, nor does (A1)

Friends play a strong role of emotional support during adolescence, since to be going through the same rapid physical changes feel more comfortable and safe in the company of others who are going through similar changes.⁵

In the case of adolescents with diabetes in addition to similar changes of adolescence, it also goes by the changes caused by the disease and "most of the time, they feel supported by friends and have as people they can trust and can talk about their illness. Also, can help them in difficult situations with diet and episodes of hyperglycemia or hypoglycemia"^{15:88}

A role of the "other" who also excels in diabetic teenage life is the one with whom he establishes identification, that is, the other teenager who is also with diabetes.

Yes, but when I meet someone my age who is diabetic I already like (laughs). Not for her, but for finding a person like me. It's hard to find someone who has, because a lot of people hide, there only when I speak I have diabetes that person picks up and opens too ... There is better, we stay till half happy (laughs), because he thought a person like you [...] to understand, you have to have (A2)

At first I thought I was kind of paranormal, our nobody has it, just me ... then when I started coming here, I saw people even more, a lot younger than me who have also and leads a normal life and then I'm good (laughs) (A1)

These discourses show, by adolescents, the need and the importance of exchange between equals, between those who know and understand because they also have diabetes. To share their victories and failures in dealing with diabetes is seen by adolescents as something very positive, because along with people in the same condition allows them to feel more at ease and realize they are not alone in having to deal with the management of diabetes.²

In what concerns the family relationship, this was evidenced mainly from the reports of the reactions of family facing the diagnosis of adolescent diabetes.

I think my family suffered more than me (laughs) because my mother cried a lot, my father [...] but they suffered more than me ... until today suffer. I'm an only child, is why they suffered so much (laughs) (A2)
[...] before everyone used to sneak into my room and began to cry (A1)

Thus, there is how the diagnosis of adolescent diabetes is also an impact for parents who due to discovery of the disease, experiencing a negative emotional shock, permeated by feelings of guilt because of fear of being responsible in some way in triggering the disease.¹⁵

However, as the literature indicates, conflicts between parents and children are constant, as in adolescence, social relationships are changed radically, especially with regard to family relationships. So in

relation to the care spent in the treatment of diabetes, the family remains in constant concern, fearing any complications that may occur for a child's carelessness regarding treatment.²

[...] Why is so much chatter in your head, saying it is bad for you [...] have that thing of mom and dad's behind you like a madman (laughs) (A2)

This situation indicates that "one of the conflicts between father and son is generated by the extreme concern of parents with glycemic control. [...] From then attention turns to the required glycemic control, conflicts revolve around this theme".^{15:79}

About the issue of being

The diagnosis of a chronic disease such as diabetes mellitus type 1 presents a new way of being, a new identity to be incorporated by now has diabetes, that the teenager shall cease to be the teenager and becomes diabetic teen. This situation can configure the hard way for the adolescent, since adolescence, the search for identity becomes central in the midst of so many changes. Therefore, this category deals with perceptions brought by adolescents' interviews about being a teenager and being diabetic.

What is being a teenager?

Oh, I don't know ... it's something that you say ... it's kind of hard being a teenager, being diabetic, strengthen ... is very difficult (A3)

Teenager? Ai ... How can I say ... being a teenager is a period that we don't know anything, you don't know what you want in life, don't think before you do the thing is. .. There is a period that also have to enjoy it, because it also passes (laughs) after have so much responsibility right ... Yes, it's a period that you have no responsibility to anything, doesn't think in consequence of anything, all you out there, how much time I stuffed myself with candy and wasn't even care [...] everyone has a knack that kind of hard and hence with adolescence, so I don't know the normal, all makes (A5)

In the reports above you can see the idea that adolescence can be at a disgusting stage, difficult and even inconsistent. Interesting to note how adolescents interviewed made use of the fact that they are suffering from diabetes to define adolescence. Be DM1 carrier teenager is dealing with conflicts and test the authorities' norms and values, that is, suffer and work like all other teens.²⁰

When asked about being diabetic and its implications to be a disease that "is forever", the teenagers brought the notion that it is difficult, bad, and sad, that bothers and even panic.

Oh, to be a diabetic is a problem for me... because, everything like that, is there anything that can be a problem because of diabetes, so it's a problem [...] It's bad it's sad ... bothers me (A4)

Be diabetic ... Oh I so sad! I don't like it, there be a diabetic, however much you want to have a normal life, you don't have ... no matter how much you want to feel like other people, you don't feel you have to deprive themselves, says no, but you have to deprive themselves of a lot (A5)

In these reports it is clear how to weigh these teenagers the fact that diabetes is a chronic disease that is incurable so far. Face the reality that it is for the rest of life the application of insulin, diet therapy, the practice of physical exercise and monitoring blood glucose to glucose control is not easy to understand and panic. In review articles that deal with chronic illness in adolescent biopsychosocial process, their immaturity is obvious to imagine the possible complications of the disease, as well as their difficulties to deal with rules and limits.¹⁵

FINAL NOTES

This research started with questions about the experience of adolescents with a chronic disease such as type 1 diabetes and sought to understand how these adolescents treated in a public health institution in the city of Franca-SP deal with coping with everyday life of this disease, taking into account this phase of life in which they are characterized by biological, psychological and social changes deep.

Because the sampling number is limited, the extension of the results is reduced and the units of meaning found here are far from homogeneous. However, the very methodology, qualitative approach through the phenomenological perspective, it enables a wide discussion in the scientific sphere and also in common sense.

The categories structured - on the question of the disease, on the issue of behavior, on the issue of ownership of the disease, on the issue of otherness and on the question of being - allowed to describe and analyze the daily life of diabetic patients type 1 and highlighted all the difficulty and complexity of the approach of this disease in adolescence and the process of becoming ill chronically.

The way teenagers deal with diabetes shows that the coping strategies identified and described work as a process that starts from the reinterpretation of stressful situations and that, in terms of time of diagnosis differences were found in daily activities reported by these adolescents, as these seem possible differences attributed to the way the teenager appropriates the disease

and not according to time of diagnosis. It also appeared as the diabetes in one way or another, becomes part of adolescent identity that defines adolescence from diabetes: it is difficult to separate the being of being.

Deductions made by means of the reports of adolescents in interviews seem also corroborating to what many authors say about the combination of diabetes and adolescence, ie, that the diabetic adolescents function and react in the same way as teens who are not carriers of this chronic disease and therefore require treatment and understanding of support that is consistent with the biological, psychological and social characteristics of this phase of human development.^{1-3,15,21}

This work was an attempt to provide answers to our questions, but this research emerged and disturbing new questions that are a source of inspiration for new work that can further exploring those identified as related to issue of DM1 in adolescence, such as role of the health team and also the family in the life of a teenager.

Finally, it is important to point out that the results presented discussions and conclusions are not intended to put an end to possible interpretations that the fertile content of the interviews allows, but instigate those who are interested in studying the DM of the universe in adolescence.

ACKNOWLEDGEMENTS

This is a study supported by the National Council for Scientific and Technological Development / Institutional Program for Graduate Research Scholarships PIBIC/CNPq of the University Center of Franca Uni-FACEF, 2010/2011. Franca (SP), Brazil.

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Submission: 2013/10/23

Accepted: 2014/12/28

Publishing: 2015/02/01

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