

Variability of the social desirability levels in children with psoriasis

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The objective: to evaluate the level of social desirability in children with psoriasis and its correlation with personal data and clinico-epidemiological features of the dermatosis.

Materials and methods. The levels of social desirability in children 8–12 years old with psoriasis were assessed by the social desirability subscale according to the CMAS questionnaire adapted by A.M. Prikhozhan. The dependence of the social desirability levels on the child's personal data and clinico-epidemiological characteristics of psoriasis was analysed. The study materials were statistically processed using the StatTech v. 1.2.0 software.

Results. Only 2 out of 54 children with psoriasis had a critical level of social desirability equal to 9 points, forming the average social desirability level of 3 [3.0–6.75]. In the male children, the social desirability level was more than 2 times lower than in female children ($p<0.001$), and in children with an increased body mass index (7 [5.0–7.0]), the levels were significantly higher than in children with a normal body mass index (3 [2.0–4.0]) ($p<0.001$). In two-parent families, the social desirability level was significantly lower than in single-parent families ($p<0.001$).

In addition, statistically significant differences between the groups with respect to the pathological process spread ($p=0.002$) and the clinical forms of dermatosis ($p<0.001$) were established. The highest level of social desirability was observed in children with psoriasis of the scalp (6.0 [5.0–7.0]). It was found that in the group of boys with psoriasis, the social desirability level had increased with the child's age ($r=0.906$; $p<0.001$), and in the group of girls, the social desirability level was significantly higher in case of prolonged disease exacerbation (7.0 [6.0–7.0]) compared to the exacerbation lasting up to 4 weeks (3.0 [2.0–4.0]) ($p=0.021$).

Conclusions. In children 8-12 years old with psoriasis, social desirability level is within the normal range, but the variability in its level was found, which was depended of different factors – child's personal characteristics, and clinical features of the pathological process. The level of social desirability depends on the gender, body mass index and the child's family composition. The components of the pathological process that determine the level of social desirability in children with psoriasis at the age of 8-12 years is the severity of psoriasis, the clinical form of dermatosis and the duration of the exacerbation of psoriasis for girls.

Keywords: psoriasis in children, social desirability, levels of social desirability in children with psoriasis.

Змінність рівнів соціальної бажаності в дітей із псоріазом

E.O. Murzina, Yu.A. Rokhletsova, O.O. Yavorovska

Мета дослідження: оцінювання рівня соціальної бажаності в дітей із псоріазом та взаємозв'язки з особистісними даними і клініко-епідеміологічними особливостями перебігу дерматозу.

Матеріали та методи. Визначено рівні соціальної бажаності в дітей із псоріазом віком 8–12 років шляхом оцінки субшкали «соціальної бажаності» за опитувальником CMAS в адаптації А.М. Прихожан. Проведено аналіз залежності рівнів соціальної бажаності від особистісних даних дитини та клініко-епідеміологічних особливостей псоріазу. Матеріали дослідження оброблені за допомогою програми StatTech v.1.2.0.

Результати. Тільки у 2 із 54 дітей із псоріазом встановлено критичний рівень соціальної бажаності (9 балів), що і сформувало середній рівень соціальної бажаності – 3 [3,0–6,75]. У хлопців показник рівня соціальної бажаності у понад 2 рази менше, ніж у дівчат ($p<0,001$), а в дітей із підвищеним індексом маси тіла (7 [5,0–7,0]) статистично значущі вище, ніж у дітей з нормальним індексом маси тіла (3 [2,0–4,0]) ($p<0,001$). У сім'ях, де дитину виховують мама і тато, рівень соціальної бажаності статистично значуще менше, ніж у дітей з неповних сімей ($p<0,001$).

Також статистично значущі відмінності встановлені між групами за поширеністю патологічного процесу ($p=0,002$) та за клінічними формами дерматозу ($p<0,001$). Найвищий рівень соціальної бажаності спостерігали у дітей із псоріазом волосистої частини голови (6,0 [5,0–7,0]). Встановлено, що в групі хлопців із псоріазом рівень соціальної бажаності підвищується зі збільшенням віку дитини ($r=0,906$; $p<0,001$), а в групі дівчат у разі тривалого загострення патологічного процесу рівень соціальної бажаності значно вищий (7,0 [6,0–7,0]), ніж при загостренні до 4 тиж (3,0 [2,0–4,0]) ($p=0,021$).

Заключення. У дітей із псоріазом віком 8–12 років рівні соціальної бажаності в межах норми, але встановлено варіабельність цього показника залежно від факторів, що характеризують дитину як суб'єкт, та від складових патологічного процесу. Рівень соціальної бажаності залежить від статі, індексу маси тіла та складу родини, в якій виховується дитина. Складові патологічного процесу, що мають значення для рівня соціальної бажаності, – це поширеність псоріазу, клінічна форма дерматозу та тривалість загострення патологічного процесу для дівчат.

Ключові слова: псоріаз у дітей, соціальна бажаність, рівні соціальної бажаності в дітей із псоріазом.

Изменение уровня социальной желательности у детей с псориазом**Э.А. Мурзина, Ю.А. Рохлецова, Е.А. Яворовская**

Цель исследования: оценка уровня социальной желательности у детей с псориазом в возрасте 8–12 лет в зависимости от личностных характеристик ребенка и от клиничко-эпидемиологических особенностей патологического процесса.

Материалы и методы. Определены уровни социальной желанности у детей с псориазом в возрасте 8–12 лет по оценке субшкалы «социальной желательности» опросника CMAS в адаптации А.М. Прихожан. Уровни социальной желательности были оценены в зависимости от личностных характеристик детей от клинических особенностей течения псориаза. Материалы исследования обработаны с помощью программы StatTech v.1.2.0.

Результаты. Только у 2 из 54 детей с псориазом выявлен критический уровень социальной желанности (9 баллов), что и сформировало средний уровень социальной желанности в группе детей с псориазом – 3 [3,0–6,75]. Выявлено, что у девочек уровень социальной желательности в 2 раза больше, чем у мальчиков ($p < 0,001$); у детей с повышенным ИМТ (7 [5,0–7,0]) статистически значимо выше, чем у детей с нормальным ИМТ (3 [2,0–4,0]) ($p < 0,001$). В полных семьях, где ребенка воспитывают мама и папа, уровень социальной желательности меньше, чем у детей из неполных семей ($p < 0,001$). При распространенном патологическом процессе уровень социальной желательности статистически значимо выше, чем при ограниченном ($p = 0,002$). Самый высокий уровень социальной желательности выявили у детей с псориазом волосистой части головы (6,0 [5,0–7,0]). Установлено, что у мальчиков уровень социальной желательности повышается с возрастом ($r = 0,906$; $p < 0,001$), а у девочек при длительном обострении патологического процесса уровень социальной желательности выше (7,0 [6,0–7,0]), чем при обострении до 4 нед (3,0 [2,0 – 4,0]) ($p = 0,021$).

Заключение. У детей с псориазом в возрасте 8–12 лет уровни социальной желательности в пределах нормы, но установлена вариабельность этого показателя в зависимости от ряда факторов, характеризующих ребенка как субъект, и от составляющих патологического процесса. Уровень социальной желательности зависит от пола, индекса массы тела и состава семьи, в которой воспитывается ребенок. Составляющие патологического процесса, определяющие уровень социальной желательности у детей с псориазом в возрасте 8–12 лет, – это распространенность псориаза, клиническая форма дерматоза и продолжительность обострения псориаза для девочек.

Ключевые слова: псориаз у детей, социальная желательность, уровень социальной желательности у детей с псориазом.

Social desirability is the tendency or attitude for people to present the most positive self-image [1]. The social desirability effect, or socially desired effect, is a phenomenon occurring during the survey when respondents subconsciously desire to meet the researcher's expectations. Social desirability, which denotes the tendency of the respondents to give socially positive information about themselves, A. L. Edwards designated as the «façade effect» or the respondents' desire, mostly unconscious, to put their good sides in the forefront. The strength of this tendency depends both on the respondents' general orientation toward the «self-image moralization and social success, and to what extent this tendency is actualized by the situation of diagnostics itself (diagnostic situation). It should also be taken into account that the manifestation of the «social desirability» effect is stronger in conformal personalities [2].

To control social desirability, professionally designed questionnaires contain special scales, the so-called lie scales. These include catch questions, or tricky questions. For example, if the respondents too often agree with statements such as «I never lie», «I cross the street only at the green light» and, thus, their score is too high according to the lie scale, their reports are considered unreliable and no judgments are made based on such diagnostic results. More specific «traps» are sometimes not even subject to disclosure as an element of professional secrecy [2].

The concept of social desirability has a double-natured definition. The first definition is associated with the validity of personal methods, and the second one – with the fact that social desirability is a certain personal quality [3]. It is associated with the creation of the Social Desirability Scale developed by D. Crowne and D. Marlowe in 1960. The authors understood social desirability not as a simple tendency to answer questions socially positively, but as

a personal characteristic steering a human behaviour in society. The reason for this is that the assessment of other depends on passions, stereotypes, and relationships. People are not passive objects of perception by other people, but try to present themselves in the most attractive way, hiding some traits and, vice versa, draw attention to their other features [4, 5].

The objective: to evaluate the level of social desirability in children with psoriasis and correlation with personal data and clinico-epidemiological features of the dermatosis.

MATERIALS AND METHODS

The survey involved 54 children with psoriasis aged 8-12 years: 30 females and 24 males. The average age in the female children group, which accounted for 10 [9–11] years, was comparable to the average age in the male children group and made up 10.5 [10–12] years ($p = 0.087$).

The establishment of the diagnosis and clinical form of dermatosis were carried out according to conventional diagnostic criteria. There were 22 (40.7%) children with the newly diagnosed psoriasis, all other children had repeated recurrences – 32 (59.3%). According to the clinical forms, there was plaque psoriasis (PP) observed in 24 (44.4%) children, guttate psoriasis (GP) – in 10 (18.5%) children, psoriasis of the scalp (SP) – in 4 (7.4%) children, palmoplantar psoriasis (PPP) – in 4 children (7.4%), and inverse psoriasis (IP) – in 12 (22.2%) children.

According to the psoriasis course peculiarities in children, it was shown that 30 (55.6%) children had disease duration up to 1 year and 24 (44.4%) children had a duration of more than 1 year. The duration of exacerbation up to 4 weeks, which was statistically defined by the median of exacerbation duration, was observed in 28 (51.9%) children, and more than 4 weeks – in 26 (48.1%) children.

Analysis of the social desirability levels in children with psoriasis aged 8-12 years

Groups of children	Categories			P
		Me	Q ₁ -Q ₃	
According to sex	males (n=24)	2.0	2.0-3.0	<0.001*
	females (n=30)	5.0	3.0-7.0	
According to BMI	normal (n=42)	3.0	2.0-4.0	<0.001*
	increased (n=12)	7.0	5.0-7.0	
According to the process spread	generalized (n=34)	4.0	3.0-7.0	0.002*
	local (n=20)	3.0	2.0-3.0	
According to the disease duration	up to 1 year (n=30)	3.0	2.25-5.75	0.284
	more than 1 year (n=24)	4.0	3.0-7.0	
According to the duration of exacerbation	up to 4 weeks (n=28)	3.0	3.0-4.0	0.127
	more than 4 weeks (n=26)	5.0	2.0-7.0	
According to the clinical form	PP (n=24)	4.50	3.0-7.0	<0.001*
	GP (n=10)	4.0	2.0-7.0	
	SP (n=4)	6.0	5.0-7.0	
	PPP (n=4)	2.0	2.0-2.0	
	IP (n=12)	3.0	2.0-3.0	
According to the episode of psoriasis	newly diagnosed (n=22)	4.0	3-6.75	0.348
	recurrence (n=32)	3.0	2.75-5.5	
According to the cause of psoriasis	stress (n=18)	4.0	3.0-6.0	0.598
	other (n=36)	3.0	3.0-7.0	
According to the family composition	two-parent (n=40)	3.0	2.0-4.0	<0.001*
	single-parent (n=14)	7.0	6.0-7.0	

Note. * – The differences in the indicators are statistically significant (p<0.05).

According to the causes of psoriasis: severe stress or prolonged stressful situations were observed in 18 (33.3%) children and in 36 (66.7%) children infectious diseases, diet disorders and medications served as a triggering factor in the disease onset.

According to the body mass index (BMI), estimated on the basis of the WHO recommendations [6], there were 42 (77.8%) children with BMI within the normal range and 12 (22.2%) children with an increased one.

According to the psoriasis severity indices [7-10]: there were 20 (37.0%) children with a BSA index less than 10, but more than 3. Thirty-four (63.0%) children had BSA>10. There were no children with BSA less than 3 in our study. According to the PASI index, the dermatosis with PASI≤10 occurred in 38 (70.4%) children and in 16 (29.6%) children – PASI>10. The distribution of children into groups according to the PGA index revealed that the largest number of children (34/63.0%) had PGA=1-2; 14 (25.9%) children had PGA=3 and 6 (11.1%) children had PGA equal to 4-6.

In addition, for the purpose of further research, the family composition of children with psoriasis was assessed. Forty (74.1%) children were brought up in a traditional (two-parent) family and 14 (25.9%) children were raised in families with one or no parents.

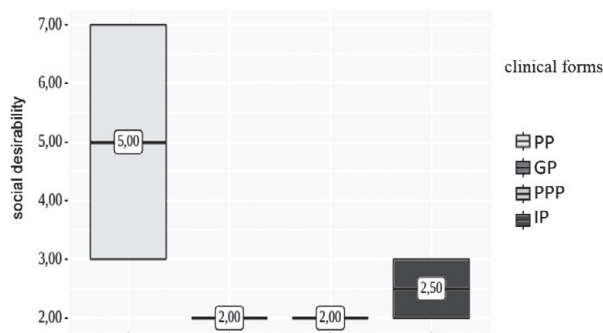
The survey was conducted involving children with psoriasis aged 8-12 years by using the CMAS questionnaire adapted by A.M. Prikhozhan [11]. The scale was developed by American psychologists A. Castaneda, B.R. McCandless, D.S. Palermo in 1956 based on the Manifest Anxiety Scale created by J.A. Taylor (1953). For the children's version of the scale, 42 points were selected, assessed as the most

indicative in terms of the manifestation of chronic anxiety reactions in children. The children's version specificity is also that the symptom presence is evidenced only by the positive answer options. In addition, the children's version is supplemented with 11 points of the control scale, revealing the respondent's tendency to give socially approved answers. The indicators of this tendency are identified using both positive and negative answers. Thus, the methodology contains 53 questions with yes-no answers. The test results are calculated according to the control scale – the social desirability subscale, and the subscale of anxiety.

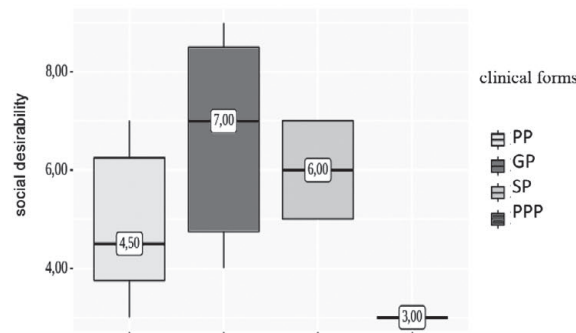
The critical value on the social desirability subscale is 9. This and a higher result indicate the unreliability of the answers, states that the answers can be distorted under the influence of the social desirability factor.

The social desirability levels were assessed in children with psoriasis aged 8-12 years according to the results of the social desirability subscale.

The study materials were statistically processed using the StatTech v.1.2.0 (developed by Stattech LLC, Russia). The quantitative indicators were assessed for compliance with the normal distribution using the Shapiro-Wilk test (with the number of studies less than 50) and the Kolmogorov-Smirnov test (with the number of studies more than 50). The quantitative data were described using the median (Me) and the lower and upper quartiles (Q₁-Q₃). Comparison of groups in terms of quantitative indicators was performed using the Mann-Whitney U-test and the Kruskal-Wallis test. The direction and strength of the correlation between quantitative indicators were assessed using the Spearman's rank correlation coefficient.



a) $p < 0.001$



b) $p = 0.01$

Analysis of the social desirability levels in different clinical forms of psoriasis a) in a group of male children; b) in a group of female children

The correlation coefficient value (r) was interpreted using the Chaddock's scale.

RESULTS

Having analysed the obtained results using the social desirability subscale in 54 children with psoriasis, it was shown that only 2 children had a critical level of social desirability equal to 9 points. The overall average social desirability level of children with psoriasis made up 3 [3.0–6.75].

Comparing the indicators between the group of female and male children, statistically significant differences were found between the groups. The social desirability level among the male children was more than 2 times lower than among female children ($p < 0.001$) (Table 1).

An increased BMI forms a desire of children to be liked more than in children with a normal BMI, which is reflected in a statistically greater, more than 2 times, social desirability level in children with an increased BMI compared to that in children with normal BMI ($p < 0.001$) (Table 1).

What calls attention to itself is the level of social desirability depending on the family composition. In two-parent families, the level of social desirability was statistically significantly lower than in single-parent families ($p < 0.001$).

Also, statistically significant differences were established between the groups according to the pathological process spread ($p = 0.002$), and in a local process (the affected area is up to 5%), the social desirability level was lower than in case of a generalized process. Accordingly, in terms of clinical forms, there are differences in the social desirability levels of children with psoriasis. The highest level of social desirability was observed in children with psoriasis of the scalp (6.0 [5.0–7.0]) (Table 1).

There were no other differences between the groups, divided according to the indicators that characterized the pathological process.

Analysis of the social desirability levels in the male children group and in the female children group separately showed that in the male children with psoriasis, the social

desirability level increases with the child's age ($r = 0.906$; $p < 0.001$), which is not observed in females with psoriasis ($r = 0.068$, $p = 0.723$). And if in males with a generalized (3.0 [2.0–7.0]) and local (2.0 [2.0–3.0]) pathological process, the social desirability levels statistically significantly differ ($p = 0.043$), then in girls these levels of social desirability are comparable – (5.0 [4.0–7.0] and 4.0 [3.0–5.5]) ($p = 0.249$).

Having analysed the social desirability levels of groups according to the clinical forms of psoriasis, it was shown that in females, the highest levels are observed in case of SP (6.0 [5.0–7.0]) and GP (7.0 [4.75–8.5]), and in the group of males – in PP (5.0 [3.0–7.0]), due to which statistically significant differences are observed in the groups (Fig.).

In general, the social desirability levels depending on the duration of exacerbation are comparable. But when evaluating in the female children group, it was found that with an exacerbation of the pathological process for more than 4 weeks, the social desirability level was significantly higher (7.0 [6.0–7.0]) than that with a duration of exacerbation of up to 4 weeks (3.0 [2.0–4.0]) ($p = 0.021$), while in the male children group, there was no difference in the indicators ($p = 0.613$).

Social desirability is the tendency for people to present the most positive self-image. There are two aspects to this question. The first aspect concerns precisely oneself and attempts to convince in one's own ability. The second one is related to orientation towards others and can reflect either interpersonal sensitivity or a conscious intention to control the impression produced.

In children with psoriasis with social desirability levels within the normal range, a more thorough study revealed the presence and variability of these levels depending on the factors that characterize the children themselves as a subject and components of the pathological process.

When studying a large normative sample of children aged 7–14 years ($n = 1.786$), no correlation was found between the social desirability levels, either by sex or by the child's age [12]. In our study, the social desirability levels in female children were higher than in male children. Girls are more inclined to wish to be liked; therefore, perhaps the presence of a pathological process makes adjustments to their behaviour and prompts them towards more socially positive responses.

And in boys with psoriasis, the social desirability level increases with the increase of years of a child.

Deformation of the personality under the influence of the family begins in early childhood. The role of an incomplete family in the process of personality formation and development is out of the question [13]. It is at this stage, under the influence of unfavourable, sometimes accidental, and sometimes low-weight factors, that value systems, which are bad for further development, arise [14]. In single-parent families, depending on the situation of its formation, there are different attitudes towards the child. But all of them can be divided into 2 divergent positions. The first one is thoughtless (maternal or parental) affection and paternalism, suppressing the child's initiative, as well as the temptation to protect the child from any rigours of life [15, 16]. Another position is coldness and immoderate exactingness to the child [17]. It has been proved that symbiosis, as a quite often unfavourable type of child-parental relationship, is more characteristic of single-parent families [18]. Although, according to A.Ya. Varga, upbringing in single-parent families does not always entail negative consequences for the child [19].

As our study results indicate, upbringing in a single-parent family leads to the development of socially desirable behaviour in the child. In single-parented children, the social desirability level (6.0 [6.0–7.0]) is 2 times higher than that in children from two-parent families (3.0 [2.0–4.0]).

Sometimes, social desirability is described as a way of building relationships at the stage of getting into a new social place. When a child needs to take a new place, this promotes the formation of a conscious social action [20]. Perhaps, this is why children with newly-diagnosed psoriasis (4 [3–6.75]) have a higher social desirability level than in those with the disease recurrences (3 [2.75–5.5]), moreover, in female children this gap is larger and occurs at the statistical tendency level ($p=0.061$): for

the children with newly-diagnosed psoriasis, the level of social desirability is 6.0 ([4.25–7.00]), and with a disease recurrence – 4.0 [3.0–5.5].

Life practice quite convincingly reveals the interconnections between personal appearance, social activity and success in personal life. An attractive appearance helps in the process of achieving success in any area [21]. The study showed that only 6% of females aged from 14 to 17 years do not want to change anything in their appearance. Dissatisfaction with own appearance generates self-doubt and causes health problems [21]. Sixty-eight percent of the female respondents had an experience of negative attitudes towards their appearance from others. In 72% of cases, the negative came from classmates, in 31% – from girlfriends, in 30% – from boyfriends [22]. Therefore, it is quite understandable why the social desirability level in girls and boys with psoriasis depends on the clinical form of psoriasis and the pathological process spread. When visible areas of the skin (scalp, face and extremities) are affected, the social desirability level is higher, than with a local process with affected closed skin areas. This is also relevant to BMI, in children with an increased BMI, the social desirability level is higher than in children with normal one.

CONCLUSIONS

In children with psoriasis with social desirability levels within the normal range, a more thorough study revealed the variability of these levels depending on the factors that characterize the children themselves as a subject and components of the pathological process. T

he level of social desirability depends on sex, BMI and the child's family composition. The pathological process components, which are important for the social desirability level evaluation, are the spread of psoriasis, the clinical form of dermatosis and the duration of disease exacerbation for female children.

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