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Experienced Anxiety and Death Impulse in Diabetic Adolescents

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Abstract:

The drive and the experience of the diabetic adolescent have been extensively discussed, but not enough the one of the death drive in teenagers suffering from diabetes. Some researchers have addressed this issue raising the expression of suffering and the role of caregivers in caring for the person with diabetes. The refusal to be treated is due to the fact that diabetes unlike other chronic diseases requires daily injections, adherence to a diet and control of blood sugar every day. We are interested in the teenager who is invaded by the death drive due to the imprint of diabetes on his adolescence thereby weakening his psyche. The main goal is to understand the experiences of non-compliant adolescents living with diabetes. To achieve this, we used the clinical method and the clinical interviews have been done at the Central Hospital of Yaoundé from three participants. These interviews have been treated through a content analysis and the findings show that diabetes sound on the psyche of the teenager. So, this disease cause suffering, pain related to daily injections that grow some adolescents with non-therapeutic compliance and even refusal to seek treatment. Thus, this disease destroys the body of the adolescent, limits his pleasures, disintegrates his body, makes him suffer. Indeed, it damages the body of the adolescent, destroys it for the sole purpose of annihilating it. All these difficulties related to the disease in adolescence weaken his psyche and develop in him the death drive. This allowed us to the deadly trends in the adolescent who suffers because of his posture of chronic patient as well as all the restrictions imposed by the disease to adolescence weakening his psyche that could lead to an uncertain death.

Keywords: death drive; lived, teenager ; diabetes; anxiety

Introduction

As all stages of life, adolescence is a normal process of development with its own growth possibilities. In other words, it is a normal process that fits into the curve of human evolution. Thus, adolescence is a period of development during which the adolescent yearns for life, has the taste of adventure, a period of learning, questioning and individual developmental transition; it is therefore the moment in life when the impulses push the adolescent towards a certain autonomy that the disease risks hampering and compromising. According to the WHO, in Cameroon for example, 6% of the population suffer from diabetes and 2% of the population die from it each year. Diabetes in adolescence is experienced as a disease creating a serious danger, an extreme fear because of the limitations it entails from the point of view of emotional, sexual and genital development, but also by the restriction of life habits it brings. In fact, when chronic illness meets adolescence, it generates anxiety through him, restrictions, as well as the pain that impose to take insulin lead the adolescent to neglect his treatment. In other words, the presence of chronic illness in adolescence can contribute to therapeutic non-observance and develop in adolescent behavior related to the death drive.

1. Background

It is estimated that in 1985, around 30 million people were diabetic worldwide; this number increased to 173 million in 2002 (Monnier, 2014 P.5). Today the figures provided by the IDF-8th Diabetes Atlas in 2017 indicate that 422 million people are living with diabetes worldwide. Regarding adolescents, the results are distributed as follows: North America and the Caribbean: an estimated 216,300 children and adolescents suffer from type 1 diabetes in this region. Central and South America: here 118,600 children and adolescents suffer from type 1 diabetes. Southeast Asia: approximately 19,500 children and adolescents have developed type 1 diabetes. Western Pacific: 110,000 children and adolescents under 20 years have developed immune-dependent diabetes. Europe: 286,000, Europe has the highest number of children and adolescents (0-19 years) with type 1 diabetes. The Middle East and North Africa also have the highest number of new cases of type 1 diabetes in adolescents and children, namely: 10900. Africa: here, we record a rate of 50,600 children and adolescents under the age of 20 living with type 1 diabetes (IDF Diabetes Atlas- 8th edition, 2017 P.68-81). Type 1 diabetes is a pathology that mostly affects children and adolescents. Also called mellitus diabetes, it is characterized by a permanent rise of sugar in the blood, sometimes accompanied by symptoms such as intense thirst, frequent urination, weight loss and a drowsiness which can go as far as coma and to death in the absence of treatment. More often the revealing symptoms are clear; there is no alteration of consciousness. It is called pre diabetes when it is not insulin dependent; it may have an autoimmune etiology or not and impose a strict carbohydrate diet and regular glycemic controls (Andrieux, 2015).

This silent disease presents a symptomatology that is hard to support, its care is not obvious because it imposes many restrictions, inflicts daily pain and requires lifelong therapeutic monitoring. Indeed, the disease is experienced by the body; this witness body is the body that speaks and attests. The sick body is in itself the whole language of the particular relationship to health that is chronic disease. If for Canguilhem (1996), "to be in good health is to be able to fall ill and recover from it", then the chronically ill is the one who will not recover. In fact, adolescence is a period of development characterized at the cognitive

level by access to formal and abstract intelligence; on the social level through the process of acquiring the behaviors, attitudes and value necessary for social and individual adaptation; biologically by pubertal maturation. Adolescence is a period of change where the individual will have to perform certain developmental tasks, a period of discovery, action, experimentation, questioning, living in the present, and the need for freedom observed in healthy adolescents.(Vernet, 2012). Chronic disease promotes a negative representation of the disease in adolescents from the outset, a source of later difficulty or even refusal to treat themselves and to take care of themselves. Therefore it develops in them, due to the upheavals and various transformations observed some behaviors linked to the death drive. When these adolescence processes meet chronic illness like diabetes, the psyche is weakened because of all the changes in this stage of development which will be shaken up by the illness, thus hampering the ambitions, the objectives of the adolescent so that he is invaded by the death drive. As a result, the anxiety generated by the chronic illness puts the adolescent faced with a real state of alert which directs him towards a feeling of disaster because he is now condemned to a single standard which weighs on a life which seems to have lost the creative impulse that made it strong. This life is reduced because the demands of treatment are heavy and cut away the wings of freedom and spontaneity (Brun, 2007). The diabetic adolescent finds himself no longer respecting his treatment and allowing himself to be annihilated by his illness, which shows the amplification of the death drive.

This study raises the problem of the adolescent who is invaded by the death drive due to the imprint of diabetes on his adolescence, weakening his psyche, limiting his objectives, his ambitions and constraining him to take medication for life. Based on the theories of drive and that of anxiety, supposed that the experience of anxiety in the face of diabetes weakens the adolescent psyche and develops in it the death drive. The objective of this study is to apprehend the experience of anxiety in adolescents living with diabetes and developing in them the death drive.

2. Anxiety and death pulsion

"The anxiety of death is, on the other hand, something secondary and most often resulting from an awareness of guilt", because our unconscious is inaccessible to the representation of our own death but it is full of murder wishes (Freud, 1988). What would be repressed here and that comes to reveal the Freudian interpretation, is the fear of death, hidden under a strange figure of love. That the fear of death is the consequence of sexual anxiety in the face of the object of love is what Freud did not understand then. This interpretation therefore goes against the assertion that all death anxiety is sexual anxiety.

Indeed, the death drive represents the fundamental tendency of every living being to return to the inorganic being. In this measure, if we admit that the living being came after the non-living and arose from it, the death drive agrees well with the formula according to which a drive tends to return to a previous state. From this perspective, every living being necessarily dies from internal causes. Also, in multicellular beings, the libido meets the death or destruction impulse which dominates in them and which tends to disintegrate this cellular organism and to lead each elementary organism to the state of anorganic stability. Its task is to make this destructive impulse harmless and it gets rid of it by largely diverting it outwards, by directing it against the objects of the outside world. This drive is then called drive to destroy, drive to grip, will to power. Part of this drive is placed directly at the service of sexual function where it has an important role to play. This is sadism proper (Laplanche and Pontalis, 1967).

The death drives are part of a new dualism where they oppose the life drives (Eros) which will henceforth subsume all the drives previously indicated by Freud (life drive, sexual drive, self drive etc.) . The death drives therefore appear, in the Freudian conceptualization as a completely new type of drives which did not find its place in the classification sadism-masochism but at the same time, Freud sees the drives there par excellence insofar as, in them, the repetitive character of the drive is eminently realized. Thus, the sadistic nature of aggression is difficult to separate from the indifferent elimination of the nuisance in the child's evolution. In 1924, Freud reversed the order of the passage of sadism and masochism: masochism becomes first, originary, and it is the derivation outside of the death drive (entangled by the libido) via the musculature that creates sadism: “it should then be called the drive to destroy, the drive to grip, the will to power. Part of this drive is directly placed in the service of sexual function where it has an important function to fulfill. It is sadism proper. ". Therefore, the worst destructiveness is not perversion which denies the otherness of an object recognized only as partial to obtain sexual satisfaction. Incest, the most heinous crimes seem to adorn themselves with a sexual mask, above all to destroy: perversion gives way to perversity (Ribas, 2009).

3. Death pulsion and chronic disease

A chronic disease like diabetes is a kind of acquired and permanent deviance from a vital biological norm: here, normo glycemia, that is to say a level of sugar in the blood compatible with biological equilibria. Diabetes is a permanent inability to naturally maintain this fundamental balance. Biomedical labeling, undoubtedly difficult to avoid, inscribes this deviance in the patient's body and in the image he has of himself: whether it is renal, respiratory, pancreatic or cardiac, it is always the insufficiency which characterizes it: the defect.

Type 1 diabetes is the most common chronic disease in children and is appearing increasingly early; the disease takes the life of the individual and their families from the onset of the first symptoms. In adolescence, the glycemic balance may be more precarious due to hormonal fluctuations and physical changes related to puberty. Thus, the complexity of the treatment and its integration into the personal, social and family dimensions explain the great difficulty for children to adhere to the treatment, to manage it on a daily basis because it wishes above all to regain a certain normal functioning, that is to say say that health is now lost (Pelicand et al. 2012).

According to Freud (1920), there is something in the individual which prompts him to repeat the most unpleasant previous experiences and not only the experiences that bring pleasure. He thus defines this drive on a plane specific to biology, as a tendency to bring living things back to the inorganic state. To account for this compulsion, he will introduce the concept of death drive, drive to destroy which works silently at the heart of the psyche and has the power to disrupt psychic functioning, to go against the principle of pleasure. Thus, aggressiveness, destructiveness, is due to the fact that, via motor skills, the death drive is deflected towards the outside world. Sadism in this case is an entanglement of sexual drive and death drive.

As a result, the trials that adolescents (sick or healthy) inflict on themselves with uneven lucidity are wild ritualizations of a painful passage, transitional moments when the body can be considered as a transitional object sometimes projected harshly into the world to continue a path full of disarray. At the time of adolescence, when the foundations of the feeling of self are still alive, fragile, vulnerable, the body is the battlefield of identity; root of identity, it simultaneously frightens by its change the responsibilities which it implies towards the other, sexualization, etc. Attached to the world, it is the only way to regain possession of its existence. The ambivalence towards him makes it a transitional object intended to cushion the impact of a problematic entry into the age of man. The young man covers him with pain and flays, heals and mistreats him, he loves and hates him with varying intensity linked to

his personal history and to the capacity of his courage to act as a container or not (Breton, 2005). As Barrier (2007) says, "falling ill ...", This expression indicates falling, that is, a sudden, violent, downward movement. "Falling ill" would therefore be brutally relegated to a state of inferiority in relation to health, a higher state. The fall is also a moral degradation following a reprehensible act. Morally "to fail" is to fall and to fall ill may also be to blame; the fall is disturbing for two reasons: in itself, as a traumatic event, as a vertigo of imbalance, and also in its consequences. The main consequence of falling into chronic illness is to stay there, in the sense of staying there, as a perpetual relapse.

4. Methodology

This is a qualitative research that is interested in the meaning and observation of a phenomenon in a natural environment and this type of research is characterized more by its procedure than by the quantification of data (Deslauriers, 1991).

The choice of clinical method for this study is due to the fact that it is a holistic and comprehensive method allowing the participant's in-depth understanding of his singularity and his entire situation. Therefore, this method allows us to better understand the experience of adolescents living with a chronic disease because the experience of a disease differs depending on the individual. The objective in this study is to apprehend the experience of anxiety in the non-compliant adolescent living with diabetes and developing in him the death drive

To achieve this, we made use of the clinical method, mainly based on the case study. The choice of this method was justified by its ability to provide an in-depth analysis of the phenomena in their context. This study was conducted with three diabetic adolescents, namely: Rely aged 17, pupil in the 1st Spanish class, 1st born in a family of two children and has been diabetic since 2016; then we have Steven, aged 15, pupil in 2nd grade C, 1st born in a family of 4 children and diabetic since the age of 10 finally, we have Pepe, aged 18, pupil in Terminale and diabetic since 2011. The data were collected using semi-structured interviews. The data is subject to thematic content analysis. The thematic analysis in this study therefore allows us to better understand the meaning that adolescents have of their diabetes, which weakens their psyche.

5. Findings

Lived from anxiety in the face of illness

Anxiety refers to an unpleasant situation of strangulation and suffocation. It can be defined as “a painful emotion, a feeling of feeling and vague apprehension of an eminent but imprecise danger; and physical sensations of constriction and oppression ”(Baily, 1995). This anxiety comes out in Steven's words in these terms:

"Especially when I'm in hypoglycemia until aaaahh I feel weak, so it's like I'm losing my memory a bit because when you're in hypoglycemia, you feel weak, it's like you only want to sleep and your head hurts and these are the blood sugar levels that make me think of bad things like for example foot amputation, hmmm we can do an eye transplant, things like that and in addition it can even lead you quickly to death, but often I try under these conditions to think positively but rarely. ”

The anxiety generated by the chronic disease puts the adolescent in a real alert state which directs him towards a feeling of disaster because he is now condemned to a single standard which weighs on a life which seems to have the creative impetus which made strength, reduced life because the demands of treatment are heavy and cut corners in freedom and spontaneity (Barrier, 2007); thus, the experience of anxiety is a harsh phase in the diabetic adolescent, this is why Rely affirms:

"Often even I stay like that I start to think about why, why it is me when there are lots of little sons, after I say to myself ahhh in any case if I take my treatment well there will be nothing ; and also I often get scared because sometimes even to prick your skin is not easy; prick each morning, noon, evening. It’s not easy every day to prick your skin. ”

Participants are afraid, they are sad because of the difficulties and complications related to the disease.

Suffering in the disease

In adolescence, the glycemic balance may be more precarious due to hormonal fluctuations and physical changes related to puberty. Thus, the complexity of the treatment and its integration into the personal, social and family dimensions explains the great difficulty for children to adhere to the treatment, to manage it on a daily basis because they want above all to find a certain normal functioning. However, the suffering inflicted by this disease is a difficult situation to live with. As Pepe states:

"When I am in hypoglycemia, there are signs sometimes I feel dizzy, starvation, fatigue, sometimes I can walk and I do not see clearly I am sad since you do not know what to do, when you in hypoglycemia severe, it can put you in a coma. When it’s severe you can’t handle it yourself ”

For Steven the fact of suffering from hypoglycemia is a necessary opportunity for him to consume sugar and to regain a certain pleasure lost because of the obligations of treatment but in the case of hyperglycemia it saddens him very much because it is a real danger that could harm his life; it is in this wake that says this:

"When I am in hypoglycemia, I am rather proud because I know that I will consume sugar, I will take even five sugar cubes or a juice but sometimes it annoys me to fall too low in hypoglycemia because you can make a fall and fall into a coma. But the fact of feeling bad with the head spinning, the vertigo is really unpleasant and good on the other hand hyperglycemia there it does not bother you quickly it kills you slowly because when you are in hyperglycemia you can easily manage and wait, wait, wait; you think that while waiting there, it does not bother you because it will not kill you because the hypoglycemia when it starts it sends you down, the sugar only decreases, it only decreases there you can die but on the other hand hyperglycemia you are there, it does you almost nothing you only notice that you are tired. "

For Rely, this suffering is obvious when hyperglycemia is associated with another disease such as malaria. The suffering of diabetes is therefore felt through the signs of hyperglycemia and hypoglycemia which is a really embarrassing situation for adolescents because they are facing certain difficulties since their own bodies become foreign to them.

Body experience in adolescent diabetics

The sick adolescent experiences this disease in a strange way because, as Andrieux says (2015)

"The state of the disease is a landing on an unknown land opening onto the discovery of a new, strange, unknown body, master of a previously unthought subjective reality which is imposed on the subject most often by suffering ; it is also physical, mental suffering, constraints, medical consultations, restricted diets, inability to do certain things, anxiety and fear. As a teenager, you see changes, questioning and suddenly, what was normal prevents you from living a normal life. "

As a result, the bodily experience is felt through signs such as recurrent and sometimes extreme fatigue, being uncomfortable, sweating, tachycardia, this in case of hyper or hypoglycemia. This is why Pepe says:

"Okay when you don't take the treatment well that's where it gets complicated and you develop the complications; you find yourself tired all the time and you know why you are tired because you don't take your treatment well and you don't tell anyone. I know it's bad but good when you have to prick yourself every day and three times a day the pain is not always bearable and sometimes also the insulin finished I don't tell anyone because I want my skin to rest a little shortly before my mother notices that I am skipping treatment ”

The diabetic subject feels foreign in his body and this experience is an unpleasant experience because the adolescent does not recognize himself, which can lead to dangerous situations because the adolescent is not always aware of the extent of dangers to which he is exposed. The body thus becomes an unstable home, a house with fragile foundations that it is best to live in; that’s why the teenager says:

"I am worried when my hemoglobin level is high due to the fact that we do not respect what the doctor prescribed and sometimes skip the insulins (silence). Sometimes I'm sad and shaky, I have headaches and sometimes I have heartburn; I am also afraid because sometimes if there is no sugar near you and no one around you knows your illness and they do not know what to do and your condition can easily get worse because the hypoglycemia is not a good thing, it can easily send you into a coma and you risk dying. "

In fact, when the disease appears during adolescence, it is experienced as a failure of a formerly integrated body; it is likely to appear as a sanction for new impulses, the feeling of guilt can then be particularly marked (Rouget, 2014), and faced with this situation, this can give rise to guilt in adolescents; this is justifiable through the following expression:

"Diabetes is excess sugar; well you know that when it yourself has not happened yet, you do not distrust or when you are not with someone around you because where I was there there was nobody who had diabetes so suddenly I was eating sugar it did not occur to me that not one day you will be sick; you only eat, you eat you eat you eat without thinking of the consequences; well i don't blame anyone but i'm still sad because i'm not proud to have this activity-limiting illness "

We therefore note that the bodily experience of diabetes is a difficult experience that limits adolescent activities and that, as Andrieux (2015) declares, illness is thus a form of work, a profession imposing a framework, requirements but also knowledge and duties engaging the person, and sometimes his entourage in specific collaborative actions.

Diabetes and death drive

Death provokes irrational reactions in many people; this stage of life is an element which can only be imagined, fueling the fear of death and which is neither known nor recognized by the animal frightens him because it is immediately associated with the possibility of danger. So everyone is afraid of death. Thus, Death is a serious danger which pushes man not to have a representation of this stage of life. Therefore, the death drive which is a tendency to drive the human being towards the inorganic state, the subject facing a situation of serious illness decides to abandon his treatment or no longer follow it normally, which could lead to complications related to his pathology and lead to death.

The onset of a chronic disease puts the body at fault since it is through it that the difficulties arrive, it is to him that it is necessary to attack and death sneaks behind all the dangers of life. Thus, death also represents an extreme fear for the P1 participant, an unpleasant emotion which worries the adolescent and makes him sad. It is in this logic that steaven states this:

"Death scares me, everyone is afraid of dying and often when i'm really bad i know i'm going to die someday but i implore christ so that he will make me live long because i am still too young to die, I also want to live a long time like the others and have a family. So I'm afraid of death because it can make my parents suffer and also people have told me not to be afraid anymore which means that more often now I don't think about it because death is what 'we don't want to and we can't cope but when we are sick we can avoid this terrible situation by following the treatment well'.

For Pepe, the recourse to prayer is a defense mechanism allowing him to find a little comfort in his situation of chronic patient and the marks of nonverbal communications tell us of the deep regret of the disease and his feeling of sadness and loneliness due to illness.

"We are all afraid of death, I too am afraid of dying. And if I die at this age my family loses because my parents do everything to make me feel like a normal man like all people of my age who is not sick or who do not have diabetes like me. I know the people who died from this disease and it is scary. I took the Lord to grant me as long a life despite my condition (head bowed) so that I could also live like the others. "

We find that death for diabetic adolescents is experienced as an extreme fear, they all have a negative view of death because it represents a serious danger.

Reasons for non-compliance with treatment by adolescents

The non-compliance with treatment by diabetic adolescents is explained firstly by a lack of will to treat themselves and the pain felt during the injections. This is why Steven says:

"Yes (silence) because I didn't want to and sometimes I can't like today for example I couldn't take insulin; I put the insulin in a room and went looking for it, the people who were there didn't open the door; I ate like that, or sometimes when my mother closed the bites in her room and she left with the keys; when I don’t want to do it I’m blood sugar and I eat like that because a diabetic has to take insulin three times a day. You can take it twice a day but never once. Before I did not respect the treatment for lack of will to treat me”

For others like Pepe, forgetting and fear of injecting themselves are the reasons that pushed him during a period of not following his treatment well until the derogatory consequences knocked on his door; that's why he informs us that:

"Sometimes forgetting when I go to school; I forget about insulin. At the beginning there was the fear of injecting myself in front of my comrades and everything and it is last time it is forgotten because when you leave the house you are in a hurry and you forget. The hours you have to take insulin you do not do it and in the evening it is impossible because it is not recommended to take a single injection per day. The pain is unbearable since you don't get used to the pain and sometimes I don't take it because of it and because I don't want to hurt, I don't take it. But I don't do that anymore "

Although illness in adolescence is a bad thing, it is after being the victim of the consequences linked to this pathology that some adolescents become aware and decide to follow the treatment well to avoid a relapse. Like Pepe, Rely spent almost a month without taking his treatment because of the pain of the injections and sometimes also because of the lack of insulin. He lets us know in this extract in his terms:

"It has happened to me before. I had done almost a month without following my treatment because first of all the pain due to the injection of insulin, other times it is because the insulin is finished and when my mother asks me I say that I still have some because it is I who keep and I even jumped for weeks without coming to the hospital; and with my friends I also consumed too much sugar that's why I fell in hyperglycemia and added to the malaria I stayed in a coma for two days. hmmm the consequences of not respecting the treatment are really really dangerous because you can die like the jokes".

Thus, non-compliance with treatment by diabetic adolescents is partly due to the pain inflicted during insulin injections and also by the unwillingness of some to treat themselves without forgetting the forgetfulness and the gaze of others during public injections; all this can therefore lead to a weakening of the psyche of the diabetic adolescent because his ego becomes porous and the death instinct takes over and as consequences the non-compliance with the treatment which leads the adolescent directly into a coma and if he is not taken care of in time, it can easily pass away.

6. Discussion

From our results, it emerged that diabetes weakens the adolescent psyche and develops in him the death drive; it also emerged that this disease limits the ambitions, objectives and pleasures of the sick person, forcing him to take medication for life. Indeed, it damages the subject's body, destroys it for the sole purpose of destroying it. If the insulin treatment is well suited. There may therefore be a conflict of representation between the doctor and the patient, the latter seeing above all an uncertain threat as to his arrival, imprecise as to its extent. Fear of hypoglycemia can go as far as some diabetics to phobia, even terror. It is sometimes perceived as a threat of depersonalization, of annihilation or as a figure of death. The consequence of this extreme fear in terms of treatment is a possible avoidance behavior for hypoglycemia, consisting of an excessive voluntary reduction in the doses of insulin injected to avoid hypoglycemia; the patient thus maintains a reassuring hyperglycemia since it frees him from an oppressive but disastrous anxiety in terms of physical consequences in the medium and short term. All these difficulties linked to illness in adolescence weaken the adolescent's psyche and develop in him the death drive.

These results have been interpreted in the light of the theory of drives, more precisely that of the death drive which aims at the annihilation of the individual, his destruction by bringing him back to an inorganic state; first turned outwards and tending to self-destruction, the death drives would be secondarily directed outwards, then manifesting itself in the form of the drive for aggression or destruction.

What allowed us to understand first the origin of the murderous tendencies in the adolescent who suffers because of his posture of chronic patient insofar as diabetes is a kind of acquired and permanent deviance compared to a biological norm vital since diabetes is a permanent inability to naturally maintain this functional balance. These results have been interpreted in the light of the theory of drives, more precisely that of the death drive which aims at the annihilation of the individual, his destruction by bringing him back to an inorganic state; first turned outwards and tending to self-destruction, the death drives would be secondarily directed outwards, then manifesting itself in the form of the drive for aggression or destruction.

What allowed us to understand first the origin of the murderous tendencies in the adolescent who suffers because of his posture of chronic patient insofar as diabetes is a kind of acquired and permanent deviance compared to a biological norm vital since diabetes is a permanent inability to naturally maintain this functional balance.

These results were compared with those of researchers such as Poumeyrol and Chagnon (2012), as well as that of Klein (1952). It emerged that: The human subject is a unitary and global being, which supposes that, a serious attack on one of its dimensions (psychological or physical, somatic) leads to a modification or an installation of the malaise which will at least have the merit of justifying its internal and external functioning. In this logic, the results obtained in this study make us understand that diabetes weakens the adolescent psyche since it is a difficult disease to live because of the restrictions of life which accompanies it. This is all the more visible through the non-compliance of our participants, resulting in: pain, forgetfulness, lack of insulin or even fear. In this, our results corroborate with those of Poumeyrol and Chagnon (2012). Manifestations of the death drive (pain, suffering, non-compliance) are the elements that remind the adolescent of his situation as a chronic patient and impose on him a set of psychological changes and a call for help. Just as Gordon (2003) says, as threatened by death, it is natural that the Self is the place where the fear of death lodges. In fact, when Klein (1952) spoke of the death drive, she alluded to a fear of death which she considered to be innate and original because, as we see in the speech of our participants, death is scary, it's a serious danger not to think about it.

Conclusion

This study posed the problem of the emergence of the death drive in adolescents due to the imprint of diabetes on his psyche and aimed to apprehend the experience of anxiety in adolescents living with diabetes and developing in him the death drive. To achieve this, we made use of the clinical method, mainly based on the case study. This study was carried out with three diabetic adolescents followed at the Yaoundé Central Hospital. Data were collected using semi-structured interviews; these data were subject to thematic content analysis. From these results, it emerged that diabetes weakens the adolescent's psyche and develops in him the death drive. The anxiety and pain generated by the treatment of diabetes pushes the adolescent to ignore his treatment; this non-compliance with treatment during adolescence is a modality of the death drive which pushes the diabetic adolescent towards complications of the disease which can directly lead to death. Regarding the discussion, we compared the results of our study with those of researchers such as Poumeyrol and Chagnon (2012), as well as that of Klein (1952). It emerged that: The human subject is a unitary and global being, which supposes that, a serious attack on one of its dimensions (psychological or physical, somatic) leads to a modification or an installation of the malaise which will at least have the merit of justifying its internal and external functioning. In this logic, the results obtained in this study make us understand that diabetes weakens the adolescent psyche since it is a difficult disease to live because of the restrictions of life which accompanies it. This is all the more visible through the non-compliance of our participants, resulting in: pain, forgetfulness, lack of insulin or even fear. In this, our results corroborate with those of Poumeyrol and Chagnon (2012). Manifestations of the death drive (pain, suffering, non-compliance) are the elements that remind the adolescent of his situation as a chronic patient and impose on him a set of psychological changes and a call for help. As a result, chronic illness disintegrates the individual's body, makes it suffer for the sole purpose of annihilating it and therefore leads the future young adult to adopt behaviors linked to the death drive and bodily experience n is just an extension of this destructive drive.

References

1. Baily D (1995) The birth of anxiety: theoretical hypotheses and models of understanding. In D. Servant, & P. J. Parquet, Stress, anxiety and medical pathologies (pp. 18-39). Paris: Masson.

2. Barrier, P. (2007). The sick body, the witness body. The notebooks of the Georges Canguilhem center, 1 (1), pp. 79-100.
3. Belbessai, R. (2018). Types of mentalization in type 2 diabetics. BEJAIA: University of A-MIRA-BEJAIA.
4. Benoît, P. (2014, February). Death, a philosophical point of view. Retrieved from Space for ethical reflection, Poitou-Charentes region.
5. Bourquin, C., Wykretowicz, H., Saraga, M., & Stiefel, F. (2015, February). Plurality of bodies 3. Bound bodies. Swiss medical journal, 11 (3), pp. 394-397.
6. Breton, D. (2005). Risk behavior of young people as resistance. Empan, 57 (1), pp. 87-93.
7. Brun, D. (2007). The disturbing strangeness of the body. The notebooks of the Georges Canguilhem center, 1 (1), pp. 113-122.
8. Campenhoud, L., & Quivy, R. (2017). Social science research manual. Paris: Dunod.
9. Claes, M., & Lannegrand-Willems, L. (2014). Adolescent psychology. Montreal: The University Press of Montreal.
10. Discour, V. (2011). Body changes and psychic shifts in adolescence. The Dynamic Notebooks, 50 (1), pp. 40-46.
11. Domenico, M. E. (2014). To die, what we know, what we could do, how to prepare for it. Switzerland: Le Savoir Suisse collection.
12. International Diabetes Federation. (2017). IDF Diabetes Atlas (8th ed.). Quebec.
13. Freud, & S. (1916-1917). Anguish. In Freud, & S, Introduction to psychoanalysis. Paris: Payot (1962).
14. Freud, S. (1915). Drive and destiny of drives. In S. Freud, Métapsychologie (J. Laplanche, & J.-B. Pontalis, Trads.). Paris: Gallimard (1986).
15. Freud, S. (1920). Beyond the pleasure principle. In S. Freud, Essays of Psychoanalysis (S. Jankélévitch, Trad.). Paris: Payot (1968).
16. Freud, S. (1926). Inhibition, symptom, anxiety. (P. Jury, & E. Fraenkel, Trads.) Paris: PUF (1951).
17. Freud, S. (1988). Current on war and death. In S. Freud, Complete Works (Vol. XIII). Paris: PUF (2005).
18. Gordon, R. (2003). The death drive and its relationship with the self. Jungian Notebooks of Psychoanalysis, 107 (2), pp. 67-84.
19. Jacquin, P., & Levine, M. (2008, January). Difficulties in compliance with chronic illnesses in adolescence: understanding to act. Archives of pediatrics, 15 (1), pp. 89-94.
20. Klein, M. (1952). Anxiety and guilt. In M. Klein, P. Heimann, S. Isaacs, & Riviere, Developments in psychoanalysis (W. Barange, Trad.). Paris: PUF (1966).
21. Marchand, L., & Thivolet, C. (2016). Etiology and physiopathology of type 1 diabetes. Endocrinology, 13 (4), pp. 1-12.
22. Monglond, D. B. (2015). Perspectives on the enigma of the death drive (reading note for discussion of M. Lauret's book). Book of clinical psychology, 45, pp. 241-245.
23. Ndjocki, J. G. (2019). Anxiety about death in the geriatrics professional and psychosocial support for the elderly: Case study (Master thesis 2). Yaoundé: University of Yaoundé 1.
24. Pelicand, J., Maes, M., Charlier, D., & Aujoulat, I. (2012, April 28). adolescent and type 1 diabetic: ‘‘ taking care of yourself ’’ and glycemic control. Archives of Pediatrics, 19, pp. 585-592.
25. Pelicand, J., Maes, M., Charlier, D., & Aujoulat, I. (2012, April 28). adolescent and type 1 diabetic: "take care of yourself" and glycemic control. Archives of Pediatrics, 19, pp. 585-592.
26. Poumeyrol, S., & Chagnon, J.-Y. (2012). Illness and libidinal body in adolescence. Clinical and projective psychology, 15 (2), pp. 67-101.
27. Ribas, D. (2009). Death drive and destructiveness. French journal of psychoanalysis.

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