CLINICAL SEVERITY, PERSONALITY CHARACTERISTICS AND MATERNAL ATTITUDES IN HEMOPHILIC CHILDREN. L.L. Ackerman, J. Verrecchio, D.S. Charney and E.M. Strickler. Pennsylvania State University College of Medicine, Hershey, Pennsylvania, U.S.A.

The interrelationships of severity of hemophilia, personality characteristics, and maternal attitudes were evaluated in 21 hemophilic boys and 17 of their mothers. The 8 to 11 year old children completed the Children's Personality Questionnaire and those between 12 and 18, the Junior-Senior High School Personality Questionnaire. The mothers were administered the Mother-Child Relationship Evaluation which measured maternal attitudes of four scales; Acceptance (A), Overprotection (OP), Overindulgence (OI), and Rejection (R).

Results were analyzed by comparing children with Factor VIII levels $>1\%$ (N=10) to those whose levels were $<1\%$ (N=11) as determined on more than one occasion. There were no significant differences between the two groups in terms of personality characteristics or maternal attitudes.

Results were also analyzed by comparing those children (N=6) who had accepting mothers (A > 60 , OI < 30 , OP < 30 , R < 30) with those of non-accepting mothers (N=11). The children of the non-accepting mothers (mean Factor VIII levels 3.0%) were significantly more sober (P $< .02$), and internally restrained (P $< .01$) and tended to be less intelligent and less emotionally stable than the children of accepting mothers (mean Factor VIII level 1.5%).

These findings suggest that personality characteristics may be more closely related to maternal attitudes than severity of disease. Future studies should identify and focus on determinants of maternal attitudes.

PERSONALITY CHARACTERISTICS OF ADULT HEMOPHILIACS. D.S. Charney, A. Caldwell, L.L. Ackerman and E. Strickler. Pennsylvania State University, Hershey, Pa. and UCLA, Los Angeles, Ca., U.S.A.

The psychological characteristics of 36 adult hemophiliacs, mean age 29.1 years, were analyzed by means of the Minnesota Multiphasic Personality Inventory (MMPI).

The MMPI profile patterns were compared between various groups of the hemophilic sample. By the clinical criterion used in our clinic, the sample was divided into severe and mild-moderate groups. The mild-moderate group appeared to be mildly anxious-hysterical, frightened, and health preoccupied with a profile of '317-2 9 5684 0/'. The severe group appeared to be more estranged and alienated than the mild-moderate group, and has a significantly higher psychopathic deviate scale (P $< .01$). The mean profile of the severe group was '458 23-9167 0/'.

The most striking differences were found in comparing subgroups of high (N=9) vs low bleeders (N=9) within the group of severe hemophiliacs with factor levels of 3% or less. The high bleeders (> 243 units/lb/year, mean Factor VIII level 1.6%) were much more disturbed, had all mean clinical scales above 60 ('8'25137496-0/) and significantly higher scores for Depression, Psychasthenia, and Schizophrenia (P $< .05$). The low bleeders (< 243 units/lb/year, mean Factor VIII level 1.8%) had no mean scale scores above 60 ('34519687 2/0/).

The results indicated a clear difference in the psychological adjustment of the high and low bleeders to their illness. The high bleeders had a marked increase in self negativity i.e. a sense of being defective, of hopelessness and of pessimism. Surprisingly, the low bleeders has adjusted quite well to their serious vulnerability.

PSYCHOLOGICAL ASPECTS OF TRAINING FOR HOME TREATMENT IN HEMOPHILIA. S. Delord and J.P. Allain. French Red Cross, La Queue-les-Yvelines, FRANCE.

Training for home treatment has profound psychological implications. This study was undertaken to determine the optimal time in the hemophilic child's development to begin this training. Nineteen preadolescents and 31 adolescents were trained during short weekly sessions and followed for a year. They also had interviews with a psychologist. During this one year period, parents of both groups were invited to participate in information sessions including technical training and informal discussions. Eleven of 12 preadolescents whose parents participated were successful in self-treatment whereas only 1 of 7 whose parents did not participate succeeded. Even when parents were not actively present during the training period, the adolescents had a success rate of 75%. In both groups, a positive psychotherapeutic effect was observed but since preadolescent were more flexible, an organizing psychological process was induced which involved both their approach to the disease and the child-parent relationship. The parents benefited from the information program, relieving their anxiety and gaining a better intellectual and emotional approach to hemophilia. Although the adolescents were highly successful, it is suggested that the training be started during preadolescence with active help from the parents. Then, maximum benefit and success rate would be expected.