

THE RELATIONSHIP BETWEEN MORAL SELF-AWARENESS AND TREATMENT ADHERENCE IN CHRONICALLY ILL ADOLESCENTS

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Abstract: Managing a chronic illness during adolescence creates a developmental challenge because responsibility for medication, symptom monitoring, dietary requirements, appointments, and other treatment-related activities gradually shifts from parents to the young person. Treatment adherence therefore becomes increasingly dependent on the adolescent's own motivation, beliefs, and capacity for self-regulation. This article explores moral self-awareness as a possible psychological factor in this process. Drawing on Uchqun Mamanazarov's work on adolescent moral self-awareness and international research on chronic illness self-management, the article argues that moral reflection and perceived responsibility may contribute to adherence when they support autonomous rather than externally controlled behavior. At the same time, treatment nonadherence should never be interpreted as a moral weakness. Adherence is influenced by treatment burden, side effects, forgetfulness, family relationships, illness beliefs, emotional difficulties, financial factors, peer context, and access to healthcare. The article therefore proposes a multidimensional model in which moral self-awareness may influence adherence indirectly through personal responsibility, self-regulation, and autonomous motivation.

Keywords: moral self-awareness, treatment adherence, adolescence, chronic illness, self-management, self-regulation, health responsibility.

Introduction

For adolescents with chronic illness, becoming independent has an additional meaning. Independence is not only about spending more time with friends, making personal choices, or becoming less dependent on parents. It may also mean remembering medication without being reminded, monitoring symptoms independently, following dietary recommendations, attending appointments, and knowing when professional help is needed.

This transition can be difficult. Treatment routines may interfere with school, friendships, privacy, travel, sport, or the adolescent's desire to feel similar to peers.

Some treatments are uncomfortable. Others create visible reminders of illness at a time when adolescents may be especially sensitive about being different.

For this reason, treatment adherence cannot be explained simply by asking whether the adolescent understands the doctor's instructions. Understanding is only one part of the process. The more difficult question is how medical recommendations become personally accepted and self-regulated behavior.

This is where moral self-awareness may provide a useful additional perspective.

Moral Self-Awareness and Responsibility

In Mamanazarov's work, moral self-awareness is not limited to knowledge of moral norms. It includes reflection on values, motives, emotional reactions, and one's own behavior.

During adolescence, this capacity becomes increasingly important because external expectations gradually have to be transformed into personally understood principles. The same process may be relevant to chronic illness management.

A younger child may take medication because a parent gives it. An adolescent increasingly has to understand why treatment matters, what responsibility he or she has for personal health, what happens when nobody reminds him or her, and how to make decisions when treatment conflicts with immediate wishes.

These are partly health questions, but they are also questions about autonomy and responsibility. Mamanazarov's work on behavioral self-awareness in adolescence is particularly relevant here because it connects self-awareness with behavior rather than treating it as an abstract cognitive process.

Nonadherence Is Not Moral Failure

An adolescent who does not follow treatment consistently should not be described as morally irresponsible. Such an interpretation would oversimplify the problem and could damage the therapeutic relationship.

Adherence difficulties can have many causes. An adolescent may forget medication. The treatment schedule may be complicated. Side effects may be unpleasant. The adolescent may not believe that treatment is necessary. Medication may be expensive or difficult to obtain. Family conflict may interfere with routines. Taking medication in front of peers may create embarrassment. Depression or anxiety may reduce motivation. A young person may simply become exhausted by managing an illness every day.

Therefore, moral self-awareness should be considered only one possible psychological resource among many. It should never be used as a judgment of character.

Self-Regulation and Chronic Illness Management

Self-regulation is probably the most important psychological bridge between moral self-awareness and treatment adherence. Chronic illness management requires repeated actions, many of which have no immediate reward.

A teenager with a condition that is currently stable may wonder why medication is necessary when he or she does not feel ill. Following treatment therefore requires keeping a long-term goal in mind despite short-term inconvenience.

Lansing and Berg describe adolescent chronic illness self-management as closely connected with the regulation of behavior, cognition, and emotion. This is particularly relevant during the transition from parental management to self-management.

Moral self-awareness may contribute when the adolescent connects treatment with a personally accepted responsibility. There is an important difference between “I take the medication because my mother will become angry if I don’t” and “I take the medication because I understand what happens when I stop and I have decided that managing my health is my responsibility.”

The behavior may be the same, but the level of autonomy is not. The second form is potentially more sustainable because the reason for action has been internalized.

Treatment Beliefs Matter

Responsibility alone cannot explain adherence. An adolescent may consider himself highly responsible and still reject treatment if he believes that the medication is unnecessary or harmful.

This is why treatment beliefs need to be incorporated into the model. Research with young people with chronic illnesses shows that adherence is influenced by perceived treatment necessity, concerns about treatment, expected benefits, side effects, social expectations, and the young person’s understanding of his or her own role.

This means that moral self-awareness cannot work independently from medical understanding. Responsible autonomy requires reliable information and meaningful communication with healthcare professionals.

Autonomy Rather Than Compliance

The traditional language of compliance can create the impression that successful treatment means simply obeying the doctor. For adolescents, this is too narrow.

Developmentally, the goal should be a gradual transition toward informed and responsible self-management. This process involves allowing the adolescent to understand and participate in decisions.

A young person should gradually become capable of explaining what the illness means, why treatment is necessary, what the risks of nonadherence are, what difficulties make adherence harder, and what strategies can help.

Seen this way, treatment adherence becomes part of developing autonomy rather than the opposite of autonomy. Moral self-awareness may support this transition

because it requires adolescents to evaluate their behavior against personally accepted values and responsibilities.

Family Context

Even a motivated adolescent does not manage chronic illness in isolation. Family relationships remain important.

Parents may help organize medication, attend appointments, monitor symptoms, or notice early warning signs. The challenge is gradually transferring responsibility without either abandoning the adolescent or maintaining excessive control.

Too little parental support may leave adolescents unprepared. Too much control may create resistance. The appropriate balance is likely to change with age, illness severity, maturity, and competence.

Family support may therefore moderate the relationship between moral self-awareness and adherence. An adolescent with strong internal responsibility but chaotic family conditions may still struggle to follow treatment.

Peer Context and Stigma

Peer relationships are another important factor. Some chronic illnesses require visible treatment. An adolescent may need to take medication at school, check glucose, use an inhaler, avoid certain foods, or explain absences.

These behaviors may draw attention to the illness. For adolescents who strongly want to belong, this can create tension. A young person may understand the importance of treatment but avoid it in front of peers.

In such situations, moral self-awareness and personal responsibility may help, but they do not eliminate the social difficulty. Psychological support should therefore address the actual barrier rather than simply telling the adolescent to be responsible.

Proposed Model

A more realistic conceptual model is: Moral self-awareness → perceived health responsibility → autonomous motivation and self-regulation → treatment adherence.

This pathway is likely to be influenced by treatment beliefs, family support, parental monitoring, peer relationships, emotional wellbeing, treatment complexity, side effects, financial accessibility, illness severity, and healthcare communication.

This model makes moral self-awareness one part of a broader system. That is essential. A model that treats adherence purely as personal responsibility would ignore too much of the clinical reality.

Implications for Psychological Work

When working with chronically ill adolescents, psychologists and healthcare professionals can explore responsibility without using guilt.

Questions may include: What part of your treatment feels most difficult to manage independently? What do you think your responsibility is in managing your condition? What do your parents still do for you that you would like to manage yourself? What

makes you decide to follow or not follow treatment on difficult days? What is most important to you when you think about your future health?

These questions can reveal how adolescents understand their own role. They also create space for discussion rather than moral judgment.

If the adolescent is not adhering, the next question should not be “Why are you irresponsible?” It should be “What is getting in the way?” That distinction is fundamental.

Directions for Future Research

The connection between moral self-awareness and treatment adherence offers a useful research opportunity because direct empirical evidence remains limited.

A future study could include adolescents living with one or more chronic conditions and measure moral self-awareness, treatment adherence, health responsibility, self-regulation, treatment beliefs, family support, and treatment burden.

Structural equation modelling or mediation analysis could test whether moral self-awareness predicts adherence indirectly through responsibility and self-regulation. Disease type should also be controlled because the psychological demands of managing diabetes are not identical to those of asthma, epilepsy, inflammatory bowel disease, or another chronic condition.

Another important question concerns age. Moral self-awareness may become more relevant to adherence as responsibility shifts from parents to adolescents. This suggests that developmental stage may moderate the relationship.

Conclusion

Moral self-awareness may contribute to treatment adherence in chronically ill adolescents by supporting reflection, personal responsibility, autonomous motivation, and self-regulation.

However, adherence should never be interpreted as a measure of moral quality. Adolescents may fail to follow treatment for many reasons that have little to do with responsibility.

For this reason, moral self-awareness is best understood as one psychological resource within a complex system of personal, family, social, treatment-related, and healthcare factors.

The most useful scientific question is not whether moral adolescents are more adherent, but under what conditions moral self-awareness helps an adolescent transform awareness of health responsibility into stable and autonomous self-management behavior.

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