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**COPING STRATEGIES
IN CHILDREN
WITH HEADACHES**



Anita Vulić-Prtorić

Department of Psychology, University of Zadar, Croatia

Renata Coha

Department of Pediatrics, General Hospital Josip Benčević, Slavonski Brod, Croatia

Marina Grubić

Department of Pediatrics, University Hospital Zagreb, Croatia

Josip Lopižić

Department of Psychiatry, General Hospital Dubrovnik, Croatia

Patricija Padelin

Department of Pediatrics, General Hospital Zadar, Croatia

Introduction

- Medically unexplained neurological symptoms such as headaches, dizziness, fainting and vertigo are common in pediatric primary care throughout the world and they may be associated with marked distress and functional disability during childhood and adolescence.
- Once headache symptoms have developed, they may be moderated or maintained by different personal factors, among them coping strategies having strong influence.
- Coping strategies are assumed to be consciously and deliberately used methods for regulating negative emotions or to manage situations in which there is a perceived discrepancy between stressful demands and available resources (Carr, 1999). Active ways of coping like problem solving, cognitive distraction, self-calming and asking for help from others, contribute to the better adaptation and decrease psychological and somatic symptoms, in contrast to the more passive ways of coping like avoidant and social isolation (Compas et al. 1988).

Objective

To examine the differences between **3 groups** of subjects

- (1) children with headaches in pediatric care,
- (2) nonclinical headachers and
- (3) healthy controls

in **7 different aspects of coping strategies:**

- *Problem Solving,*
- *Expressing Feelings,*
- *Avoidance, Distraction,*
- *Social Support- Friends,*
- *Social Support – Family,*
- *Cognitive Restructuring).*

Method - participants

The sample consisted of **144** schoolchildren:

- ⇒ **Clinical sample : 43 patients** with headaches who met established criteria for identifying headaches and were referred for examination by pediatric care. Children's headache problems were rated by experienced pediatric specialist.
- ⇒ **Nonclinical sample: 59** headachers recruited from the general population and
- ⇒ **Healthy children: 42** healthy children and adolescents in control group.

The nonclinical and healthy sample comprised subjects from the *Psychosomatic Symptoms Questionnaire for Children and Adolescents – PSS* (described later) standardization sample of 278 primary school children.

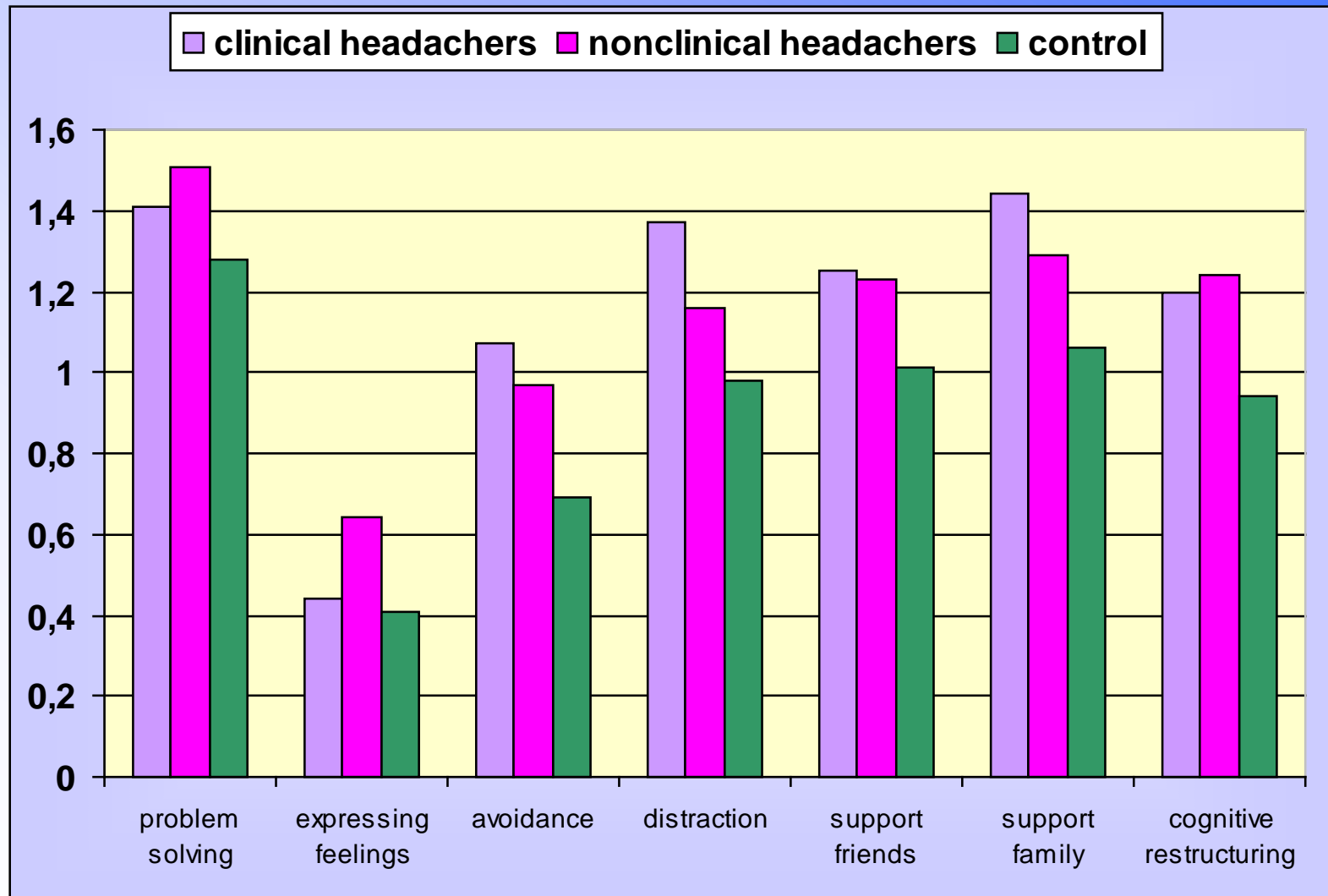
Method - instruments

- Coping strategies were measured with *SUO- The Coping Strategies Inventory for Children and Adolescents*. SUO is the self-assessment instrument that measures the frequency and effectiveness of 7 coping strategies that children use in response to stressful events (see Table 1.)
- *The Psychosomatic Symptoms Questionnaire for Children and Adolescents (PSS)* (Vulić-Prtorić, 2005) is a 35-item scale that inquires about 35 somatic symptoms and sensations (cardiovascular, respiratory, gastrointestinal, dermatological, pseudoneurological, and pain/weakness). In this research PSS was not an outcome measure, but is used to help construct the study groups (see Table 1.)

Table 1. Main characteristics of the instruments used in this research

<i>Measures</i>	<i>No. of items</i>	<i>Range</i>	<i>Cronbach alfa</i>
PSS-The Psychosomatic Symptoms Questionnaire for Children and Adolescents			
<i>Symptom frequency</i>	35	35-140	0,88
<i>Symptom severity</i>	35	35-105	0,93
SUO The Coping Strategies Inventory for Children and Adolescents			
<i>Problem solving</i>	9	0-27	0,83
<i>Expressing feelings</i>	8	0-24	0,77
<i>Avoidance</i>	11	0-33	0,79
<i>Distraction</i>	10	0-30	0,68
<i>Social support- friends</i>	6	0-18	0,80
<i>Social support – family</i>	6	0-18	0,77
<i>Cognitive restructuring</i>	8	0-24	0,74

Figure 1. Coping strategies in children with headaches (clinical and nonclinical sample) and healthy controls



Results:

- **Clinical vs. nonclinical headaches:** No significant differences in coping strategies were found between clinical and nonclinical headaches
- **Clinical headaches vs. healthy controls:** Significant differences were found in 4 of 7 coping strategies: clinical headaches use more *Avoidance, Distraction, Cognitive restructuring and Seeking support from family.*
- **Nonclinical headaches vs. healthy controls** Significant differences were found in 3 of 7 coping strategies: nonclinical headaches use more *Avoidance, Cognitive restructuring and Expressing feelings.*
- Significant **gender differences** were found only for the nonclinical headaches group in three coping strategies: *Problem Solving, Social Support – Family and Cognitive Restructuring.* In all cases girls scored higher than boys

- This finding is directly in line with the results reported by Band and Weisz (1988) and Brodzinsky et al. (1992) that children who experience lot of unfamiliar stressors like illness may evoke more secondary coping (cognitive avoidance, distraction, etc.) as a way of minimising the distress associated with a problem that is appraised as less controllable.
- The use of active coping strategies such as seeking information and comfort from friends and family could minimize distress associated with medical procedures better than avoidance behaviors. But Peterson (1989) is warning that presenting information to the children who avoid such information might have an adverse effect. It seems that it is best to reinforce a child's preferred coping style rather than attempt to change coping strategies.

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Correspondence concerning this article should be addressed to Anita Vulić-Prtorić, Ph.D., Department of Psychology, University of Zadar, 23000 Zadar, Croatia, e-mail:avulic@unizd.hr;
<http://personal.unizd.hr/~avulic/>