



# **3<sup>rd</sup> European Conference on Positive Psychology**

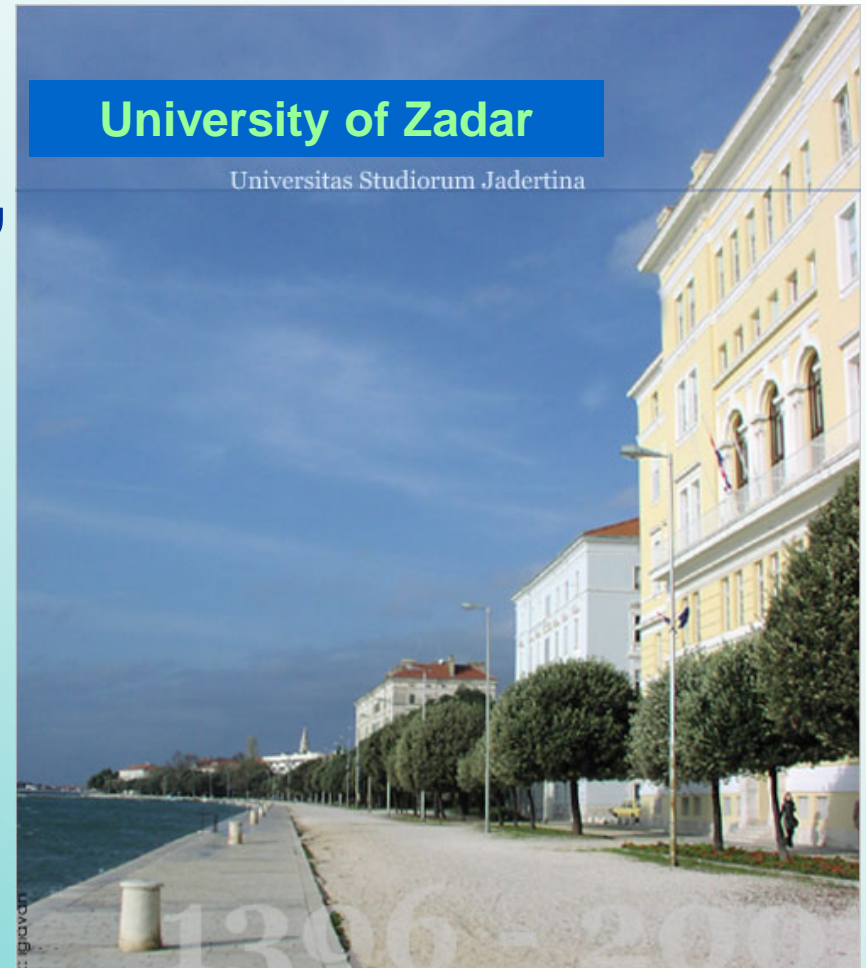
**3-6 July 2006.**

**Braga, Portugal**

**COPING  
STRATEGIES  
AND  
PSYCHOSOMATIC  
SYMPTOMS  
IN CHILDREN**

# Anita Vulić-Prtorić, Izabela Sorić & Zvezdan Penezić

Department of Psychology  
University of Zadar  
CROATIA



# Introduction

Medically unexplained symptoms such as headache, recurrent abdominal pain, 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. Number of children with psychosomatic complaints has increased over the last decade, while the age of onset has decreased (Just et al, 2003).

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. Children's own coping style may account for individual differences in adaptation to stressful life events and contribute to the somatic sensitivity and appearance of physical complaints.

# Aims and methods

- **Aims:** The paper presents the results of an investigation carried out with the aim of determining specific coping strategies in children with psychosomatic complaints. The research was carried out on a sample of 275 pupils aged from 11 to 16 years. It was hypothesized that different and specific coping strategies would be associated with psychosomatic symptoms in children.
- **Methods:** Two self-report measures were administered: The Coping Strategies Inventory for Children and Adolescents (SUO) and The Psychosomatic Symptoms Questionnaire for Children and Adolescents (PSS).
- **Procedure:** Self report questionnaires were group administered in the community sample during a regularly scheduled classroom period.

# Questionnaires

- **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). The subjects scored each symptom for frequency (*How often did you have this problems in the last 3 months?*) as 1 (never), 2 (a few times a month), 3 (a few times a week), 4 (almost every day)
- **The Coping Strategies Inventory for Children and Adolescents (SUO)** is the 58 item self-report instrument that measures the frequency and effectiveness of coping strategies used by children and adolescents in response to stressful events. This scale is divided into 7 subscales (Table 1). A 4-point Likert scale was used for the ratings: from 0= *Never* to 3= *Very often*.

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

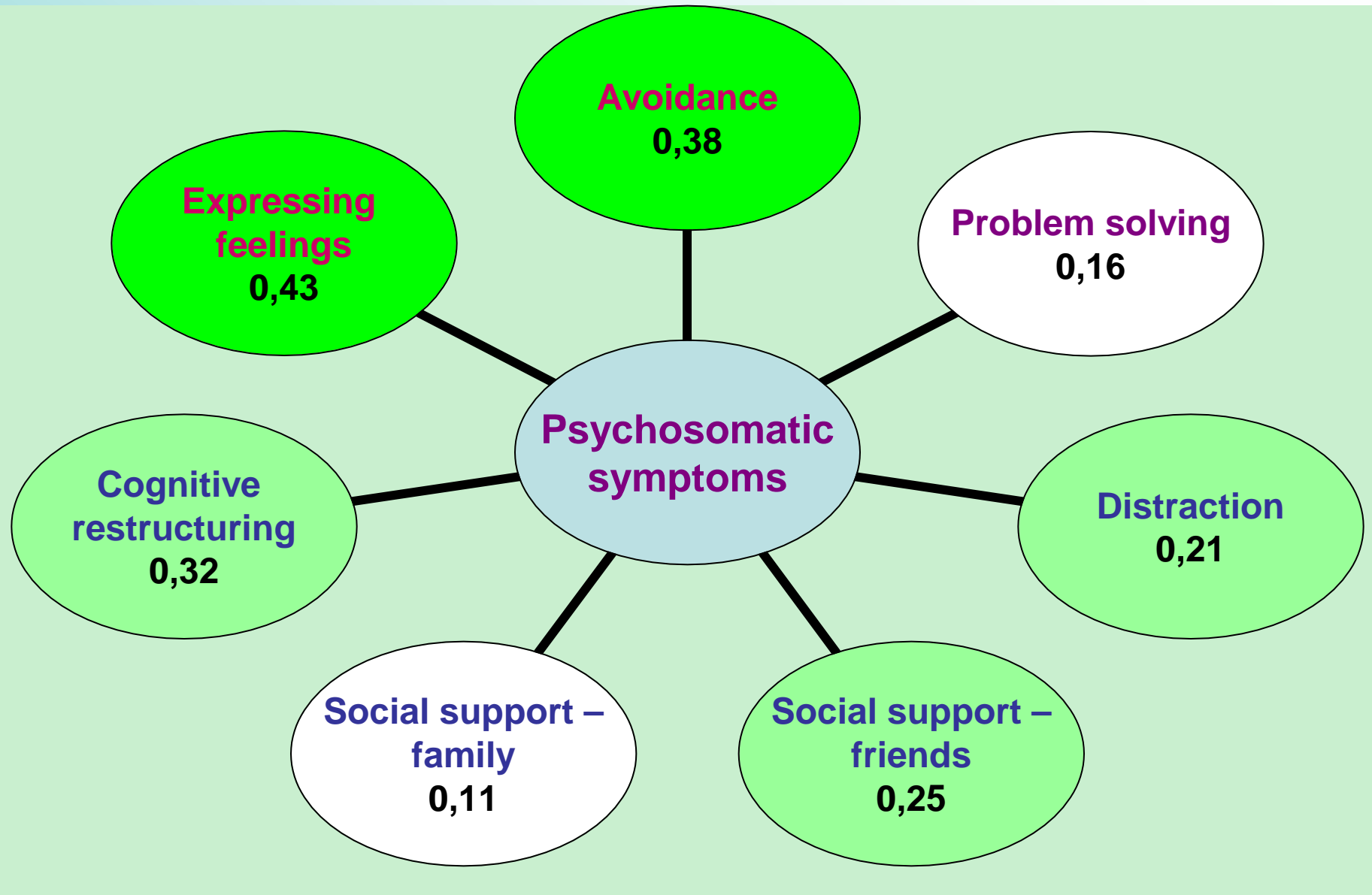
<i>Measures</i>	<i>No. of items</i>	<i>Range</i>	<i>Cronbach alfa</i>
<b>PSS - The Psychosomatic Symptoms Questionnaire for Children and Adolescents</b>			
<i>Symptom frequency</i>	35	35-140	0,89
<i>Symptom severity</i>	35	35-105	0,93
<b>SUO - The Coping Strategies Inventory for Children and Adolescents</b>			
<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

# RESULTS

- **Prevalence.** In the sample of 275 children aged from 11 to 16 years it was assessed how frequently children had had each of 35 physical complaints in the preceding three months. More than half the sample (60%) indicated on the PSS from 6 to 15 physical symptoms. The most commonly reported symptoms were weakness and tiredness (72%), headaches (69%) and nausea (56%).
- **Age and gender differences.** There are significant age and gender differences (established with ANOVA) in the rates of psychosomatic symptoms: the total number of psychosomatic symptoms is higher among girls than boys and it tends to increase in rates with age only in girls sample. According to the specific symptom clusters, the differences are found for the pseudoneurological, gastrointestinal and dermatological symptoms

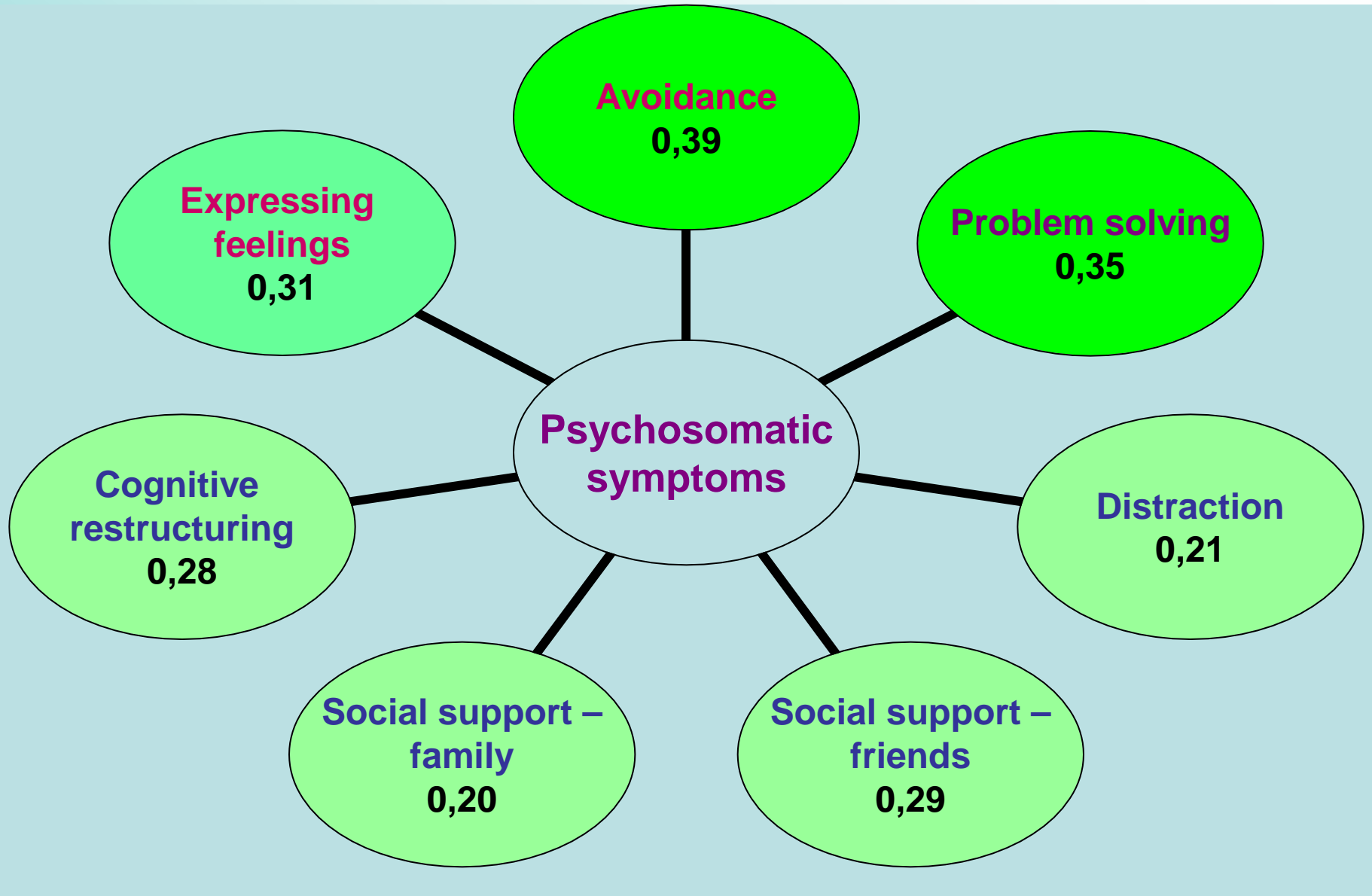


# PSYCHOSOMATIC SYMPTOMS – COPING STRATEGIES in GIRLS



- **Correlations.** Table 3. presents correlations between PSS and the measure of coping strategies, separately for boys and girls. All the coping strategies were significantly related to PSS total score, with boy's report of using Avoidance and girl's report of using Expressing feelings, being most highly associated with the number of psychosomatic symptoms.
- Avoidance and Expressing feelings are coping strategies that are most correlated with somatic complaints in this sample. Children who used a more emotion- focused coping strategies like avoidance and expressing feelings were more likely to report physical symptoms, in contrast to those who used a family support coping strategies and were less likely to have physical complaints. Similar results were found in numerous previous researches suggesting that aactive ways of coping like problem solving, cognitive distraction, self-calming and asking for help from others, contribute to the better adaptation and decrease psychosomatic symptoms.

# PSYCHOSOMATIC SYMPTOMS – COPING STRATEGIES in BOYS



# Conclusions

The results show a considerable contribution of different aspects of coping functioning to the health and development of somatic problems in the period childhood. However, it is important to state that different coping strategies have different effects to boys and girls psychosomatic complaints.

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](mailto:avulic@unizd.hr);  
<http://personal.unizd.hr/~avulic/>