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PSYCHOGENIC PAIN IN SCHOOL GOING CHILDREN

Psychology

KEYWORDS: BASC-2, remedial education, guidance, positive parenting counselling

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ABSTRACT

The present study to examine psychological Stressor causing psychogenic pain (Autonomic, gastrointestinal and Muscular). 112 (52 boys and 52 girls) , School going children (boys and girls) who referred by doctors for pains (Autonomic, gastrointestinal and Muscular), poor scholastic performance and behavior problem. Age range from 7 to 16 years were recruited based on random sampling. They were administered the Behaviour Assessment system for children, second edition (BASC-2)- Cecil R. Reynolds, PhD, and Randy W. Kamphaus, PhD, the sample group. The Study showed that clinically factors and adaptive behaviour are the major common stressors factor in triggering psychogenic pain (autonomic, gastrointestinal, and muscular) among school going boys and girls. This highlights the importance of periodic assessment of both behaviour and academic records of children in our environment. Parents and Teachers are encouraged to pay more attention to those students with behavioural problem by closer supervision of their educational and other social activities so as to improve their academic performance and behaviour problem

Introduction

The prevalence of pain complaints in children is a serious problem. Number of school going children between the ages of 8 and 16 years of age, approximately one –third of children report pain at least once a week. Pain complaints that involve the autonomic, gastrointestinal, and muscular system are highly prevalent in school going children. See table no. 1.1

Table no. 1:1 Somatic symptoms in school going children

Autonomic	Gastrointestinal	Muscular
Dizziness	Vomiting	Back Pain
Headache	Diarrhea	Joint Pain
Chest pain	Nausea	
Palpitations	Abdominal pain	
Trembling		
Diaphoresis		

Sometimes a child or adolescent complains continually of a discomfort or a pain (autonomic, gastrointestinal, and muscular system) for which a physician cannot find a cause. The pain or the discomfort, however, is very real to the child. When physical complaints have no apparent medical basis they may be a reflection of a stress, educational, emotional related, cognitive base, family, social situation and etc. Many studies performed in children have shown a relationship between somatic complaints and impaired emotional functioning. Emotional problems such as in creased level of stress, excessive experience of negative emotions, and symptoms of depression or feeling of fear co-occur with an increase in somatic complaints (Compo st al., 2004; De waal, Arnold, Eekhof, & Van Hemert, 2004). Psychogenic stress, as it affects the body and the mind, can play a role in the origin and course of some illnesses. Psychogenic stress can influence how a child or adolescent. The basic idea is that this impaired emotional functioning prevents children from dealing effectively with their negative emotions. This inadequacy enhances the probability of high and prolonged stress levels. It is currently widely recognized that severe and chronic stress has a negative effect on people's biological functioning and in the long-term may cause (irreversible) organic damage (Bhatia & Tandon, 2005; Segerstrom & Miller, 2004). Studies suggest that between 10% and 30% of patients coming to see their paediatricians, psychiatrist have a social, emotional, or psychological component to their physical concerns.

Most of the children are more prone to developing pain (autonomic, gastrointestinal, and muscular system) than others. These children experience frequent pain over a period of several months to several years, which can be very disrupting in the child's life. School going Children do not have the verbal ability to express their feelings and emotions until 8 or 16 years of age. Therefore, when they feel the effects of an emotion internally and cannot identify it, it seems like a physical issue to them and that is how it is expressed. Due to (developing a fear), these children often miss out on family events, educational issues, peer group, social and attending school. Stepping out of normal life in this way makes these children vulnerable to loneliness, anxiety, depression and low self-esteem.

Somatoform Disorders is the relatively new term used in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) replaces somatoform disorders with somatic symptom and related disorders and makes significant changes to the criteria to eliminate overlap across the somatoform disorders and clarify their boundaries. The changes better reflect the complex interface between mental and physical health.

Although it is common for children to report recurrent physical symptoms with no physical cause, the actual diagnosis in children is rare, because the criteria for Somatoform Disorder were established for adults.

Stress can also appear in physical symptoms such as stomach aches and headaches. If a child makes excessive trips to the school nurse or complains of frequent stomach-aches or headaches (when they have been given a clean bill of health by their physician), or if these complaints increase in certain situations (e.g., before a big test) that child may be experiencing significant stress. Because children are often not familiar with the word stress and its meaning, they may express feelings of distress through other words such as "worried," "confused," "annoyed" and "angry." Children and teens may also express feelings of stress by saying negative things about themselves, others, or the world around them (e.g. "No one likes me," "I'm stupid," "Nothing is fun.").

Problems with family functioning contribute to pain in children; however, few studies have systematically evaluated and measured these problems. Parents of children with school avoidance and separation anxiety have an increased rate of panic disorder and

agoraphobia.

Dysfunctional family interactions that correlate with pain include over dependency, detachment with little interaction among family members, isolation with little interaction outside the family unit, and a high degree of conflict. Communication problems within families, problems in role performance (especially in single-parent families), and problems with family members' rigidity and cohesiveness also have been identified. In fact, many parents of children who suffer from psychogenic pain show increased levels of anxiety and somatization themselves.

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- Aim and Objectives of the Study:-
- The study was conducted with following objects in mind:
- To study the psychological Stressor causing psychogenic pain (Autonomic, gastrointestinal and Muscular).

Hypotheses

- Stressors are more prominent on psychological type headache amongst adolescent's boys and girls.

Material & Methods:

1. Place of Study: This study was conducted at central India Nagpur (Maharashtra)

2. Period of Study: June 2012 to July 2015 (36 month)

3. Inclusion Category

- School going children (boys and girls) (Age group 7 to 16 years)
- School going children (boys and girls) who referred by doctors for pains (Autonomic, gastrointestinal and Muscular), poor scholastic performance and behavior problem.

4. Exclusion

- School going children (boys and girls), (who complain pains for more than six months), at different schools from central India Nagpur.

5. Sample size: School going children who complain pains (Autonomic, gastrointestinal and Muscular), (more than 6 months), referred at Medical College NKPSIMS & LMH ,Nagpur were included in the study (N=112)

6. Study Design: Cross sectional study (Questionnaire based)

Measuring Instruments-

A checklist developed by **Cecil R. Reynolds, PhD, and Randy W. Kamphaus, PhD**

–Behaviour Assessment system for children, second edition (BASC-2), was used to assess Clinical scale under – 10 different categories and adaptive scale factors among children under 5 different categories.

Areas Studies:

Clinical Scale	Adaptive Scale
1. Hyperactivity	1. Adaptability
2. Aggression	2. Social Skills
3. Conduct Problem (Age 6-21 only)	3. Leadership (Age 6-21yrs)
4. Anxiety	4. Study Skills (Age 6-21yrs)
5. Depression	5. Functional Communication
6. Somatization	6. Adaptability
7. Attention Problem	
8. Learning Problem (6 To 21)	
9. Atypicality	
10. Withdrawal	

Behaviour Assessment system for children, second edition (BASC-2), - which includes total of 160 Validated Questions.

Statistical Analysis

The obtain data were statistically analyzed by applying descriptive (Mean, Standard Deviation, t-value) of significance of mean differences in term of various variable. We have entered all data in Microsoft Excel and further Statistical Analysis was done with the help of QI-Macros 2014 Software.

Procedure of Data collection

For collection of data from NKPSIMS & LMH Nagpur city of Maharashtra was chosen. By keeping age and gender requirements in mind the subjects were selected more than the required then the test of **Behaviour Assessment system for children , second edition (BASC-2),** was administered to determine why the school going children complains (autonomic, gastrointestinal and muscular), (more than 6 months), educational difficulties and behaviour problem , N 112 subjects have been selected randomly from different school going children's, which consists 112 school going students (boys 56 and 56 Girls).

First of all, checklist of trails was administered on the subjects to get their original viewpoint. The subjects were randomly selected sample in NKPSIMS and Lata mangeshkar Hospital and Research center Nagpur, school going Children (boys 56 and 56 Girls) each subjects took about 40min to respond on the entire above tools. A period of three years was devoted for the data collection.

Result

The Study conducted on adolescents between the age group 7 and 16 at NKPSIMS and Lata Mangeshkar hospital in Nagpur (Maharashtra) revealed that varying clinical and adaptive scale like hyperactivity, aggression, depression, attention problem learning problem, withdrawal, adaptability, social skills, and study skills has a significant effect on both school going children boys and girls. See table no. 1:2

Clinical scale

Table no. 1:2- Mean and SD of boys and girls along with their statistical significance of difference between mean

Area		Mean	SD	*t-value*	Null Hypothesis
Hyperactivity	Boys	55.83	156.46	5.794	Significant at P < 0.05 level
	Girls	43.43	157.42		
Aggression	Boys	56.31	111.22	3.470	Significant at P < 0.05 level
	Girls	49.65	173.64		
Conduct Problem	Boys	47.34	49.71	1.737	Non- Significant at P > 0.05 level
	Girls	45.33	65.44		
Anxiety	Boys	53.93	97.17	3.738	Significant at P < 0.05 level
	Girls	47.62	167.95		
Depression	Boys	49.65	58.46	0.513	Significant at P < 0.05 level
	Girls	48.89	121.20		
Somatization	Boys	68.74	81.46	0.729	Non- Significant at P > 0.05 level
	Girls	67.86	60.21		
Attention Problem	Boys	58.01	113.96	3.900	Significant at P < 0.05 level
	Girls	51.59	86.26		
Learning Problem	Boys	61.73	143.32	2.439	Significant at P < 0.05 level
	Girls	57.32	139.61		
A typicality	Boys	45.67	72.55	1.056	Non- Significant at P > 0.05 level
	Girls	44.22	95.82		
Withdrawal	Boys	52.05	114.78	-3.476	Significant at P < 0.05 level
	Girls	57.88	118.43		

*P < 0.05, SD- Standard deviation

Adaptive Skills

Table no. 1:3- Mean and SD of boys and girls along with their statistical significance of difference between mean

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Area		Mean	SD	t-value	Null Hypothesis
Adaptability	Boys	45.46	82.91	2.387	Significant at P < 0.05 level
	Girls	41.56	150.60		
Social Skills	Boys	48.29	174.72	1.502	Significant at P < 0.05 level
	Girls	45.75	126.04		
Leadership	Boys	49.51	89.49	-5.237	Non- Significant at P > 0.05 level
	Girls	41.12	125.40		
Study Skills	Boys	38.84	142.55	-1.476	Significant at P < 0.05 level
	Girls	41.79	188.70		
Functional communication	Boys	37.62	140.30	0.242	Non- Significant at P > 0.05 level
	Girls	37.06	251.14		

*P < 0.05, SD- Standard deviation

During the study period, a total (112), school going children aged 8 years to 16 years, were diagnosed psychogenic pain like - Autonomic (Headache 39% boys, and 21% girls, Chest pain 16% boys, and 18% girls, Dizziness 4 % boys, and 2 % girls, palpitations 2 % boys, and 2 % girls, trembling 4 % boys, and 0% girls and diaphoresis 0% boys ,and 0% girls), Gastrointestinal – (vomiting 20% boys, and 46% girls, abdominal pain 5% boys, and 4% girls, diarrhoea 0% boys, and 0 % girls and nausea 2% boys, and 0% girls), Muscular pain- (Back pain 2% boys, and 7% girls, joint pain 7% boys, 0% girls). See table no.1:4

Table no. 1:4- Percentages of children (boys and girls) of psychogenic pain (Autonomic, Gastrointestinal, Muscular pain)

Autonomic				Gastrointestinal				Muscular			
		NS	%			NS	%			NS	%
Headache	Boys	22	39%	Abdominal pain	Boys	11	20%	Back Pain	Boys	1	2%
	Girls	12	21%		Girls	26	46%		Girls	4	7%
Chest pain	Boys	9	16%	Vomiting	Boys	3	5%	Joint Pain	Boys	4	7%
	Girls	10	18%		Girls	2	4%		Girls	0	0
Dizziness	Boys	2	4%	Diarrhea	Boys	0	0				
	Girls	1	2%		Girls	0	0				
Palpitations	Boys	1	2%	Nausea	Boys	1	2%				
	Girls	1	2%		Girls	0	0				
Trembling	Boys	2	4%								
	Girls	0	0								
Diaphoresis	Boys	0	0								
	Girls	0	0								

Figure 1:1 Number of effective children (boys and girls), of psychogenic pain (Autonomic, Gastrointestinal, Muscular pain)

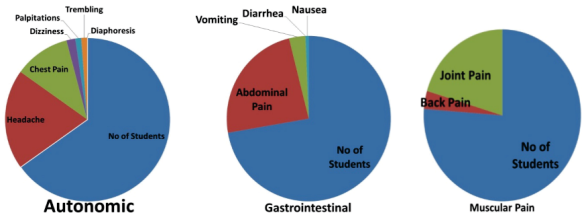
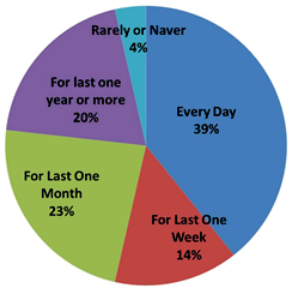


Table no. 1:5- Percentages of children (boys and girls) of duration of psychogenic pain

	Every Day		For last one Week		For last one Month		For last one Year/ 2year		Rarely or Never	
	NS	%	NS	%	NS	%	NS	%	NS	%
Boys	22	39	8	14	13	23	11	20	2	4
Girls	10	18	18	32	12	21	15	27	1	2

NS- Numbers of students
%- Percentage

Figure 1:2 Percentage of duration of psychogenic pain



School going children with AD/HD, constant motion, jumping about and unable to still for stories or meal. The school aged children will often talk excessively, fidget, or fiddle with anything within reach. Overt hyperactivity tends to decline with age, and children may appear merely to be restless. Current study 21% were found to have attention deficit disorder with hyperactivity, boys 32% and girls 9%. In current study boys easily distracted engages in off task activities, unable to sustain attention, impulsive, displays aggression, social deficits include having difficulty waiting turn, following rules, losing gracefully, curbing temper, showing consideration for other, frequently because overly excited or may act silly. In accordance with other studies higher incidence of ADHD and lower school achievements in children with tension type headache in comparison with children with migraine. One possible explanation is that low school achievements and symptoms such as inattention, hyperactivity and impulsivity, which often accompany learning difficulties, may be associated with stress in the family, with peers, and in school, each stress may in turn contribute to symptoms of tension type headache (Mazzone L, Vitiello B, Incorpora G, Mazzone D,Cephalalgia). See table no.1:6

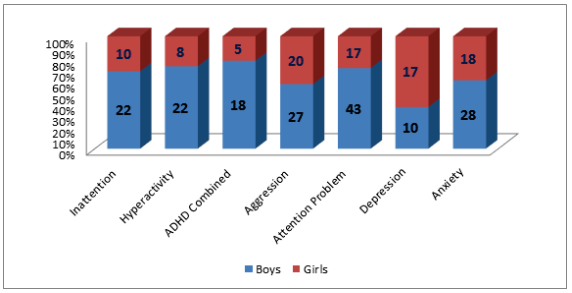
Table no. 1:6- Percentages of children (boys and girls) of clinical scale

	Inattention		Hyperactivity		Aggression		Attention Problem		Depression		Anxiety	
	NS	%	NS	%	NS	%	NS	%	NS	%	NS	%
Boys	22	39	22	39	27	48	43	77	10	18	28	50
Girls	10	18	8	14	20	36	17	30	17	30	18	32



NS- Numbers of students
%- Percentage

Figure 1:3 Numbers of effected children on clinical scale



Current study paying attention to children are thinking feeling, and physical changes their experience, when they are angry, around 27% boys and 20% girls, are showing aggression it would be expected that the more intense the feeling of anger, the more intense the emotion and physical response, associated with it.

Although these studies emphasized high stability of aggression over time, it is critical to enhance the understanding about the significant proportion of aggressive youth that do not maintain aggressive behaviour over time, and to recognize that a small portion of adult violent offenders had short-term escalation of aggression at late

onset (D.P. Farrington). Distinguishing whether adolescents' aggression is primarily reactive or proactive may suggest the therapeutic direction of prevention and treatment, as well as prognosis (D.F. Connor). If adolescents have reactive aggression, they most likely have impaired social cognitive processing that misinterprets information and can be responsive to cognitive behavioural therapy that provides an alternative approach to fearful stimuli than reacting aggressively (AE.Kazdin). Current psychological theory suggests that the interactive nature of many of these new media may lead to more powerful effects on children's behaviour than are found with more passive media such as TV, movies, radio, video games, mobile, computers. In this study school going children many of expending hours of violent media each week. Children whose parents discuss the inappropriateness of television violence with them or restrict access to violent television shows report lower aggressive tendencies than children whose parents do not discuss television violence or restrict access to violent television shows (Nathanson). See able no. 1:7

Table no. 1:7- Percentages of children (boys and girls) of expending time in media

	Television		Movies		Radio		Video Games		Mobile		Computers	
	NS	%	NS	%	NS	%	NS	%	NS	%	NS	%
Boys	11	20	6	11	3	5	17	30	14	25	5	9
Girls	18	32	7	13	2	4	9	16	13	23	7	13

NS- Numbers of students
%- Percentage

Depression as a clinical syndrome is commonly described by feelings of sadness, despair, emptiness, or loss of interest or pleasure in activities occurring nearly every day, around 10% boys and 17% girls facing depression in current study, most of school going girls do not express her needs, thoughts, or feeling in order to keep the peace, feel empty and confused, they stopped expressing her hopes and goals. Although relatively few in number, recent studies have documented the clinical course of the disorder, and its debilitating toll in terms of academic and social functioning (Gotlib & Hammen, 1992). Acknowledging the significance of the problem of depression in youngsters, attempts at downward extensions of adult models of depression also have increased in recent years (Hammen, 1990).A significant correlation between anxiety and depression would be expected, given the high level of comorbidity between childhood anxiety and depression (Curry and Murphy, 1995).

In current study learning difficulty 71% boys, and 79% girls, learning disorder 64 % boys, and 38% girls, teacher exaptation (homework) 48% boys, and 52% girls, parents high exaptation (education) 57% boys, and 67% girls, phobia- parents 79% boys, and 84% girls, teachers 52% boys, and 45% girls, examination 82% boys, and 57% girls. Children with learning disabilities may have problems with Academics, social, home and emotional aspects. Children with dyslexia have deficits in "phonologic awareness", which consistently distinguish them from those who are not reading-impaired (Shaywitz & Karande S,Kulkarni M.)

Students with undetected learning disabilities might demonstrate undesirable behaviour for a variety of reasons. They might feel angry, sad, lonely, frustrated, or hopeless as a result of focusing on their difficulties. Frustration might arise out of the students' level of performance compared to their level of actual ability, lack of understanding of why they struggle to perform the task or sometimes the inability to communicate in an appropriate way. A student might also exhibit inappropriate behaviour in order to avoid the frustrating task itself. At other times behaviour might result from poor self-esteem, connected to the student's focus on what he/she can't do; or a student might quit trying, believing that no matter how hard they try they will never attain success. Other behaviour might be the result of an emotional disturbance. lack of concentration, fear of teachers, fear of repeating the same class, lose interest in studies, excessive anxiety, previous class result, poor preparation, Fear of annoyance of (disappointing) parents, competition among classmates, were found significant while only poor preparation of exams was found insignificant (Asma Maryam, Muhammad Arshad Dahar 1 and Muhammad Imran Yousuf)

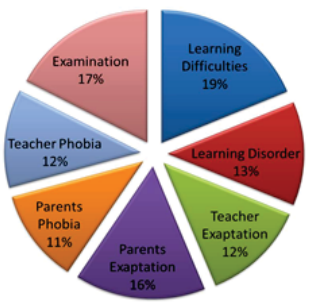
This study reveals that almost 19% students are suffering from learning disability in the schools in the study area. Learning disabled children are exhibiting significant behavioral problems than normal children. Children with a learning disability were having more hyperactive, aggressive and had lesser day dreaming and personality problems.(G. Sridevi1, A.G.George , D. Sriveni1 , K. Rangaswamy 2016). Parent and teacher expectations are high, then academic achievement will be positively affected, and the student will be more academically successful. From a transcultural perspective, social workers would have an ethical responsibility to develop culturally competent educational programs for parents and teachers in order to raise their awareness about the unique challenges of immigrant Mexican students, their impact on the student's academic achievement, and how to best communicate high expectations (Griselda Cervantez).See table 1:8

Table no. 1:8- Percentages of children (boys and girls), learning difficulties, LD, exaptation, and phobia

	Learning Difficulties		Learning Disorder		Teacher high exaptation (Home work)		Parents high exaptation (Education)		Phobia					
									Parents		Teachers		Examination	
	NS	%	NS	%	NS	%	NS	%	NS	%	NS	%	NS	%
Boys	40	71	36	64	27	48	32	57	44	79	29	52	46	82
Girls	44	79	21	38	29	52	38	67	47	84	25	45	32	57

NS- Numbers of students
%- Percentage

Figure 1:4 Percentages of effected children – learning difficulties, LD ,teacher/parents expiation, phobia.



Adaptive skills demonstrate situational specificity, or the ability of a person to match skills to current environment and to change behaviour to fit the specific demands of any situation. Thus, children's adaptive skills are influenced by the demands of specific situations and environments, including home, school, communication, and community, and by the expectations of important people within the environments. See table no. 1:9

Table no. 1:9- Percentages of children (boys and girls) of adaptive scale

	Adaptability		Social Skills		Leadership		Study Skills		Functional communication	
	N	%	N	%	N	%	N	%	N	%
Boys	20	36	17	30	14	25	48	86	42	75
Girls	31	55	25	45	34	61	36	64	48	86

NS- Numbers of students
%- Percentage

Figure 1:5 Percentages of effected children (boys and girls) on adaptive scale

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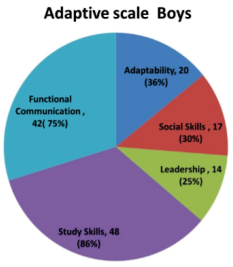

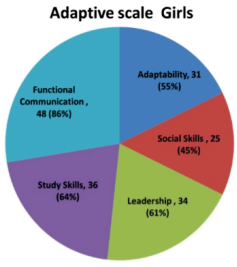

Adaptive skills are important components within everyday competence. The construct of conceptual intelligence, or the skills measured by traditional intelligence tests, is distinguished from everyday competence. There is some controversy about whether social intelligence really exists in a manner similar to cognitive intelligence and the extent to which it can be developed through learning experiences (Weare, 2010). Many researcher's proposed that school curricula must provide learning experiences that address students' development in the cognitive/academic, emotional, social, and moral domains (Cohen, 2006; Elias, & Arnold, 2006; Narvaez, 2006, Zins, Weissberg, Wang, & Walberg, 2004).

Conclusion

The Study conducted in Nagpur (Maharashtra) showed that clinically factors and adaptive behaviour are the major common stressors factor in triggering psychogenic pain (autonomic, gastrointestinal, and muscular) among school going boys and girls. This highlights the importance of periodic assessment of both behaviour and academic records of children in our environment. Parents and Teachers are encouraged to pay more attention to those students with behavioural problem by closer supervision of their educational and other social activities so as to improve their academic performance and behaviour problem.

Limitation of the research

- Limited sample size
- Areas based research

Future research is required to further delineate and characterize the prevalence, frequency, and psychosocial correlates related to the psychogenic pain.

Future prospect study should be developed in cooperating large sample size and mass study with appropriate methodology to capture the frequency and prevalence of psychogenic pain, and management.

Ethical Clearance: Obtained from institutional human ethical committee.

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