



A CLINICAL STUDY OF PSYCHOGENIC PAIN IN SCHOOL GOING CHILDREN BETWEEN 7 TO 16 YEARS AGE WITH BEHAVIOR PROBLEM - A CROSS SECTIONAL STUDY

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ABSTRACT

AIM AND OBJECTIVES OF THE STUDY:- 1) To study the psychological difficulties causing psychogenic pain (Headache, Abdomen Pain, and Chest Pain etc.) 2) To examine the level of comorbidity between headache and psychological difficulties such as hyperactivity, aggression, learning problem, depression and anxiety. 3) To examine the academic difficulties like (Learning disorder/ parenting exaptation/ fear) associate with psychological pain. 4) To examine the Vision Problems Like (Frequent eye rubbing or blinking, Short attention span, Avoiding reading and other close activities, Frequent headaches, Tilting the head to one side, Holding reading materials close to the face, Seeing double, Losing place when reading and Difficulty remembering what they read). 5) To examine and see the psychological impact on adaptive skills in school going children. Sample for the study includes 112 school going children (boys 56 and 56 Girls) between the age group of 7-16 years, from different (CBSE, State board) schools from Raipur.

RESULT- Study showed statistically significant differences in all areas of hyperactivity, aggression, anxiety, depression, attention problem, learning problem, statistically not significant in somatization both gender means showed high difficulties at the level of <0.05. 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.

CONCLUSION- Study showed that psychological difficulties are the major common stressors factor in triggering psychogenic pain 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.

KEYWORDS : WISC-IV, Woodcock Johnson (WJ- 3), BASC-2, counselling and guidance.

INTRODUCTION –

Psychological Headaches in school going children are common and usually aren't serious. Like adults, most of the children are developed different types of headaches, including migraine or stress-related (tension- educational, social, family) headaches. Children can also have chronic daily headaches.

In some cases, headaches in children are caused by an infection, high levels of educational, examination, peer group related, family financial stress, anxiety, or depression.

The term "psychogenic" headache was introduced in the 1930s, when the field of psychosomatic medicine was developing. Psychogenic headache was considered to be "symbolic distress" relative to head function rather than distress originating in psychophysiological mechanisms (Kolb 1959). Weiss and English stated that psychogenic headaches were "reflex headaches" in that they were caused by conscious or unconscious emotional stress (Weiss and English 1943). Headache improvement was noted following emotional releases (Kolb 1959). Because the head is commonly regarded as the portion of the body that controls consciousness, memory, talent, intellectual activity, cognition, and judgment, we begin to understand how the patient may use the complaint of headache as a means of expressing anxiety.

Headache and psychological problems Headache symptoms have been associated with different psychological and psychosocial problems, as well as child and parental psychopathology in both community and clinical samples. It is quite common for individuals with headache complaints to have other somatic problems like abdominal pain, chest pain, back pain, shoulder pain, neck pain, etc. (Carlsson, Larsson & Mark, 1996; Egger, Costello, Erkanli & Angold,

1999; Just U., Oelkers, R., Bender, et al., 2003; Liakopoulou Kairis et al., 2002; Smith, Martin-Herz, Womack & Marsigan, 2003). In a school sample study, Martin-Herz, Smith and McMahon (1999) found that those with frequent headaches had lower levels of physical functioning, more interference with daily activities, as well as more missed school days in the past six months compared to subjects with infrequent headaches. It appears that severe recurrent headaches and associated illness behavior can lead to serious developmental problems when they are accompanied by school absence, refusing behaviour, academic problems (learning disorder) and withdrawal from social activities.

The psychogenic stress response immediately causes specific physiological, psychological, and emotional changes that enhance the body's ability to deal with a threat - to either fight with or flee from it - which is the reason the stress response is often referred to as the fight or flight response. Part of the psychogenic stress response changes include stimulating the nervous system, since stress hormones are simulants, and heightening our senses, including the eyes since the eyes are sensory organs.

A child may not tell you that they has a vision problem because they may think the way they see is the way everyone sees. The child shows sign or indicate visual problem like- Frequent eye rubbing or blinking, Short attention span, Avoiding reading and other close activities, Frequent headaches, Tilting the head to one side, Holding reading materials close to the face, Seeing double, Losing place when reading and Difficulty remembering what they read. Visual acuity is directly associated with anxiety and depression, but only for subjects with limited access to family support. (Burmedi.D et al.2002, Barron et al. 1994, Opergard et al. 1984). In addition, results indicate that high quality social support correlates with fewer

depressive symptoms and better adaption to vision loss. (Reinhardt JP. 1996). It is important for family members and communities to understand eye disease and eliminate any associated stigma that can further worsen social isolation.

Aim and Objectives of the Study:-

The study was conducted with following objects in mind:

- To study the psychological difficulties causing psychogenic pain (Headache, Abdomen Pain, and Chest Pain etc.)
- To examine the level of comorbidity between headache and psychological difficulties such as hyperactivity, aggression, learning problem, depression and anxiety.
- To examine the academic difficulties like (Learning disorder/ parenting exaptation/ fear) associate with psychological pain.
- To examine the Vision Problems Like (Frequent eye rubbing or blinking , Short attention span, Avoiding reading and other close activities, Frequent headaches, Tilting the head to one side, Holding reading materials close to the face, Seeing double, Losing place when reading and Difficulty remembering what they read).
- To examine and see the psychological impact on adaptive skills in school going children.

MATERIAL & METHODS:

- 1. Place of Study:** This study was conducted at Shri Aurobindo Medical and Research Centre, Pachpedi Naka ,Raipur.
- 2. Period of Study:** June 2016 to July 2018 (24 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, poor scholastic performance and behaviour problem.
- 4. Exclusion**
 - School going children (boys and girls), (who complain pains for more than two months), at different schools from Raipur.
- 5. Sample size:** School going children who complain pains (Autonomic, gastrointestinal and Muscular), (more than 6 months), referred at Shri Aurobindo Medical and Research Centre, Pachpedi Naka ,Raipur 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.

Procedure of Data collection

For collection of data from **Shri Aurobindo Medical and Research Centre Raipur**, was chosen. Clinical profile of the study subjects was analysed and a detailed history including presenting complaints, duration of symptoms, socio economic status, medical history,

psychiatric history, socio demographic background, birth history, developmental history, personal and family history, school performance and school absence details were recorded from the parents, children and accompanying informants. A thorough physical examination was performed in all children including a general and systemic examination.

(Children studying in CBSE/State Board School, age group of 7 to 16 years scoring low grade level and below were identified with the help of children school progress report cards. As per simple randomization procedure done on students with low grade level and below, every alternate child starting from first student in the list was recruited into the study. Detailed history was obtained from parents. Each recruited child was subjected for visual and hearing tests to rule out visual and hearing impairments. Then these children were subjected to physical examination to rule out major medical problems. These children were also subjected to intelligence testing, learning disorder assessment to rule out learning disorder or other problem by using WISC-IV, woodcock Johnson-A achievement test. Following screening, each child subjected to Behaviour Assessment system for children, second edition (BASC-2), by using BASC-2 somatic complaints were assessed.

First of all, checklist of trails was administered on the subjects to get their original viewpoint. The subjects were randomly selected sample in Shri Aurobindo Medical and Research Centre **Raipur**, school going Children (boys 56 and 56 Girls) each subjects took about 40min to respond on the entire above tools. A period of two years was devoted for the data collection.

Statistical Analysis

The obtained data was 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 and further Statistical Analysis was done with the help of IBM- SPSS-25 software.

RESULT

The Study conducted on adolescents between the age group 7 and 16 at Shri Aurobindo Medical and Research Centre **Raipur** , 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

Clinical scale

TABLE NO. 1- 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

Functional communication	Boys	37.62	140.30	0.242	Non- Significant at P > 0.05 level
	Girls	37.06	251.14		

Adaptive Skills

TABLE NO. 2- MEAN AND SD OF BOYS AND GIRLS ALONG WITH THEIR STATISTICAL SIGNIFICANCE OF DIFFERENCE BETWEEN MEAN

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		

*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.3

TABLE NO. 3- PERCENTAGES OF CHILDREN (BOYS AND GIRLS) OF PSYCHOTOGENIC 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								

TABLE NO. 4- PERCENTAGES OF CHILDREN (BOYS AND GIRLS) OF DURATION OF PSYCHOGENIC PAIN

Gender	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

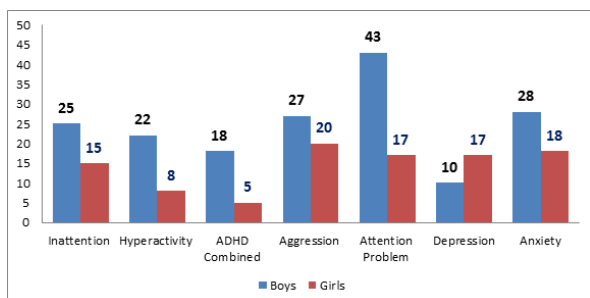
School going children with AD/HD, constant motion, jumping about and unable to still for stories or meal. The school aged children will often talk excessively, fidget, or fiddle with anything within reach. Overt hyperactivity tends to decline with age, and children may appear merely to be restless. Current study 29% were found to have attention deficit disorder with hyperactivity, boys 38% and girls 21%. 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.5

TABLE NO. 5- PERCENTAGES OF CHILDREN (BOYS AND GIRLS) OF CLINICAL SCALE

	Inattention		Hyperactivity		Aggression		Attention Problem		Depression		Anxiety	
	NS	%	NS	%	NS	%	NS	%	NS	%	NS	%
Boys	25	45	22	39	27	48	43	77	10	18	28	50
Girls	15	27	8	14	20	36	17	30	17	30	18	32
ADHD Combined (Boys/ Girls) 33/112 (29%)						Boys (ADHD) =21/ 56 (38%)						
						Girls (ADHD) = 12/56 (21%)						

NS- Numbers of students, %- Percentage

FIGURE 1- 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).

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 sadness 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

TABLE NO. 6- 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					
	NS	%	NS	%	NS	%	NS	%	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 2- PERCENTAGES OF EFFECTED CHILDREN – LEARNING DIFFICULTIES, LD, TEACHER/PARENTS EXIPIATION, PHOBIA.



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 6

Vision Problems Like (Frequent eye rubbing or blinking around 41% boys and 63% girls are facing problem , Short attention span around 66% boys and 64% girls are facing problem, Avoiding reading and other close activities around 79% boys and 86% girls are facing problem, Frequent headaches, around 100% boys and 100% girls are facing problem, Tilting the head to one side, around 32% boys and 620% girls are facing problem, Holding reading materials close to the face, around 9% boys and 14% girls are facing problem, Seeing double, around 5% boys and 2% girls are facing problem, Losing place when reading around 73% boys and 82% girls are facing problem, Difficulty remembering what they read around 93% boys and 49% girls are facing problem, and in current study no major visual difficulties found. See table no.7.

TABLE NO. 7- COUNTS AND PERCENTAGES OF CHILDREN (BOYS AND GIRLS), VISUAL PROBLEM

VISION PROBLEM									
Frequent eye rubbing or blinking		Short attention span		Avoiding reading and other close activities		Frequent headaches		Tilting the head to one side	
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
23 (41%)	35 (63%)	37 (66%)	36 (64%)	44 (79%)	48 (86%)	56 (100%)	56 (100%)	18 (32%)	11 (20%)
Holding reading materials close to the face		Seeing double		Losing place when reading		Difficulty remembering what they read		Major Visual Problem	
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
5 (9%)	8 (14%)	3 (5%)	1 (2%)	41 (73%)	46 (82%)	52 (93%)	49 (49%)	0 (0%)	0 (0%)

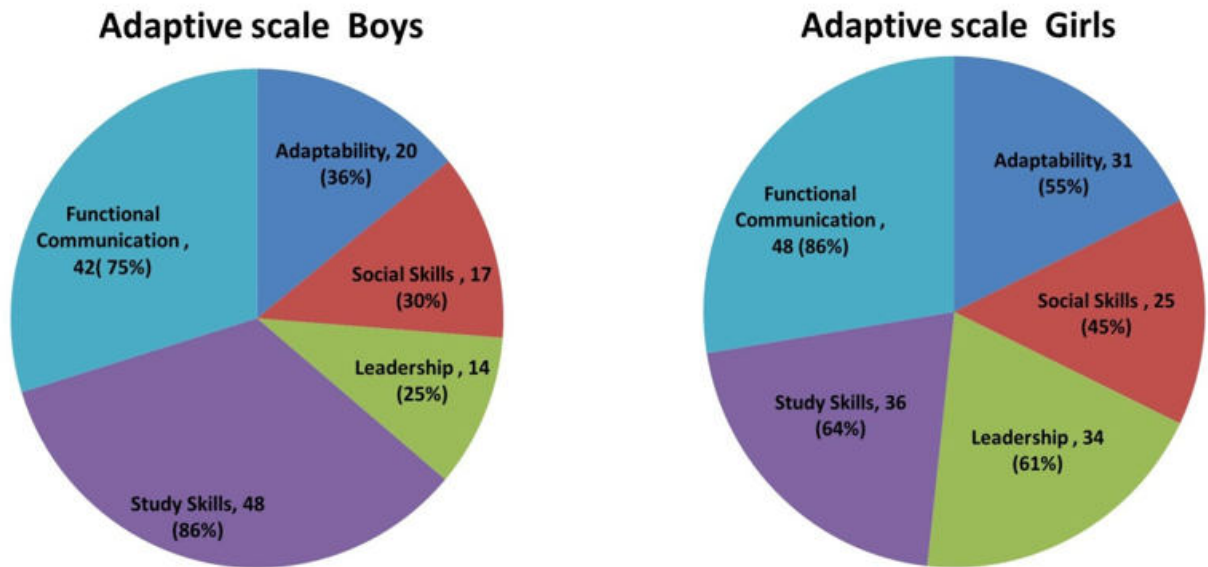
Adaptive skills demonstrate situational specificity, or the ability of a person to match skills to current environment and to change behaviour to fit the specific demands of any situation. Thus, children's adaptive skills are influenced by the demands of specific situations and environments, including home, school, communication, and community, and by the expectations of important people within the environments. See table no. 8.

TABLE NO. 8- 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 3- PERCENTAGES OF EFFECTED CHILDREN (BOYS AND GIRLS) ON ADAPTIVE SCALE



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 Shri Aurobindo Medical and Research Centre Raipur showed that psychological difficulties are the major common stressors factor in triggering psychogenic pain 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

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.

CONFLICT OF INTERESTS

The author declared no conflict of interests.

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