



ORIGINAL ARTICLE

Somatic complaints, emotional awareness and maladjustment in schoolchildren[☆]



A. Ordóñez^{a,*}, C. Maganto^b, R. González^a

^a Departamento de Personalidad, Evaluación y Tratamientos Psicológicos, Universitat de València, Valencia, Spain

^b Departamento de Personalidad, Evaluación y Tratamientos Psicológicos, Universidad del País Vasco, San Sebastián, Guipúzcoa, Spain

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KEYWORDS

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School age population

Abstract

Introduction: Somatic complaints are common in childhood. Research has shown their relationship with emotional awareness and maladjustment. The study had three objectives: 1) to analyse the prevalence of somatic complaints; 2) to explore the relationships between the variables evaluated: somatic complaints, differentiating emotions, verbal sharing of emotions, not hiding emotions, body awareness, attending to others' emotions, analysis of emotions, and personal, social, family, and school maladjustments; and 3) to identify predictors of somatic complaints.

Patients and methods: The study included a total of 1134 randomly selected schoolchildren of both sexes between 10 and 12 years old ($M = 10.99$; $SD = 0.88$). The Somatic Complaint List, Emotional Awareness Questionnaire, and Self-Reported Multifactor Test of Childhood Adaptation were used to gather information.

Results: The results showed that the prevalence of somatic complaints was 90.2%, with fatigue, headache and stomachache being the most frequent. Dizziness and headache were more common in girls, and the frequency of complaints decreases with age. Somatic complaints are negatively related to emotional awareness, and positively related to maladjustment. The variables that contribute the most to the prediction of somatic complaints are personal maladjustment (25.1%) and differentiating emotions (2.5%).

Conclusions: The study shows that personal maladjustment is the best predictor of somatic complaints; the more emotional awareness and better adapted the child, the fewer somatic complaints they lodge. Childhood is a stage with significant physical discomfort.

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* Corresponding author.

E-mail address: ana.ordonez@uv.es (A. Ordóñez).

PALABRAS CLAVE

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Adaptación psicológica;
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Quejas somáticas, conciencia emocional e inadaptación en población escolar**Resumen**

Introducción: Las quejas somáticas son frecuentes en la infancia. La investigación ha puesto de manifiesto su relación con la conciencia emocional y la inadaptación. El estudio tuvo 3 objetivos: 1) analizar la prevalencia de las quejas somáticas; 2) explorar las relaciones entre las variables evaluadas: quejas somáticas, diferenciar emociones, comunicar verbalmente emociones, no esconder emociones, conciencia corporal, atender emociones de otros, análisis de las propias emociones, inadaptación personal, inadaptación social, inadaptación familiar e inadaptación escolar, y 3) identificar variables predictoras de las quejas somáticas.

Pacientes y métodos: Los participantes, seleccionados aleatoriamente, fueron 1.134 escolares de 10–12 años (media \pm desviación típica = 10,99 \pm 0,88), de ambos sexos. Se aplicaron el Listado de quejas somáticas, cuestionario de conciencia emocional y el Test autoevaluativo multifactorial de adaptación infantil.

Resultados: Los resultados indicaron que la prevalencia de quejas somáticas es del 90,2%, siendo el cansancio, el dolor de cabeza y el dolor de estómago los más frecuentes. Los mareos y el dolor de cabeza son superiores en niñas y las quejas disminuyen con la edad. Las quejas somáticas se relacionan negativamente con la conciencia emocional y positivamente con la inadaptación. Las variables que más contribuyen en la predicción de las quejas somáticas son la inadaptación personal (25.1%) y diferenciar emociones (2.5%).

Conclusiones: El trabajo permite concluir que la inadaptación personal es la mejor predictora de las quejas somáticas, así a mayor conciencia emocional y mejor adaptación, menor es el número de quejas somáticas presentadas, siendo la infancia una etapa evolutiva con importante malestar físico.

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Introduction

Somatic complaints (SCs) are body-related perceptions with subjectively experienced unpleasant qualities.^{1,2} Twenty-five percent of children seen at the paediatrician's office have physical symptoms that are better explained as psychosomatic manifestations rather than medical conditions.³ Epidemiology studies show an increase in the prevalence of SCs, with 5–30% of children 8–16 years of age affected by them.^{3,6,7} Some studies identify stomachache as the most common SC, with a prevalence that ranges between 8% and 25% of schoolchildren,⁸ while others reported fatigue (12.1%)¹ or headache (58.5%) as the most prevalent.^{9,10} When we consider sex and age, the prevalence of SCs is higher in girls than in boys,^{1,8,10,11} and in early childhood and early adolescence.¹²

In the absence of identifiable organic causes, there is growing interest in the processes at play in psychosocial factors.^{2,5,10–14} This study analysed two possible factors: emotional functioning as manifested by emotion awareness, and the maladjustment of the child in various settings.

The association between emotional functioning and SCs^{2,15,16} suggests that alexithymia, a limited ability to identify and express emotions, is the main characteristic of individuals with SCs.^{17,18} There is evidence of this association in the paediatric population,^{13,19} as it has been observed that an inability to differentiate emotions and a strong bodily awareness in the course of experiencing emotion are predictors for SCs.^{13,20} Van der Veek et al² noted that children

with poor emotional awareness have difficulty recognising the emotions they experience and coping effectively with them. The use of maladaptive coping strategies leads to an increase in somatisation in response to the unresolved emotional conflict.²¹

Recurrent SCs can lead to psychosocial impairment and have a negative impact on the child's family life, ability to concentrate, cognitive development and academic achievement.^{4,9,16,21,22} Furthermore, children with SCs have poorer school attendance, participate less in extracurricular activities, and have poorer interpersonal relationships.^{4,5,9,10,22} Vila et al²² observed that 47% of children with SCs had difficulty concentrating, 30% missed school, and 24% spent time with friends less frequently. The presence of SCs as a result of personal maladjustment and social problems has also been studied. In this regard, conflict with peers or in the family environment leads to negative moods that in turn increase the likelihood of SCs.^{6,15,23,24}

In conclusion, SCs are common in childhood, yet there is little research on the subject.²⁵ There is evidence that the aetiology of SCs involves psychosocial factors in addition to medical factors. This underscores the importance of knowing the variables that may influence SCs in order to develop effective interventions.

In this context, we established three objectives: (1) to analyse the prevalence of SCs; (2) to explore the relationship between the variables under study; and (3) to identify predictor for SCs. Based on the findings of previous studies, we formulated the following hypotheses: (1) the prevalence

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