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Psychosomatic Disorders in Children: The Emotional Link to Physical Problems

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Introduction

The word, 'psychosomatic,' means mind or, psyche,' and body or, 'soma. A psychosomatic disorder is a disease involving both mind and body. Pediatricians are frequently confronted with physical symptoms that are either without clear medical etiology or where an emotional component appears to play a significant role in the child's illness. In fact, social, emotional, or behavioral problems can constitute up to 25% of visits in a pediatric practice (Vaughn 1. 1994).

Definitions

Psychosomatic symptoms are by definition clinical symptoms with no underlying organic pathology. Another definition by Tomas Jose Silber and Maryland Pao (2003) suggests the occurrence of one or more physical complaints for which appropriate medical evaluation reveals no explanatory physical pathology or pathophysiologic mechanism.

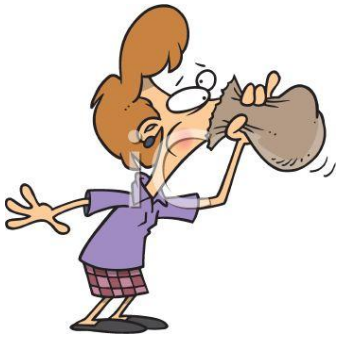
Here we must differentiate psychosomatic disorders from 'Somatoform disorders' which are a group of mental disorders in which children have subjective feelings of illness that are seemingly not supported by medical means. Somatoform disorders include conversion disorder, pain disorder, somatization disorder, psychogenic pain disorder, hypochondriasis, body dysmorphic disorder and undifferentiated somatoform disorder (DSM-5 criteria excludes hypochondriasis). To distinguish between psychosomatic and somatoform, one can say that the former depicts actual physical illness while the latter is only a subjective experience. Discussion about 'Somatoform disorders' is out of the scope of present article.

Common symptoms of psychosomatic disorders in children

Common symptoms seen in pediatric age group include abdominal pain, headaches, chest pain, fatigue, limb pain, back pain, difficulty in breathing and worry about health. The prevalence of psychosomatic complaints in children and adolescents has been reported.

Pain in abdomen, headache, pain in chest, vomiting, food intolerance, urinary urgency, low backache, generalized body ache, dysmenorrhea, bloating, muscle twitching, numbness of body parts, painful defecation are common psychosomatic symptoms observed in the well-designed study by Jaipal Bisht, et al (2008). The mean age of study group was 13.2 ± 2.8 years (range 8-18). The female to male ratio was 2.1:1.

Classification of psychosomatic disorders in children (Bhatia MS,2012)



A. Primary:

In this group a physiological disorder is already present and the psychosomatic element lies in emotional exacerbation of existing somatic symptoms. Diseases like asthma, irritable bowel syndrome, pruritus, qtopic dermatitis, hyperventilation syndrome also have psychosomatic roots.

B. Secondary:

No predisposing physical disorder can be identified. The psychosomatic element is apparent in the transformation of emotional disturbances into somatic symptoms. Anorexia nervosa is one such classic disorder.

Characteristics that favor psychosomatic basis for symptoms include vagueness of symptoms, varying intensity, inconsistent nature and pattern of symptoms, presence of multiple symptoms at the same time, chronic course with apparent good health, delay in seeking medical care, and lack of concern on the part of the patient (Brill SR et al, 2001).

Pathophysiology

Various organs of the body e.g. the skin, lungs, heart, stomach and intestines, which are not under voluntary control, are controlled by Autonomic Nervous System. The autonomic nervous system is under the control of the hypothalamus which in turn is very sensitive to any changes (external or internal) that may affect the individual's emotional equilibrium. The autonomic nervous system maintains the effective functioning of the body as a whole, but in cases of psycho-somatic illness, the nature of the stresses and the nervous responses to them produce a pathological reaction (Levenstein, S. 1987).

Causes of psychosomatic illnesses in children

Psychologist Leslie LeCron is credited with identifying the 7 common issues that cause psychosomatic symptoms or discomfort (Dabney M. Ewin, Bruce N. Eimer. 2006). Briefly, they are

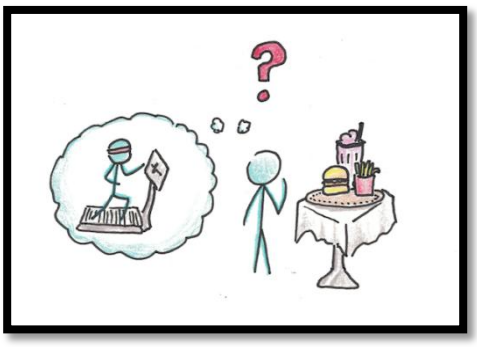
1. Conflict: A conflict occurs when a child feels he/she should do something but really want to do the opposite. The child is pulled in two directions, and this creates discomfort.

2. Organ language: Phrases in our everyday conversation that use a body part or organ in a negative way. For example, we say things like - My teacher is a pain in the neck. This may initiate a psychosomatic complaint.

3. Motivation: Sometimes children are motivated to have a symptom in order to solve a problem. For example; children getting sick to avoid school.

4. Past experience: One of the causes of symptoms is a very emotional episode that occurred in the past that is still affecting a person. Memory of a disturbing scene in the past may initiate a psychosomatic complaint like headache!

5. Identification: Identification occurs when there is a strong emotional attachment to another person who had or has the same symptom. An adolescent girl may present a psychosomatic symptom like low backache which she might identify with her grandmother.



6. Self-punishment: Sometimes a discomforting symptom can seem necessary to compensate for a feeling of guilt. The subconscious mind dispenses this as a form of self-punishment. Typically an adolescent girl with eating disorder may present with severe abdominal pain as a self punishment response to binge eating.

7. Suggestion: A child may be affected by the suggestion - a comment passed by an authoritative person. A comment by authoritative parent that the child may get giddiness after some specific activity may actually induce giddiness as a psychosomatic manifestation!

Apart from these typical 'psychiatric causes' the family organization also matters a lot in psychosomatic manifestations in children. An open systems family model presented by Minuchin et al (1975) describes three necessary (but not independently sufficient) conditions for the development and maintenance of severe psychosomatic problems in children:

(i) a certain type of stressful family organization that encourages somatization;

(ii) involvement of the child in parental conflict; and

(iii) Physiological! Vulnerability.

Manifestations of psychosomatic disease in a child

1. Psychosomatic reactions in children include reactions that occur when exposed to stress, which was manifested by headaches, sleep disorders, enuresis, vomiting, dizziness, tachycardia, lack of appetite, increased fatigue, daytime sleepiness, weakness, emotional liability, irritability, impulsiveness, hypersensitivity, weakening of attention, poor memory, tinnitus and autonomic manifestations. Psychosomatic reactions are usually short-lived. They arise directly after the children experience unpleasant or dangerous circumstances.

2. Functional psychosomatic disorders in children are connected, apparently, with a single adverse circumstance or recurring difficulties in life. They are not accompanied by damage of structures of organs and systems. Their manifestations are diverse disorders of the gastrointestinal tract (anorexia, abdominal pain, diarrhea, and constipation), cardiovascular system (chest pain, palpitations), respiratory (dyspnea, sleep apnea, "neurotic" cough), etc.

3. Specific psychosomatics (psychosomatic disease) - Stomach and duodenal ulcers, hypertension, bronchial asthma, atopic dermatitis, etc., are characterized by structural disorders of the corresponding organs and systems.

Diagnosis of psychosomatic disorders in children

1. A detailed interview of the child and his/her parents about symptoms - Nature, frequency, duration and association with other events is very important. Care should be taken not to deny or over-emphasize the symptoms.

2. A detailed physical examination to rule out pathological causes is essential.

3. Sometimes laboratory or imaging tests may be required to make sure that children do not have a physical disorder that could account for the symptoms. However, extensive laboratory tests are generally avoided because they may further convince children that a physical problem exists and unnecessary diagnostic tests may themselves traumatize children.

4. A timely referral to clinical psychologist and some well-designed neuro-psychometric assessments will also help to clinch the diagnosis.

For one of these disorders to be diagnosed, symptoms must be distressing or interfering with daily functioning, and children must be excessively concerned about their health and/ or symptoms in thoughts and actions.

At a pediatric clinic, Pune we studied over 3 months; 25 children (7 males and 18 females) between age group of 8 to 15 years who presented with distressing abdominal pain. After thorough clinical examination, laboratory investigations, imaging and abdominal ultra-sonography; 22 children out of 25 had one or other organic cause. Two of these 22 cases required surgical intervention. Rest 20 cases out of 25 settled with medical management. The 3 children (1 male and 2 females) who were having no significant organic finding; either clinical or investigation wise; were interviewed by clinical psychologist. Two of them had history of disturbed family environment and one child had adjustment issues with school. With cognitive behavior family therapy all the three children settled.

Management of psychosomatic disorders in children

Psychotherapy of psychosomatic conditions in children is much more effective than in adults for various reasons. The onset of the symptomatology is usually recent, the intra psychic conflict is in its first stages and during therapy the non-verbal communication is more applicable (play, art therapy etc.) (Lerodiakonou, C.S. 2001). Instead of single line of therapy; multimodal approach is useful. Some of the guideline principles are:

1. Educate the child regarding the interpretation of bodily sensations.
2. Develop and reinforce coping behaviors that reduce the 'advantage' associated with the 'sick' role.

3. Relaxation techniques, Yoga are useful; especially in adolescent children.

4. Identification and management of co-morbid conditions.

5. Cognitive behavior family therapy is proved to be effective therapy of many psychosomatic disorders (Mohammad Khodayarifard, 2012).

6. Medications - Anxiolytics and symptom specific medications are useful in selective cases.

Conclusions

Psychosomatic disorders are not very much uncommon in children. The changing lifestyle, family organization issues, stressful environment are important risk factors for psychosomatization in children. Differentiating organic disorders from psychosomatic presentations is very important; as it alters the approach radically. Cognitive behavioral family therapy forms the mainstay of managing psychosomatic disorders in children.