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COPING WITH STRESS AMONGST FAMILIES WITH CHILDREN SUFFERING FROM CHRONIC PSYCHOSOMATIC DISEASES – RECOMMENDATIONS FOR PSYCHOPROPHYLACTIC ACTIONS

Abstract

For over fifty years, psychosomatic medicine has been an organized branch of science. The crucial role in psychosomatic disorders is played by emotional factors which elongate the changes in the functioning of the immune and endocrynological systems (Szewczyk, 2001). Prolonged preservation of certain emotions leads to illnesses. Among skin conditions, atopic dermatitis proves to be a growing problem. It is chronically, troublesome and difficult to cure completely and its causes and occurrences is linked with mental conditions (Januszewska, 2001; Nowicki, 2009).

Literary analysis show that the disease occurring within the family system is one of the most acutely working stress stimuli for this family (Hoes, 1997; Plopa, 2004). Research conducted on patients with skin dermatitis (Benea, Muresian, Manolache, Robu, Diaconu, 2001) show health deterioration usually linked with accumulation of stressful events. These patients signalled a feeling of loneliness in the family and being severely punished by their parents. Polish research in this field were mainly conducted on adolescent patients suffering from acne and atopic dermatitis, and who came from families where the bond between the child and parent was too strong and the child's need to subordinate and meet the parent's demand, caused the symptoms of the illness to become more acute. (Tuszynska-Bogucka, 2007).

From the point of view of psychoprophylactics and because of the aforementioned facts, it seems necessary to analyze ways of dealing with stress and correct functioning of the family system where there is a child suffering from psychosomatic diseases.

Key words: coping, psychosomatic disease, childhood, prophylactics

Introduction

According to salutogenesis, health and illness create a continuum in which every person holds a certain (Pilecka, 2011). Health and development of children and adolescents are conditioned by the quality of the surrounding environment. Research results of the Fogarty Foundation (Pilecka, 2011, p. 8), show that 10 to 18% of children and adolescents up to 21 years of age, show full and untouched psychophysical fitness (za: Pilecka, 2011), hence attention to health and development of children should be the most important predicator to their high standard living as adults.

Issues concerning children's and adolescents' health, are proving to become of utmost interest through the world, as is understanding the problems connected with the primary and natural living environment, which is family, and its influence on a single. A family that takes care of an ill person and helps him get back to health, is often forced to change their plans.

Thus, a family often makes internal changes to help the ill person to regain full fitness. It can be said that on some level, the family is ill along with the child and that the situation of the patient cannot be looked upon without paying attention to the family situation (Swietochowski, 2008). Because of that, illness within a family should not be disregarded and lack of sufficient data motivates to deepen the specialist knowledge in this field.

While regarding the issues concerning characteristics of psychosomatic diseases, a certain inquests of developmental problems can be observed, namely that unexpected occurrence of an illness is not accepted by members of the family. It puts the family in a situation where it has to activate special abilities to reorganize its structure and function to meet the demands of the illness. In case of a persons' sickness, the family is the primary environment of that person and the entire family system has to struggle with it, creating special conditions for the patient and ensuring socio-emotional support.

A theoretical basis for these dissertations is on one hand the theory of systems and on the other stress theory, as an experience which is the consequence of the met difficulties and also up to date knowledge of the clinical picture of psychosomatic diseases which are allergies. Research conducted within these families make it possible to understand and describe the problems and difficulties faced by parents of chronically psychosomatically sick children. The aim of this thesis is to enrich the current state of awareness which may prove helpful in organizing suitable therapeutic influence.

Specification of chronic psychosomatic diseases on the example of allergies – literary analysis

It is estimated that even every third person on the planet suffers from allergies. These are usually children and young people. 10–25% of the population, which is even 500 millions people, suffers from hay fever. Depending on the country, 1–18% of the population develops asthma. 300 millions people in the world suffer from it. Atopic dermatitis is a typical condition for the early age of life as in 15–20% of cases it concerns children and only 1–3% adults. (*Nature Reviews Immunology*, 2006).

The results of ECAP program have provided valid data concerning the frequency of allergies in Poland (Samel-Kowalik et al., 2009). 22 700 people from 9 regions of the country took part in the program. Depending on the age, hay fever was present in 22–25% of the cases, asthma in 9–11% and atopic dermatitis in 4–9% (*Epidemiologia chorób alergicznych w Polsce*, 2009).

As the research results indicate, there is still much to do in Poland. The basis for taking action should be further, deepened analysis and research concerning how parents cope with their child's psychosomatic disease. This will help build a rational program addressed to the sick and their families, places of work and a widely recognized variety of medical environments.

An illness can disorganize the former functioning of the family system but is "being experienced by every member of that family as it demands placing oneself in a different role, undertake different actions which would be the most suitable as a reaction to the experienced stress" (Buczynski, 1999, p. 52).

For a psychosomatically sick person, the time of duration and intensity of the illness is important. In case of infectious diseases, limitations of everyday functioning are usually not severe and regaining health nearly full.

The most severe and long lasting obstacles in everyday functioning are linked with chronic diseases, which are usually untreatable and often lead to permanent loss of health. Additionally, they limit or make it impossible to be self-efficient. Characteristics of a chronic disease are longer duration, less acute course and irreversibility of the changes (Pilecka, 2002). A chronic disease may influence a family in two ways. On the one hand it may prove to be a factor which puts the family's integrity in danger and on the other hand the demand for rehabilitation may reintegrate it (Radochoński, 1987; Obuchowska, 1991; Kawczyńska-Butrym, 2001). According to Pilecka (2001), the dependency between the development of an ill child, the illness' course and the influence of the family system create a chain of mutual interaction with constant feedback. The researcher suggests that good family atmosphere favours effective rehabilitation of the patient. Also because a psychosomatic diseases, the entire scheme of relations within the family may change as well as the financial situation which is due to long-lasting costs of medication intake.

There have always been discussions concerning the definition of psychosomatic diseases. A psychosomatic disease proves a challenge for modern day medicine as to what to treat: the symptoms of the disease or its psychological background? (Luban-Plozza, 1995; Budzyna-Dawidowski et al., 2000; Szewczyk, 2006). Currently, it is possible to distinguish two main stands in this case. On the one hand it is the biomedical approach in which the physical condition of a person influences and is modified by his psychical state. On the other hand it is the general theory of systems which constitutes a starting point for system family therapies.

It is an interesting fact that the system approach tries to understand the psychosomatic disease in the context of family relations. A psychosomatic symptom has its meaning and after its decoding it transpires that it comprises of a biological and emotional component. In this approach, a psychosomatic disorder is a warning sign which must be understood as a disorder which influences the person suffering from it as well as his environment. (Luban-Plozza, 1995; Pilecka, 2002; Szewczyk, 2006).

As the therapeutic works of the author of the psychosomatic system family concerning children suffering from diabetes – Minuchina (1975), regardless of good medical care, some children experienced complications. It transpired that these children came from families characterized by entanglement, overprotectiveness, strict rules and a weak ability to resolve or to avoid conflicts. They were also characterized by triangulation which means engaging a third party into the conflict, which in turn poses a threat to a two person relation.

According to Minuchin (1975), the disease and the family's attitude towards it, organizes his family in a way that influences how the child reacts to the illness. The actions of the family trigger physiological factors, which in turn influence deterioration of the disease.

Other researchers, such as Horney (1926: after Namysłowska, 2003, p. 36), put emphasis on cultural factors in the development of psychosomatic disorders. According to them, the theory of systems is the most useful one when it comes to understanding the creating of the course of psychosomatic disorders. According to this theory, pathological behaviours are examined in categories of the entire system and the sickness of one family member indicates a problem for the whole family system (Namysłowska, 2003). The cause of many stress related occurrences may be the result of bad treatment of one another within the family, which in turn may cause or worsen psychosomatic symptoms (Pilecka, 2002). These symptoms may cause unfavourable changes in family interactions and even generate adverse events in terms of burdening. Reactions of a family system towards a chronic disease of its member, do not give a straightforward answer to the question of its true influence on the family.

However, reactions of the family which are aimed at mainly the state of balance, are becoming visible. In fear of altering the scheme of every day functioning, the family may strengthen the feeling of uncertainty and lead to additional

burdening, limit communication, trigger conflicts or suppress (Januszewska, 2001; Pilecka, 2002; Namysłowska, 2003; Tuszyńska-Bogucka, 2007).

Research prove that mothers more than fathers are burdened with caring for a sick child and this is mainly linked with bigger distress concerned with the illness rather than that concerning the rehabilitation process (Wyczesany, 2000). Research on expressing emotions within 32 families with children between the ages of 5 and 12 suffering from asthma, was carried out Hermanns, Florin, Dietrich and associates (1989: after Garthland, Day et al., 1999, p. 275). The findings show bigger criticism among fathers which was in turn linked to the children's absence from school. A negative correlation between the time devoted to children by fathers and the occurrence of illness symptoms, has been noticed. Different conclusions were reached by Schobinger and Florin (Ostrowski, 1995, p. 99) while examining 28 families of children with asthma. The authors deduced that both mothers and fathers of asthmatic children, more often show a critical attitude towards their children than parents of healthy ones and this criticism is linked with a more acute course asthma. However, the mothers proved to be more critical. Furthermore, the fathers' bigger engagement to rehabilitation and spending time with the sick child causes the course of the symptoms to be more benign. One can assume that because of the mothers' bigger burdening with their children's' health problems and their states of exhaustion, they become critical and anxious more often. Above that, a child with an allergy may more frequently than a healthy one, be hyperactive and show behaviour disorders.

Inter-family interactions have also become subject of interest for Norwegian long-term researches, carried out between 1987 and 1997 on a group of 100 children suffering from atopic dermitis (Gustafsson, 1997). In light of their outcome, it has been stated that dysfunctional interactions occurred within 37% of the examined families. These were families of newborns with early signs of whizzing cough. This dysfunctional problem was linked with how advanced the illness of the asthmatic children was when the improper interactions were indeed stated.

This group was also characterized by over protectiveness. Furthermore, the results show that fear caused by children having symptoms of whizzing cough, have a negative influence on family relations. Dysfunctional behaviour patterns cause the occurrence of tension within the family and they reduce the abilities to cope with problems and thus become risk factors of the disease to continue and occurrence of acute form of asthma.

A child's emotional development is constituted not by the specification of the illness itself but by the behaviour of people from their immediate surroundings. If, because of them, the situation of the illness is interpreted as danger and triggers an emotional type of coping, then the malfunctions in the child's existence will intensify. If parents can treat the demands and shortcomings connected with the child's illness in the category of challenges or tasks, then their behaviours will enable the child to keep internal balance and develop mechanisms of emotional control both in parents and children. (Pilecka, 2011).

Scientific research and all therapeutic doings should concern the child in the context of its relations with their closest environments (Pilecka, 2011). It has been observed that patients suffering from skin conditions show a larger number of stressful life situations that took place in the time preceding the illness. The results of the researches conducted on patients with atopic derimitis (Benea, Muresian, Manolache, Robu, Diaconu, 2001), indicate deterioration usually linked with an accumulation of stressful occurrences, especially concerning interpersonal relations. Literary analysis proves that sudden traumatic events like trauma may cause spot baldness. It has been indicated that in the period preceding the occurrence of symptoms, many of the sick went through psychical trauma or a difficult time incident. (Gupta, Gupta, Watteel, 1996).

The role of economic and social status, the size of the family, the way of feeding infants or pollution play significant roles in some researches, whereas in others they are not of much importance (Romanska et al., 2006). Romanska, along with her co-researchers, agrees that exposure to bacterial, animal and plant allergens in early childhood, has a positive impact on atopic disease prophylactic.

In accordance with the hygienic hypothesis, an atopic outburst occurs more often among children who have no siblings and are less often in danger of common inflammation. This hypothesis is not backed up by researches conducted by other authors, for example German ones, like: Zutavern, Hirsch, Leupold, (after: Romanska et al., 2006, p. 230).

They have not indicated a positive correlation between atopic dermitis and the size of the family. Contrary conclusions were introduced by Hungarian: Sebok, Schneider, Parangi (after: Romanska et al., 2006, p. 230), according to whom, an atopic outburst statistically concerned single children more often. However, the Hungarian researches did not take into account the fact of the child attending kindergarten and the frequency of common inflammations occurring.

A significant majority of theoretical and empiric analyses show the influence of a chronically sick person on the functioning of the entire family, although in subject literature the influence of a child's disease on marriage and its stability was seldom undertook. Giving birth to a chronically sick or a handicapped child may prove to be a factor both cementing and disintegrating a marriage. (Januszewska, 2001; Pilecka, 2002; Namysłowska, 2003; Tuszyńska-Bogucka, 2007).

In assessing the quality of life of families with children who suffer from atopic dermitis, the DFIQ (*Dermatitis Family Impact Questionnaire*) questionnaire was used. It assesses the influence of the child's illness on 10 spheres of family life, including: additional duties, preparing special meals, sleeping disorders amongst members of family caused by the sick child's symptoms. The questionnaire also takes into account the way of spending free time, additional expenses due to the sickness, the feeling of exhaustion amongst parents and the emotional relations amongst other members of the family (Teresiak et al., 2006). Lowering the standard of life concerns also the families of those suffering from atopic dermitis. A sick child sets higher standards for its loved ones, it needs specialist

care consisting of preparing a special diet, skin care, help in bathing and dressing and so on.

Frequent visits to the doctor are the cause of parents being made redundant. Subduing to rules and limitations leads to exhaustion and sleeping disorders. The sickness may cause a family crisis in the form of altering emotional ties. It often comes to them being either loosened or deepened. They are however dependent on the acuteness of skin irritation. As research have show, improvement of clinical condition of the sick child influences the improvement of the quality of family life (Teresiak et al., 2006; Lewis-Jones, 2006).

Sometimes taking care of a person suffering from atopic deritis forces restriction or resignation from professional work (Teresiak et al., 2006). Lack of pleasing effects of treating the sick person may lead to two extremes concerning the sick, especially if it is a child. This can be excessive concentration and sacrifice or indifference and helplessness. Overprotective parents try to exclude the child's independence by solving all problems for the child. This leads to lowering the child's self-confidence and ability to cope with difficult situations. Concentrating mainly on the sick child may cause conflicts when it comes to relations with other siblings who start to feel jealous or have the feeling of being rejected. Submissiveness towards the sick child may cause egocentrism to root itself and lessen sensitivity towards the needs of other family members. (Teresiak et al., 2006; Lewis-Jones, 2006).

The parents' attitude and personality have a crucial role in the child's personal development. It has been indicated that the family situation correlates with the level of intensifying the course of the sickness and the itching sensation. Mutual relations between the sick child and the family is crucial in curing atopic dermitis (Januszewska, 2001).

In the forties and fifties of the 20th century it has been discovered that atopic dermitis occurred more frequently among children who were rejected by mothers (Tuszyńska-Bogucka, 2007) or treated by them in a hostile or strict way. Other researches (Palos, Ring, 1984) suggest that parents of the sick children often suffered from emotional tension, a feeling of guilt and presented behaviours typical of over protectiveness. Sometimes this correlation showed these children's complete helplessness and inability to make their own, even petty, decisions.

Ways of dealing with stress amongst families with children suffering from chronic psychosomatic diseases – an overview of researches

The notion of adjusting to the sickness is directly linked to the problem of functioning of a family and ways of coping with the sickness. However, one must state that there exists no single definition of 'coping' with a chronic disease. According to Radochonski (1987), an adaptive system of the family coping with the illness is being adopted, which in turn is a process of mutual influence of abilities and sources as well as seeing elements that comprise a stressful situation and also emotional and behavioural reactions occurring in the family which struggles to regain its functioning balance (Radochoński, 1987). Stress factors influencing the family are of different backgrounds and cause specific changes in everyday life. They force a new division in duties, a change in the way of spending free time and master new, previously unknown abilities.

Stress is a recognized factor that provokes and sharpens the symptoms of psoriasis (Pietrzyk, 2006; Tuszyńska-Bogucka, 2007; Krasowska, Tuszyńska-Bogucka 2006).

Sudden, shattering events or recurring small burdens, escalate the symptoms that come with this disease. It has also a significant impact on causing and sustaining or worsening diseases such as prurigo, itch, too much sweating and eczema (Juszkiewicz-Borowiec, 1999). The percentage of people who suffered a disease which was preceded by a traumatically event is estimated at 10% to 68% (Tuszynska-Bogucka, 2007).

In works examining emotional reactions of parents to their children being diagnosed with chronic psychosomatic disease, the findings show that the occurrence of strong negative emotions. However some researchers suggest that parents deal with the child's disease differently and describe their emotions differently (Kerr, 2004).

Initially after Lazarus (1986), two form sort his reaction were distinguished: those aimed at the problem and those aimed at their own emotions. Later, coping concentrated on avoiding a meaning a consisting of using social support, was taken into account. The main role in Lazarus' concept is played by recognition assessment and transaction as a certain way of a single person functioning in relation with his or her surroundings.

Recognition assessment of a subject concerning balance between abilities and demands decides if the transaction is a stressful one.

His assessment is also a source of emotional reactions when faced with stress and also determines a stressful situation. One of the accusations that can be aimed at Lazarus' and Folkmans' concept (1986) is taking into account the timing context.

Hence, new concepts of dealing with stress take into account the time of occurrence of a stressful event. An example of it can be a classification proposed by Schwarzer and Taubert (1999), who distinguish 4 types in its occurrence:

(1) reactive which aims at compensating the pain nor loss;
(2) anticipative aimed at the event which is to occur in the near future;
(3) preventive linked with gathering reserves allowing to lessen the outcomes of future stressful events;
(4) proactive which concerns doping as special in the context of health requires a wider explanation.

Proactive coping with stress comprises 'autonomic and independent setting of goals which are a challenge and their consequent realization' (Schwarzer, Taubert, 1999, p. 86). So understood coping is aimed at motivating people to set ambitious goals and aspiring to their realization.

The main triggering force of his concept is searching for a challenge which is eased by the feeling of self-efficiency.

While Lazarus and Folkman (1986) state that coping is a process, other authors see it in categories of general disposition which is a way or strategy of coping. Research results on ways of parents coping with stress caused by cancer, which were conducted by Barbarin, Huges, Mesler in the eighties of the 19th century, allowed the identification of eight styles of coping with a difficult situation, concentrated on solving practical problems concerned with the child's curing process, searching for help outside of the family, sustaining the emotional balance, leaning on religion, staying optimistic, contradicting the diagnosis and accepting the situation.

Coping with stress within a family touched upon with a chronic disease includes three types of strategies (Olson et al., 1985). The first group is based on concentrating on family life and giving meaning to the disease. Another is based on maintain social life and professional perfecting, which favours good mental and physical feeling amongst family members. The third concentrates on supporting contacts with the medical staff and information flow with the parents of other children suffering from a similar disease. According to Olson (1985), there exist five groups of strategies of dealing with a difficult situation. These are: seeking social support, changing the definition of a stressful situation to a one possible to accept, seeking spirituals support, making use of help of institutions and organizations. The researches of Ochojska and Radochonski (1997), indicate that utmost importance, when it comes to dealing with a situation caused by a disease, is given to institutional help.

Summary

The frequency of allergies occurring around the world is growing and currently from 30% to 40% of the population suffers from it. It mainly concerns young people so it is only expected that at a later age the problems concerning allergies will deepen. More and more frequently, it can be observed that the occurrence of complex allergies in which bring prone to more than one allergen occurs and the disease affects more organs. The outcome here is a bigger number of people falling ill which in turn enforces more funds being given to public health institutions in order to cope with it. It can be foreseen that allergies will occur more frequently along with growing pollution and higher temperatures. This in consequence may lead to an increase in the number of diseases, deterioration of the quality of life, complications and a higher death toll as well as economic costs on the part of the patient.

From materials and analyses gathered, it transpires that patterns of paternal behaviour causes the occurrence of tension within families and reduce the abilities of coping with problems and thus become the risk factors of the disease to elongate itself. Researches concerning this topic show that the complexity and sudden occurrence of a disease causes the family to have interpersonal, existential, intellectual and instrumental problems (Radochonski, 1997; Pietrzyk, 2006).

The analysis of researches concerning dealing with difficult situation which is a child's disease, shows that coping with stress is usually viewed as a style or strategy. However, a chronic disease is not something 'finished' and thus coping with stress seen as a process, enables a deeper analysis of this phenomenon. (after: Heszen-Niejodek, 2000; Pisula, 2007). Currently, there are no researches which full show the process of how parents with chronically, psychosomatically sick children, cope with stress. In the overview of literature, the need of a more integrated approach surfaces, concerning both diagnostic and therapeutic issues. It is necessary to raise the level of social awareness concerning allergies and their prevention. Furthermore, educating medical care staff, concerning not only allergy departments but more importantly enabling cooperation with specialists from different fields in order to integrate caring for the sick person. It may however be anticipated that in face of the growing number of people falling ill, these shortcomings will soon be remedied.

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STYLES OF COPING WITH NEGATIVE EMOTIONS AND STRESS IN PATIENTS WITH HYPERTENSION

Abstract

The goal of the study was to answer the question: which and what are the specific styles of coping with negative emotions (anger, anxiety, sadness) and stress used by healthy individuals as compared to those suffering from hypertension?

The study involved 203 people from 50 to 65 years of age, where the clinical group consisted of 100 hospitalized patients suffering from hypertension and a control group of 103 healthy individuals. The study was carried out by using:

(1) The Questionnaire on Emotion Regulation (FEEL) and

(2) The Coping Orientations to Problems Experienced Scale (COPE).

It has been shown that in experiencing negative emotions and stress, non-adaptive styles and strategies for regulating negative emotions are characteristic of people with hypertension (resignation, withdrawal, self-humiliation, perseveration, $F = 7.44$, $p = 0.0001$), explaining 15.9% of the total variability of the results.

Using the method of cluster analysis on the distributions of results from both groups, six styles of coping with negative emotions and stress were identified: (1) defensive, (2) masochistic, (3) activist, (4) mildly defensive, (5) constructive and (6) confrontational ($F = 40.10$, $p = 0.0001$), showing in detail ($\chi^2 = 33.01$, $df = 5$, $p = 0.0001$) that styles 2 and 4 are more characteristic of the group of people with hypertension, whereas styles 3, 5 and 6 of healthy people. It should be noted that there is a convergence between the results obtained in this study and the research findings recently quoted in literature that cardiac symptoms associated with type "D" personalities as described by J. Denollet are characterized by a high frequency and intensity experiencing negative emotions and social inhibition demonstrated by the tendency to inhibit the expression of emotions, thoughts and behaviours.

Key words: negative emotions, stress, hypertension, coping styles, resilience