Summary

The aim of this thesis is to enlarge the knowledge about psychological influences on somatic complaints in children. Emotional and social factors are considered in children aged eight to thirteen. In chapter 1, a theoretical framework is provided for the studies described in this thesis. The assumption for emotional influences is that long-term or returning negative affect can lead to somatic complaints because of the accompanying physiological changes. In principle, these physiological changes help a person to respond. When they are prolonged for too long, however, this can cause somatic symptoms. It is therefore thought that somewhere in the processing of emotions (attention, appraisal, or reactions) there is a difference in children who develop somatic complaints. Following the alexithymia hypothesis, it is assumed that children who have difficulty labeling their emotions (part of appraisal), have an increased risk of developing somatic complaints. Based on the sense of coherence theory, it is assumed that the intensity aspect of appraisal matters. Children who perceived little control over negative situations would develop more somatic complaints than peers who perceive more situational control. This theory is extended to emotional control: a weak sense of control over emotions could also lead to more negative affect, and subsequent somatic complaints. Finally, it is explained that, although a neglected topic in the literature on somatic complaints, emotion regulation is an important aspect of the processing of emotions. It can therefore be expected that children who have a maladaptive emotion regulation, will have more somatic complaints.

The social influences are approached from different angles. Negative interactions with peers could lead to somatic complaints through negative affect. Sharing emotions, on the other hand, could perhaps have a positive effect, in the sense that children who easily share emotions would develop fewer somatic complaints. It is further thought, based on behavioral theory, that parents with solicitous behavior in response to somatic complaints could reinforce these somatic complaints in children.

In chapter two, children from the general population with few or many somatic complaints are compared with children visiting an outpatient medical clinic because of medically unexplained abdominal complaints in their self-reports of: depression, negative moods, situational control, and labeling emotions. Children with few somatic complaints, experience more negative affect, less control, and less difficulty with the labeling of their emotions. These emotional variables are, however, not helpful in distinguishing which children with somatic complaints visit an outpatient clinic. This finding indicates the significance of studying psychological influences on somatic complaints in the general population, where somatic complaints occur frequently.

In chapter three, the alexithymia hypothesis is further studied. Children with many somatic complaints indicate more problems with the labeling of emotions on self-report questionnaires than children with few somatic complaints. Different from the alexithymia hypothesis, however, it is not so much about the
differentiation of specific emotions, but rather the experience of not fully understood internal feelings. On various tasks that make observable children’s emotional labeling, children with many somatic complaints are even more differentiated about emotions than children with few somatic complaints. Children with many somatic complaints further more often indicate that situations would make them sad or scared, with higher intensities. Here, the link with control is made: sadness and fear are typically emotions that arise when somebody experiences little control.

In chapter four, control is further studied. The relationship between perceived emotional control, situational control, and the experience of somatic complaints is investigated over time. Children who experience little control over emotions or situations indeed are more often bothered by somatic complaints. These two types of perceived control are associated, but each have an independent relationship with somatic complaints. Control also is a predictor of somatic complaints over time, with children who gain felt control, showing a decrease in somatic complaints.

In chapter five, children’s emotion regulation is studied with respect to somatic complaints. Especially those emotion regulation strategies generally assumed to be ineffective, such as self-blame, are related to somatic complaints. It appears that a lack of knowledge about effective ways of decreasing negative emotions is not predictive of somatic complaints. Children who nevertheless do not succeed in emotion regulation and have non-productive (worrisome or ruminative) thoughts, develop somatic complaints. All effects on somatic complaints of maladaptive strategies reported by children to deal with emotions, are explained by the presence of non-productive thoughts. Symptoms of depression only partly mediate the relationship between non-productive thoughts and somatic complaints. This indicates that non-productive thoughts already contribute to somatic complaints when they are associated with milder forms of negative affect, such as negative moods.

In chapter six, relationships with peers are considered. A negative status with classmates does not lead to more somatic complaints, nor is the presence of a mutual best friend associated with somatic complaints. Children’s subjective experience is again of relevance: children who experience difficulty in communicating about emotions and children who experience social anxiety, more frequently experience somatic complaints compared to their peers.

In chapter seven, the possibility of complaint reinforcement by parental solicitousness is studied. In contrast to the expectations, children will not report somatic complaints more frequently when parents provide associated positive consequences. Even when possible vulnerabilities (negative affect or a low sense of control) are taken into account, reinforcement is not of importance.

In chapter eight, all above mentioned emotional and social variables are investigated together. Negative affect is the strongest predictor of somatic complaints and feelings of control and non-productive thoughts have an indirect influence on children’s somatic complaints. The results and implications are further discussed.