Children who suffer from headaches -- a narrative of insecurity in school and family

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SUMMARY

Background: Headaches are common among schoolchildren, who seem to be afflicted increasingly.

Aim: To analyse children’s descriptions of their headaches and their thoughts about them, it being assumed that children have insight into the conditions that affect their health.

Design of study: Interview study.

Setting: Two state schools in the city of Malmö, Sweden.

Method: Fourteen children aged between ten and 12 years, who had gone to the school nurse more than once during the previous two-month period complaining of a headache, took part in thematically structured interviews. Qualitative analysis was performed, aimed at identifying the basic themes involved.

Results: The children were found to consistently associate their headaches with conditions in school, specifically with more theoretically-oriented subjects (maths or Swedish), a noisy and disorderly school environment, and insecure relations with classmates. The second theme they took up was insecurity or conflict within the family. Reports of this constituted a major part of the children’s accounts of their life situation, despite their failing to link such matters with their headaches. Many of the children considered their patterns of reacting, such as feeling unable to cope or becoming angry, as contributing to their getting headaches.

Conclusions: The children related their headaches consistently to everyday situations and to their relations with others. This highlights the need for broadening the consultation in terms of including personal and contextual factors.

Keywords: headache; child; school; family; stress.

Introduction

HEADACHE is a frequent symptom among school children, with many studies indicating that it is an increasing problem. A Swedish investigation of 9000 children aged seven to 15 years in the 1960s showed an increasing prevalence of headaches with age at that time, from 2.5% for children just entering school to between 13% and 19% for adolescents.1 More recent studies have indicated headaches occurring in 20% to 38%, and 50% to 70%, respectively, in these two groups.2,5

Tension headaches, the most frequent form of primary headaches, appear to be often of psychosomatic origin, although few studies have investigated the basis for such headaches thoroughly. A Finnish study7 suggests changes in society, such as increased stress and greater difficulties in encounters with schoolmates, to have contributed to the increase of headaches in children. The role of social factors, such as unemployment,8 and of life style factors, such as sleep and exercise,9 has also been discussed. Treating the muscular tension associated with tension headaches has been found to reduce, but not eliminate, the symptoms, implying that other factors are involved.10

Medical research on children’s health has been largely quantitative. Analyses have generally been based on formal questionnaires and interviews that have been answered by children in the presence of a parent or a teacher.8,10,11 In view of this, we wanted to explore children’s spontaneous descriptions and thoughts concerning their headaches in open-ended interviews. This reflected our belief that children have an intuitive knowledge and understanding of the factors affecting their health and that accordingly their narratives represent an important source of knowledge in the area of medical research.

Method

The study involved two schools with children aged seven to 15 years in Malmö, a southern Swedish city of 350,000 inhabitants. All children aged from ten to 12 years in these schools, who had gone at least twice to the school nurse during the previous two months complaining of a headache, were included in the study. The children were given a letter informing them and their parents of the study. The interviewer (GO) contacted the parents of the 17 children by telephone. One child declined to participate. Two further children were dropped from the study because they were free of symptoms. A total of eight girls and six boys were interviewed.

The data were collected during two periods of time, with six of the interviews being conducted in 199912 and eight of them in 2001. All interviews took place at the health care centre after school hours. The interviews were audiotape
Children's headaches in school — differences between theoretically and practically-oriented course work

The children associated their headaches primarily with the school situation. In connection with this, they took up, in varying combinations, difficulties with school subjects of a more theoretical character (mathematics or a language), a noisy and disorderly school environment, and insecure relations with their schoolmates or their teachers. Another common theme the children took up was that of insecurity or conflict within the family. Their personal pattern of reacting, such as feeling unable to cope or becoming angry, was a further element that the children regarded as contributing to their headaches.

Analysis of the results was largely descriptive. Each interview was read through carefully and the elements that were considered to be relevant for headaches, explicit or implicit, were identified, providing the basis for the continued analysis of the results with the aim of identifying the similarities and differences between the narratives. A summary was made of the themes considered to be of central importance, and quotations were selected to illustrate these. The names of the children attributed to the quotations are all pseudonyms.

The study was approved by the Research Ethics Committee of Lund University.

Results

Children's headaches in school — differences between theoretically and practically-oriented course work

'I get awful pains in my head. Maths and things like that are so boring ... one big black clump as soon as I hear the word maths.' Sophie, who was studying courses in both of her native languages, along with Swedish, reported: 'I get headaches when I sit there and have to work on Swedish.' Alice, too, felt her headaches were connected with her Swedish classes: 'When we have a paper to write and that sort of thing, I can’t seem to get my thoughts going or manage to think of anything.' Paul told of difficulties that were linked with the combination of Swedish and maths: 'I'm not good at all in Swedish ... I get by pretty well in maths, but sometimes I have difficulties there too, when there's a text that goes along with it.' Adam had the impression of things happening in class too rapidly. He suffered from others around him being so industrious: 'I can't manage it at all, and everyone else is sitting there and writing, it makes me feel like I'm in a state of shock.'

In contrast, the children regarded physical education and handicraft as being enjoyable subjects, ones that did not give them headaches. Adam remarked, 'You don’t get headaches from going to gym, even though,' he added, with an obvious sense of disappointment, ‘I'm not really very good at it.’ Paul loved athletics, particularly because his teacher let him represent his school in a major athletics competition. Ollie remarked: 'Even if I have a headache, I'm so concentrated on what I'm doing that I don't think about it before gym class is over.' Sarah said, 'In gym class I never get a headache.' When Cal, who liked handicraft, proudly showed the interviewer a wooden egg cup he had made, he said quietly that his mother felt that maths was more important (Box 1).

Noise and disorder inside and outside the classroom

All that yelling in school, summarises well the children’s impressions of the school environment. They described their schoolmates and teachers as being 'loudmouthed' and 'cantankerous'. Liz: 'Things are awfully noisy in class.' Linda: ‘...they’re noisy and keep making trouble.’ Alice: ‘We make a tremendous amount of noise. They fight, run around, and take people's things ... it's getting worse and worse.' Sarah: ‘... everybody just shouts and runs all over the place.’ The boys blamed each other, and also the teacher, for things getting out of hand. Concerning the source of his headaches, Adam said 'I want to be able to say what I have to say ... some teachers don’t let me do that. When a teacher does that, I really get angry and get a headache.'

For three of the boys, the school they attended had been specially selected for them, but changing schools had not put an end to their difficulties. They all ascribed their headaches to feeling unhappy and insecure in their relations with their classmates and with the teacher. They described breaks during the school day as involving frequent conflicts, and characterised by everyone trying to put the blame on someone else (Box 2).

In the girls' narratives, conflicts with schoolmates were a less prominent issue. Those who were active in their free time (engaged in horseback riding, judo, singing in choirs, etc) indicated that such activities did not give them...
The girls often told of their hard-working mothers being prone to headaches as well and of their needing to be especially considerate of her for this reason. Sophie: ‘Mum usually lies down when she gets home from work and she tells us to be quiet because she has lots of problems too.’ In telling of her mother’s headaches, Nadia said ‘It’s usually when she’s had a lot of stress.’ Alice, in recalling difficulties her mother was faced with, said: ‘Mum has had a hard time but … she just got finished her studies and she’s found a job.’ Sophie: ‘We don’t have any difficulties at home, but Mum asked if there was anything that made me feel stressed … whether we should contact a psychologist … but I said no.’ At the same time, Sophie told of how on some mornings, when her mother left for work early, she would lie in bed watching television to be sure that she and her brother got to school on time, and that she could get a headache from this. Anna told of difficulties in sleeping. Her mother was not finished with a retraining programme. Describing the uncertainty of her own situation regarding what school she would attend next, she said ‘Don’t ask me.’

The boys’ relationships with their mothers appeared to involve conflicts, they expressed difficulties in trying to live up to what their mothers expected of them. Cal: ‘Mum says I’m lazy … Today I forgot to bring my books home with me … She’s really going to bawl me out.’ The boys’ accounts expressed a sense of mistrust and loneliness. Ollie: ‘She seems healthy to me, but she keeps thinking her head is aching and she takes tablets all the time. I think she’s addicted to them.’ Adam, who often went off on bicycle tours by himself and tended to go to places like libraries, which cost nothing to go to, gave a vivid description of his mother’s suspicions about him: ‘Sometimes Mum doesn’t trust me at all … she’s suspicious, she’s angry at me and she thinks I’m lying.’

Discussion

In the present study, involving interviews with 14 school children who suffered from headaches, the children’s spontaneous remarks, when given the opportunity to talk freely about their headaches, were analysed. A major finding was that the children tended to associate the occurrence of their headaches with certain difficulties they experienced in school, in particular with school subjects that were more theoretically oriented, with the school environment being noisy and disorderly, and with problems in relations with schoolmates. Additional topics the children took up were those of insecure relations with members of their families and family conflicts. Although their accounts of these family matters represented a considerable part of what they reported about their life situation generally, they usually did not regard them as being directly linked with their headaches. Often, the children considered certain patterns of how they tended to react, such as their feeling unable to master some task or their becoming angry, to contribute to the onset of a headache (Box 4). Several of the children were also subjected to bullying or to being picked on by other children, conditions that have been found to be sometimes
... I had to change schools because Mum didn’t like her boyfriend any more ...
... Mum usually lies down when she gets home from work and tells us to be quiet because she has lots of problems too ...
... Mum has had a hard time of it, but things should be getting better ...
... I always wear the same jacket ...

Box 3. The family situation and relationship to parents.

... that’s more than I can manage ...
... when we have a paper to write, I can’t seem to get my thoughts going ...
... sometimes the number stops me in my tracks ...
... when I have a headache I get angry at my little brother and scream at him ...
... that’s just too much ...
... the way some teachers are, I really get angry and I get a headache ...
... I guess I’m a little strange ...
... it’s my own fault ...

Box 4. Personal patterns of reacting.

associated with headaches.7,15

Only one of the 15 children declined to participate on being informed of the research. The children who did participate were obviously glad to be able to talk about their difficulties. Earlier studies16 have indicated that children have a strong and largely unsatisfied need to be able to discuss their health problems and general questions of health with doctors and nurses. Epstein et al16 have argued that general practitioners should be more active in their attempts to reach this group. Griffith17 has also emphasised the importance of individual contact of this sort being readily available.

Changing family patterns, together with increasing emphasis on school subjects of a theoretical character, are the forms of structural change in society that seem most clearly reflected in the accounts the children provided. The fact that a child was living with only one of its parents, usually the mother, was coupled in many cases with the insecurity that the parent’s entering into a new partnership engendered. It has been maintained that families in which only one of the child’s parents is present are in particular need of support.18 It is also important that schools attempt to achieve a balance between the teaching of theoretically-oriented and practically-oriented subjects, a matter that has been discussed previously.19

Holm et al20 found daily stress to produce more marked complaints, such as tension headaches, than more dramatic single events of stress-evoking character. Accordingly, it was stressful events of the former type, that the children in our study described. They regarded their headaches as being neither a medical nor a psychological problem, viewing them instead as being linked with certain types of everyday events. The term ‘sociosomatic’ might perhaps better describe the type of symptoms involved than the widely used notion of psychosomatic illness.

The biomedically-orientated health care services and the healthcare information to which the children had access, scarcely provided them with any real help in dealing with their headaches. The results of our study elucidate why physicians will fail to make sense of these children’s illnesses if they approach them from a purely biomedical perspective. This stresses the importance of broadening the consultation to include aspects at the personal and contextual (social/environmental) level in accordance with the patient-centred clinical method suggested in family medicine literature.21,22

References

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