Analysis of Coping Strategies and Their Relationships With Efficient Emotional Intelligence Application During A Migraine Headache.

Masoomeh Azizi

University of Zabol, Iran.

Abstract: Basis and the objective: Within current research, we tend to observe the relationship between coping strategies and efficient emotional intelligence applying during a migraine headache. In this research, we apply sampling (via accessible data) method with sample space including 159 members whom are suffering from migraine members is asked to fill two questionnaires about situational coping strategies and emotional intelligence. Data is analyzed by the coefficient of correlation. Findings: By analyzing results of our sampling, we found out that There is a significant relationship between coping strategies like (reinterpretation of pain, ignoring pain, praying or hopefulness) and emotional intelligence and its components. In the other hands, we found no significant relationship between coping strategies like: (Disastrousness& self-statement) and emotional intelligence and its components at the same time, our researches demonstrate that there is a significant positive relationship between coping efficiency which includes criteria like : (pain controlling and pain alleviation) and emotional intelligence of people.

Key words: Migraine, coping strategies, coping efficiency, emotional intelligence.

INTRODUCTION

Migraine can be defined as one sided pulsating headache which mostly appears after olfactory or visual stimulation along with the Prodrominal disorder, nausea and photophobia and in most of the cases, pain is a common element (international association of pain1997) actually, We mean on sided and the same time symmetric because, this type of headache starts from one side of the head.

There are three common symptoms for migraine headaches which are mentioned below:
1. Nausea, pain, stomachache
2. Pain concentration in one side of the head
3. Increase in numbers of heart beats
4. Full recovery after a sleep or short rest
5. Aura which can be sensory, visual or motional.
6. Experience of migraine in close relatives.

It is advantageous to point out that, there are several researches which were carried out in order to identify factors causing pain. (Jenson, Turner, Romano, karoly1991 & Tork and Rudy, 1992, 1986). In general, results of these researches showed that, factors affecting patients pain expression, disabilities and responses to the treatments are derived from their beliefs, attitudes, expectations from their self and their problems, disease fighting sources and health care system. (Flour & Tork 1988, Jenson, Turner and Romano 1994, Tota and Fascette, Jill and Williams and Colee 1993).

There are some special strategies to cope with pain which can be applied in different forms to reduce pain or increase patients’ resistance against pain. It seems rational that coping with pain shows itself as a kind of spontaneous voluntary acts. Then we can analyze it by means of overt behaviors and hidden behaviors.

Overt coping strategies are in forms of: rest, medication and relaxation while hidden coping strategies are: pain distraction, self-encouraging that pain would ends and finally, searching information which can help them to overcome their pain. We have to notice that specific strategies are not always adaptive or non-adaptive, but we believe coping strategies change patient perception of pain intensity also

Affect the patient’s abilities, which deal with controlling or tolerating pain during daily activities.

Recent studies show that, active coping strategies have adaptive results which try to make you carry out your responsibilities in spite of the pain. The same time, passive coping strategies (like dependency on others or asking for help from others in order to control pain) have a close relationship with more severe pains also depression. (Brown and Nicassio 1987, Brown, Nicassio and Aleston 1989, Lawson, Reesor, Turner 1990, Tota, Fascette and colleagues1993). It seems inevitable to point out that there is no any firm evidence to prove active coping strategies are more efficient than passive coping strategies. (Fernandez and Tork 1989). also our findings show that it is better not to generalize these strategies for all patients in all different cases, otherwise, we need to observe various responses and strategies applied by patients just for a better identification of appropriate strategies with hope of applying in similar cases.
Based on some conducted researches, encouraging patients to apply active coping strategies, will cause alleviation of pain or increase in level of pain tolerance for many of patients (Fernandez & Turk 1989).

As a result of these researches, we can postulate that light resistance against pain would be resulted from application of disastrousness coping strategies (Heenman & colleagues 1990, Marten & colleagues 1989), Turk and his colleagues (1983) found that what makes those people with more tolerance, different from those with less tolerance of pain are cognitive processing, disastrousness and sentimental thoughts before, during and after annoying irritation. It seems rational that efficient confronting (coping), plays a pivotal role in emotional intelligence (EQ). (Salovey, Bedell, Detweiller and Mayer)

Hannah and Nicola (2003) believe that people with higher level of EQ are more successful to cope than those who possess lower level of EQ because they express their emotional expressions more accurate, so they can control their moods more efficient. About the relationship between coping strategies and EQ Mathews and Zeinder believe that the determinant factor in choosing adaptive coping strategy is EQ.

As an example, taking drugs (narcotics) which can be a kind of coping strategy, can probably be a consequence of low EQ (Trinidad & Johnson 2002, Hannah and Nicola 2003). Trinidad and Johnson found a significant relationship between higher level of EQ and lower amount of smoking or drinking alcoholic drinks as a mean for overcoming life difficulties also problems, in a group of students.

Bastian, Burns and Nettelbeck found that there must be a meaningful relationship between higher level of EQ and application of more efficient strategies, more life satisfaction and finally less anxiety. Mayer found that teenagers with higher level of EQ are more capable to control their excitement and their friends. These people use feedbacks to conduct their behaviors. As much as someone has a lower level of EQ, he or she would less enjoy emotional self-regulating capacities (Chan, Bajgar 2001, Schutte and colleagues 2002)

Dane and Anderson proved a bilateral relationship between less EQ and (maladaptive coping strategies, more psychopathologic signs and finally post-traumatic stress disorder symptoms. Also Rogers, Qualter, Phleps and Gardner (2006) reported a direct relationship between emotional perception and social adjustment. Our definition of abilities in this study means, as much as someone enjoys fewer amount of emotional perception then he or she would have less social adjustment potentials.

Modus Operandi:

This research applies descriptive-correlate methods which has a statistical universe provided by citizens of Zahedan city. Sampling method applied by this research is done by accessible data, which sampling space covers 159 members. In order to collect information, first a neurologist was supposed to check our members of sampling space to be sure they have Migraine then they were given a questionnaire to fill.

Measuring tools:

Situational coping strategy questionnaire: this questionnaire is an Iranian form of Coping Strategies questionnaire made by Rosenstiel and Keefe which is used to measure frequency of strategies applied by patients to cope with pain. This questionnaire consists of 42 phrases measuring 6 cognitive coping strategies which are: Diverting attention, reinterpretation of pain, self statement, ignoring pain, disastrousness, praying and one behavioral coping strategy which is: increasing behavioral activities. Each coping strategy consists of 6 phrases and each of these strategies must be measured by a seven degree scale (0-6) in order to show how much they are used when patient encounters pain. In addition, this scale must show how much these strategies were successful to reduce pain for the patient.

Internal Consistency coefficient of sub scales of this questionnaire is reported between 0.71 and 0.85. In addition, concurrent validity and internal consistency coefficient are confirmed by a research, experimented on 154 Iranian patients (Asghari and colleagues 1999). In current research, internal consistency coefficient of sub scales was between 0.71 and 0.85 which seems acceptable according to minimum acceptable number which is 0.70 based on Nunnally and Bernstien remarks (1994).

In order to provide questionnaire which analyzes frequency of coping strategies applied to overcome Migraine headache, we made some changes in this questionnaire as we describe below:

Since some of the behavioral strategies like: walking, changing location and joining others seem to be inefficient or to some extent inapplicable in practice, so we omit behavioral strategies from the questionnaire. Then we picked a sample group of Migraine patients with 30 members. Primary studies proved the validity of the questionnaire for this case. For the next step, patients answered the questionnaire to tell us that to what extent patients apply these strategies. For the last step we ask 2 perceptual questions to analyze the efficiency of applied strategies by patients.

Emotional Quotient Inventory:

This questionnair which is designed based on socio-emotional model of Barr is a self-reporting scale for appraising behaviors related to EQ also social intelligence. This questionnaire is consists of 133 items and each item owns a grade from 1 to 5. This questionnaire has 5 factors and all these factors are formed of 15 sub factors. Here is a list of EQ-I factors:
Intrapersonal factors including emotional self-awareness, self-respect, self-actualization, independence, self-assertion

Interpersonal factors including empathy, social responsibility, interpersonal relationships

Stress management factor including stress tolerance, impulse control

Adjustment capability factor including problem solving, reality testing and flexibility

General mood factor including optimism, happiness

In Iran, reliability coefficient of this questionnaire by applying test & retest method has been stated averagely 0.74, average reliability coefficients are between 0.58 (self-assertion) and 0.9 (stress tolerance).

Statistical indexes for six coping strategies scales and two other pain related scales (pain reducing and pain controlling)

As it can be inferred from the chart above, there is a significant relationship between pain distraction, pain ignoring, hopefulness, reinterpretation of pain and total EQ or EQ. It means those people who applied more of these coping strategies, enjoy a higher level of EQ. In addition, chart reveals that there is not any significant relationship between (disastrousness, self-statement) and EQ. Another fact, which seems notable is that we can claim based on our experiments that there must be a significant relationship between (pain controlling, pain reducing) and EQ.

Discussion:
This study shows that coping strategies for Migraine and its relationship with EQ is a positive significant relationship which means that, as much as a patient enjoys a higher level of EQ, he would be more able to resist against his Migraine. This study also affirms previous conducted studies like efforts of Trinidad & Johnson (2002), Riley and Shutt (2003), Mayer (2001) and many others.

In addition, Mayer and Salovey believe that effective emotional abilities during the daily life of people result in some positive consequences for them like: expansion of their scope of insight, positive attitudes and better recognition of occurring events. In addition, Parlier (2000) claims that stress control and adjustment ability are two main factors of EQ. In other words, adaptive resistance (or coping) makes people live in a challenging world. As Mayer believes EQ is a collection of abilities like perception, management and expression of emotions which can be applied in some cases as coping strategies. Riley and Shutt consider EQ as a coping mechanism which has an efficient self-regulation in order to reach the objectives.

Jenson, Terner and Romano during their experiments found out that, those patients who think they can handle their daily activities in spite of the existence of pain, are more able to apply adaptive coping strategies to overcome their pain. It is advantageous to mention that these results are corresponding with those in this study. Within the study conducted by Dr. Asghari and Nicholas (2004), adaptive role of pain distraction and attention diverting has been confirmed. This study has been demonstrated by the aids of those patients whom were suffering from Rheumatoid arthritis (Parker and colleagues 1989, Hagland and colleagues 1989). Moreover, Asghari and Nicholas studies showed that applying coping strategies like: disastrousness and self-statement during mammography seems to be more painful.

Following experiments conducted by Keefe and colleagues (1989) or Floor and colleagues 1993, on a group of patients suffering from chronic pain, results of this study also confirm those of previous which postulated that self-statement and disastrousness are non-adaptive coping strategies which are considered as intensifiers of chronic pains (Sullivan and colleagues 2001).

Jenson and Karoly (1991) mentioned that patients beliefs about their abilities to control pain, has a close relationship with variables measuring recovery success like: Medication, Activities and psychological performances. Results of this study have beneficial clinical applications. If we could design an educational model to persuade women to apply strategies like diverting attention (thinking about pleasant events) or ignoring pain (do not thinking about pain) instead of strategies like disastrousness (considering pain so terrible, running out of patience), Then we could expect them to handle their Migraine period with less inconveniences or pain.

REFERENCES


