

MANAGING PSYCHOSOMATIC DISORDERS IN STUDENTS. THE ROLE OF THE SOCIAL WORKER IN IDENTIFYING FAMILY RISK FACTORS

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Abstract: *Ganong, Coleman (2014) summarizes the evidence to answer the question: why use qualitative family research? The authors mention only a few benefits of these studies, namely, exploring meanings, capturing relational processes. The study aims to highlight the importance of the complexity of the social worker's activity and the need to integrate psychological knowledge into professional practice, in order to improve the quality of social intervention. A case of psychosomatic disorder, selected through intentional qualitative sampling, very faithfully reflects a reality frequently encountered in school, namely that the school environment takes on the problems of the family and societal system through its students. The exploration of family relational processes, possible by integrating elements of family and child psychology, once again emphasizes the impact of the family environment on the child. The importance of providing the presence of social workers in schools, challenged to respond as documented, attentive and professional as possible to increasingly complex realities, is discussed.*

Key words: *psychosomatic disorders; students; school; school counselor; risk factors.*

The complexity of the issue in the school environment. The role of the social worker

In the educational environment, social workers and school counselors play an essential role in supporting students, not only from an educational, social, and emotional perspective but also in terms of mental health, as long as their intervention remains within the limits of their specialization (Lynn et al., 2009; Dupper, 2002; Bye et al., 2009). Knowledge of psychological elements, particularly psychosomatic manifestations in children, is crucial for the early identification of their difficulties and for appropriate intervention (Bibring, 1947; Lowrey, 1950). When faced with various mental health disorders and impairments, the social worker must be able to recognize them and use

concepts specific to the field of psychiatry. In such cases, their responsibility is to identify indicators of psychological dysfunction and to connect the child and their family with specialized services.

In the classroom, a child may exhibit psychosomatic manifestations, such as headaches, abdominal pain, chronic fatigue, or sleep disturbances without a clear medical cause. If unaware of the psychological implications, a teacher or even a social worker may mistakenly attribute these symptoms to a medical condition, leading to unnecessary medical treatment without addressing the underlying problem. In reality, psychosomatic disorders are an expression of emotional issues such as stress, anxiety, or depression. These symptoms are often ignored or mistaken for physical ailments, which can delay appropriate support.

Understanding these manifestations helps social workers:

- Recognize warning signs and distinguish psychosomatic symptoms from actual medical conditions;
- Intervene early through counseling and adequate support;
- Collaborate with mental health specialists to provide students with the most suitable resources and interventions.

The increasing incidence of children in schools at risk of developing psychosomatic disorders (Habukawa et al., 2022) is a strong argument for familiarizing school staff, including teachers, with these issues.

Psychosomatic disorders. Risk Factors

The term "psychosomatic" has been in use since 1818 when German psychiatrist Henroth introduced it in his studies. These conditions have since been studied in various contexts, leading to greater recognition and awareness of such manifestations, as well as improvements in mental health when appropriate interventions are made. Koić's (2004) study shows that hereditary factors (predisposition) and childhood fears, such as parental divorce, are significant determinants in the development of psychosomatic disorders. Family context, parenting style, historical background, parental expectations, and individual psychological traits are key ingredients in shaping a healthy adolescent who can adapt to unhealthy environments. Authors emphasize that in certain cultural contexts or authoritarian environments where sexual repression exists or freedom of thought, emotion, and behavior is inhibited, there is a higher risk of developing psychosomatic disorders.

Characteristics of Psychosomatic Individuals

Psychosomatic individuals are those who have difficulty expressing emotions and feelings, have a low level of imagination and creativity, and tend to be conventional. Other individual characteristics include a

lack of originality, a high level of adaptation to the environment at the expense of their well-being, which ultimately leads to psychosomatic reactions (Koić, 2004).

According to Greco (1993), the psychosomatic person maintains their "right to health" through biomedical sanctioning, essentially assuming the role of a sick person. Analyzing the nature of the mental content of psychosomatic patients, Nemiah & Sifneos (1970) discovered an unawareness of emotions, an inability to express feelings, and a lack of representation of their inner mental world. Psychosomatic disorders are more frequent in female relatives, with an incidence five to ten times higher than in male relatives (Koić, 2004).

Another context that facilitates the development of a psychosomatic profile is described by Minuchin et al. (1975): emotional enmeshment, total fusion, lack of intimacy, absence of personal boundaries, rigidity in interpersonal relationships, and avoidance of confrontation. Hurrelmann et al., (1988) confirms that school failure increases the frequency of psychosomatic disorders, both directly and indirectly, by amplifying family and social conflicts. The increased incidence of psychosomatic disorders in school children generated by family stress and school absenteeism has led to the implementation of projects in schools in Japan and the conduct of in-depth research in this regard (Tanaka et al., 2012).

Description of research design

The case study allows highlighting some dimensions of reality in an extremely convincing and valuable way (Miles and Huberman, 1994; Yin, 2011). In this case, the proposed case outlines a challenge frequently encountered in the work of the social worker, which has become increasingly complex and profound.

Purpose and Objectives

To highlight the complexity of social work in schools and the necessity of integrating psychological knowledge into professional practice to improve the quality of social intervention.

- To describe a common case encountered in the school environment and the importance of addressing it.
- To capture the relational processes within a family and explore them in order to understand the child's psychosomatic disorders.
- To highlight the impact of family emotional dynamics on the child's emotional management and the development of psychosomatic disorders.

Sampling and Method

A qualitative purposive sampling strategy was adopted, meaning that the case was selected due to its relevance to the study's purpose. Qualitative

research that employs case studies is a preferred method among family researchers, as it allows for capturing the dynamics of relationships, the meanings people assign to their family life, and an understanding of hidden processes. This, in turn, enables the identification of patterns and the provision of answers to complex situations (Manning & Kunkel, 2014).

Hypotheses

Basic psychological knowledge among social workers enables them to address diverse issues in the classroom and makes intervention more effective.

A family environment characterized by a combination of stressful factors, emotional neglect, conflicts, and tensions increases the likelihood of psychosomatic disorders in children.

Data collection and procedure

A case study was conducted, with consent forms signed beforehand. The intervention took place in 2024 between October and December, reflecting a concerning reality where children internalize their family's issues.

Description of case study

Claudia, a 13-year-old sixth-grade student, came to the attention of the school counselor after her mother informed the homeroom teacher of her daughter's need for counseling, following a doctor's suggestion.

She complained of back pain for several days, and one morning, she felt unable to stand up. She was taken to the hospital, where she underwent all necessary medical investigations, including neurological tests. No abnormal results were found, prompting her parents to seek further medical evaluations, all of which also yielded no definitive answers. Eventually, it was determined that Claudia's condition had a psychological origin—specifically, a psychosomatic disorder and she was recommended for counseling sessions.

Family Context

A complete anamnesis revealed several possible major stressors in Claudia's life. Her mother had moved abroad for work. Her father, a long-haul truck driver, was frequently absent. Claudia discovered that her father might have been involved in an extramarital relationship. Frightened, she told her mother, which triggered serious conflicts. The family was at risk of divorce, and Claudia felt intense guilt for having caused these events. Around the same time, she had a falling-out with her friends and found herself isolated. She felt abandoned and experienced overwhelming fear about her parents' separation. Several

risk factors for psychosomatic disorder were identified:

- The burden she carried, which she felt unable to communicate to anyone.
- Her need to protect her mother, which led her to hide her own suffering.
- Guilt over exposing her father's possible affair.
- A melancholic temperament, introversion, difficulty communicating, and a tendency to internalize frustrations.
- A fragile physical constitution.

Intervention

Four counseling sessions were required to restore mobility. However, Claudia requested to continue the counseling process, which helped her gain a deeper understanding of herself and find answers to many of her concerns. The sessions followed the classical stages of counseling. The first two sessions were conducted with Claudia, who demonstrated a great willingness to talk about her struggles. The meanings she assigned to the major problems she had identified were explored, along with the emotions each of them triggered in her: stress, guilt, lack of support, the need to protect her mother, and anger toward her father. Claudia became aware of the connection between these unexpressed emotions and the way her body internalized them. Later, her mother joined the process and became involved in the counseling sessions. She was guided to understand her daughter's perspective. The social worker assisted both of them in expressing their needs and repositioning themselves regarding the family conflict. The mother was also provided with an explanation of the mechanisms through which post-traumatic disorders develop.

Through this process, the mother came to understand the impact that the family environment can have on a child and the importance of ensuring an empathetic and understanding atmosphere in which her daughter could feel free to express her emotional needs.

Discussions

Both hypotheses were confirmed. The tense family environment, lack of support, feelings of guilt expressed by the client, and the disappointment of losing a friendship created a risk factor for the child's overall health. Claudia met all the criteria for the onset of psychosomatic symptoms. On the other hand, in the absence of solid knowledge about the signals the body can send in response to psychological distress, Claudia's case could have been mistaken for a strictly medical issue. The actual intervention falls within the responsibilities of the school specialist, in this case, the social worker or school counselor.

Understanding family relationship dynamics is the foundation of

psychosocial interventions and requires continuous updating in line with the latest discoveries in the field.

Conclusions

The complexity of social problems in schools has become undeniable. However, the coverage of this issue remains insufficient due to the limited number of school counselors, social workers, and psychologists available to handle cases involving behavioral disorders, bullying, addictions, maladjustment, and psychosomatic disorders. As we have stated in previous works, the role of a social worker involves possessing a set of knowledge in the field of psychology. Without such knowledge, it is nearly impossible to understand and accurately identify the specific characteristics of each case. Therefore, we emphasize the need to supplement the training of social workers with psychological elements that would enable them to approach their work in a more professional and effective manner. This paper aims to draw attention to the importance of early detection of children at increased risk of psychosomatic disorders in order to prevent worsening of their health status.

Limitations and future Directions

The presentation of a single case study may be considered a limitation of this research. Future studies should explore a broader range of issues within the school environment to develop a more comprehensive body of knowledge that can contribute to improving the quality of social workers' professional interventions.

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