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## School Bullying and its Influence on Psychosomatic Symptoms and Health

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### Abstract

The aim of the present work is to analyze the phenomenon of bullying in some high schools in the city of Albania. Based on the data collected through a questionnaire on bullying, we wanted to evaluate the relationship between some variables related to the incidence of the phenomenon and the psychosomatic health issues of the victims. Attention is paid to the analysis of any correlations between variables relating to the psychosomatic and emotional fields of bullying and alexithymia. The selected sample consists of 200 students—100 males and 100 females—enrolled in the cities of Elbasan and Tirana's first and second classes of secondary schools. The level of significance chosen for the inter-score questionnaire is  $p = 0.05$ . Results showed that gender significantly influenced whether bullying is suffered (56%) or committed to others (44%). For females, there is a greater propensity for acts of bullying of a psychological type ( $F = 2$ ;  $SM = .786$ ;  $df = 4.5$ ) (such as backbiting or exclusion from friendship), while for males, forms of direct physical bullying ( $F = 2$ ;  $SM = .723$ ;  $df = 4.5$ ) (such as physical aggression or threats) prevail. Bully victims have a higher rate of being irritated and aggressive ( $OR = 2.45$ ), feeling abdominal pain ( $OR = 2.37$ ), and experiencing headaches ( $OR = 2.06$ ).



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In **conclusion**, the authors recommend drawing attention to conducting psychoeducational training on resources of social support and positive sources of resilience that can be used effectively in the management of school bullying and prevention activities.

**Keywords:** *bullying, psychosomatic symptoms, adolescents, school, health*

## **Introduction**

In today's modern society, the argument of bullying has taken on large proportions almost daily in cases of harassment and violence involving school-aged children and adolescents. Within the development of society in general and school development in particular, there is a "*space of personal and systemic security*" as an important part of interaction. Society has a powerful influence on the development of value systems and the shaping of behavior. Bullying is a form of aggressive behavior in which someone intentionally and repeatedly causes injury or distress to another person.

According to several researchers, bullying is a subcategory of aggressive behavior that appears among children, mainly in the school environment (Hase et al., 2015; Rigby, 2008; Olweus, 1993). Among professionals, bullying is defined as an antisocial behavior that occurs when an individual or a certain group of individuals requires that, through their power, force, or power, as well as for a certain time and for a premeditated purpose, they repeatedly abuse other individuals physically, verbally, psychologically, and emotionally (persecuting you, forcing you to do something, threatening you, excluding you from the peer group, destroying property, asking for money, stealing things from you, sexually harassing you, or threatening you) (Sutton & Smith, 1999).

Bullying behavior can be covert or overt, physical, social, object-subject, or digital. It has been linked to poor academic results, long-term mental health problems, child suicide, and school homicides, so it is an issue of extraordinary importance for teachers and other professionals working in schools, such as psychologists and social workers (Bradshaw, 2015; Casebeer, 2012; Jimerson et al., 2010).

In general, bullying is thought to begin at the early childhood and school-age levels (Alsaker & Gutziller-Helfenfinger, 2010), with increasing prevalence during the elementary school years, reaching a peak at the 9-year school level, and then marking a decline throughout the high school years (Hymel & Swearer, 2015; Goodstein, 2013; Rigby, 2008).



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Behavior remains a problem even during adulthood, with a change in its initial character to workplace bullying and mobbing, actions with high prevalence in institutions with large populations such as schools and hospitals.

Individuals with bullying traits are characterized by a generalized aggressiveness; therefore, the aggression is not directed only at peers but also at adults, regardless of whether they are parents or teachers. They are impulsive, unempathetic, have a good opinion of themselves, and through violent gestures increase their sense of power and levels of self-esteem (Olweus, 1978, 1993).

### **Constitutive elements of Bullying**

As stated, traditional bullying is generally considered intentional behavior that consists of repeatedly harming others and in which it is difficult for the victim to defend himself (Olweus & Limber, 2010). This definition highlights the importance of three criteria for distinguishing traditional bullying from all other episodes of aggression: 1) intent, 2) repetition over time, and 3) power imbalance.

Likewise, if someone were to hit another in the face just once, without previous precedents or continuity in the future, this situation would not be bullying (it could be aggression but not bullying). Bullying is a distinct and unique form of harmful behavior whose persistent nature creates a constant concern about unexpected attacks or what the aggressor might do next (Olweus et al., 2019; Patchin & Hinduja, 2015).

The victim may thus change her daily habits to avoid personal contact with the bully because she thinks something bad will happen to her while interacting with him. The repetition characteristic is also important for the purposes of classifying aggressive online behavior, depending on the type of behavior and the conditions that accompany it. Patchin & Hinduja (2015) argue that if a student posts a single negative comment to a peer on a visible public page, it would be cyberbullying if the first student knew the post was visible to others.

According to Hinduja and Patchin (2015), in incidents of bullying, harm must have been caused to the victims in any way. The damage can be physical (Smokowski et al., 2014), social (Pörhölä et al., 2019; Sndergaard, 2012), emotional (Ireland & Power, 2004; Ortega et al., 2009), psychological (Hase et al., 2015; Kessel Schneider et al., 2015), or in the whole of behavior modification (Hinduja & Patchin, 2007; Genta, 2002). While intent can be proven from the perspective of the aggressor, harm is determined based on the experience of the victim being assaulted (Vandebosch & Van Cleemput, 2008). Some individuals have higher psychological resistance, through which they can withstand "great" suffering before feeling



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bad; others are hurt by even the slightest harassment. Therefore, an in-depth study of the purpose and perspective of harm is important for a general overview of bullying.

## **2. Methodology**

### **Aim of the Study**

The purpose of this study is to explore, analyze, and interpret the current situation of bullying and victimization among 9-year-old school students in the city of Elbasan. The objective of this purpose is to see more closely how victimization is present in schools, how children are affected by bullying, how they feel, and how they react when someone bullies them. In particular, the study aims to report the situation of bullying as a social pathogen and the appropriate prevention and prophylaxis strategies at vertical and horizontal decision-making levels. This research is of mixed methodology; the purpose and significance of this paper lie in the fact that it increases the importance of this issue and the need to address and reflect on it. The main research questions that were addressed in this study are as follows:

**RQ<sub>1</sub>:** How does the experience of being a bully victim relate to the psychosomatic health issues of students in Albania?

### **Materials and Methods**

#### **Participants**

In this research, the data was collected through questionnaires completed by the students. The population of this research is the ninth-grade students in the cities of Elbasan and Tirana, a total of 233 students (133 female and 100 male) with a mean age of 14 years old. The selection was determined based on the "Sample Size" grid, and the students were randomly selected. The sample was made up of all students from grades 5 to 9 in 9-year-old schools in the cities of Elbasan and Tirana. Based on the factorial reduction of the qualitative answers, this study treated a total of 200 students.

#### **Study instruments**

The data in this research were collected through the instrument that measures the degree of victimization, the "*Victimization Scale*," created by Dr. Pamela Orpinas (2015) and permissible for clinical and psychosocial use even in minors. The reliability of this instrument



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is acceptable with an alpha correlation of .72. This questionnaire is self-reported and relies on the student's assessment of the events identified as bullying. The questionnaire is divided into three sections.

The first section includes the demographic data that is necessary for the study. The second section is about the data showing whether the children were victimized during the last school year; the answer options are "YES, NO, SOMETIMES, and OFTEN". The third section includes data about the absence of thousands of children from school because of the fear of bullies, and the fourth part, which is evaluated with the Likert scale (0-never to 6-mostly six times), includes how many things have happened in the last week. The number of possible points ranges from 0 to 60. This questionnaire does not calculate if there are three or more uncompleted questions, but up to two can be set as an average value.

The test administration time was 20 minutes, during which 10 minutes before the administration, a general description of the phenomenon and the procedure was carried out, and then the filling space was left under conditions of anonymity. Demographic data requested related to age group and gender.

### **Variables**

The dependent variables in the present study were the psychosomatic complaints that were measured through the scale index section of the somatic and psychosomatic complaints due to bullying or cyberbullying. Eight questions about mental and somatic health issues were used to measure these complaints, based on eight keywords: a) headaches; b) feeling depressed; c) occasional fear without any apparent reason; d) poor appetite; e) abdominal pain (e.g., pain, cramps, irritation, upset stomach, constipation, diarrhea); f) trouble falling asleep or nightmares.

Each item was valued on a 5-response scale (5=worst health; 1 =best health). Then we scored the indices and converted them all to z-scores through SPSS version 28. Converted scores showed that the eight components belonged to the A dimension, with factor loadings between .55 and .87 and a total Cronbach alpha of .82. The independent variables were a) school grade; b) gender; c) bullying or cyberbullying.

### **Psychosomatic complaints**

Students were presented with a series of health symptoms (headaches, stomach pain, feeling asleep, feelings of discomfort, feeling tired, and deconcentrating). For each symptom, they were asked to indicate whether they had that symptom in the past 2 months: "never, once



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a month, several times a month, once a week, almost every day". To investigate the relationship between health symptoms and bullying, any medical complaint was evaluated as a dichotomy between "no health issues" and "health issues".

### 3. Results

#### Victimization of students by the bullying and cyberbullying behavior of others .

*Table 1: Descriptive Statistics for factor 1: demographics and typologies of bullying*

	Mean	Standard Deviation	N
Gender	,05398	,1001	200
School grade	2,000	,703	200
Bullying /Cyberbullying	1,543	,987	200

The descriptive data shows a distinguished distribution between the forms of bullying behavior depending on the variables gender ( $M=.05398$ ;  $SD=.1001$ ) or school grade ( $M=2.000$ ;  $SD=.703$ ) and typologies of bullying behavior ( $M=1.543$ ;  $SD=.987$ ). The indices show a different trend between demographics and the typologies of bullying behavior. Meanwhile gender has a linear distribution, meaning that the influence of the variable is almost similar to the phenomena, school grade has a non-linear distribution between mean and standard deviation.

Gender, therefore has more statistical chances to have an impact on the typology of bullying than the school grade. Based on this finding, we examined the association of bullying and psychosomatic symptoms referring to gender.

Of the descriptive indices of Factor I, the mean ranges are in line with the general gender and age distribution ( $M=1,050$ ) while the standard deviation indices show a discrete but sufficient cohort distribution for further processing ( $SD=0.757$ ).

According to the data in the Oblim factorization for the dependent variable, a relatively high percentage of respondents (61%) articulate that they have experienced acts of bullying "once or twice" during the last 2 months. In the subsequent classification for the analysis, 61% of respondents referred to 122 students who were the subject of further examinations. The highest frequency in age group related was revealed in the mean age of 14 years or older ( $M^{age} = 14$ ), and the incidence was higher in women (52.5%).

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To validate our research question, we used correlation indices for the gender and school grade variables. Since all the variables are qualitative, we used the Chi-square test to test the dependence between them. We subsequently conducted a Spearman-Rho index correlation to understand the internal dynamics of the association of statements within each section of the scale. The chi-square test showed a positive and stable value in the calculation  $X^2 = 15.0175$  for  $p < .001$ . In the analysis of the relation between chi-test and "gender", not shown here, among girls, there is a greater presence of psychological consequences (such as withdrawal from school or worsening academic performance) ( $F = 2$ ;  $SM = .786$ ;  $df = 4.5$ ), while among boys, physical consequences are more common (such as physical aggression or hard rock music) ( $F = 2$ ;  $SM = .723$ ;  $df = 4.5$ ).

In addition, most girls are still willing to ask their friends and relatives for help, thus following the steps intended to seek social support. It should be emphasized that all variables referring to the emotional domain are also dependent on gender, even if they have not been shown in this article, for they are beyond the scope of that.

The following table presents an overview of the relationship between bullying victims and psychosomatic symptoms.

**Table 2:** Relation between bullying/victimization and psychosomatic symptoms

	<i>Prevalence of symptoms (%)</i>	<i>Odds Ratios (97% of variance)</i>	<i>p-value</i>	<i>N**</i>
<i>Psychosomatic symptoms</i>				
<b>Headache</b>	42	2.06	.678	122
<b>Abdominal disturbance</b>	47	2.37	.700	122
<b>Sleeping disturbance</b>	25	.98	.590	122
<b>Irritation and aggressivity</b>	60	2.45	.987	122
<b>Feeling tired</b>	54	.789	.0456	122



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<b>Deconcentrated</b>	56	1.04	.6700	122
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\*Adjusted for gender \*\* number of bully victims

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As can be revealed, bully victims have experienced psychosomatic complaints while being bullied. Bully victims have a higher rate of being irritated and aggressive (OR = 2.45), feeling abdominal pain (OR = 2.37), and experiencing headaches (OR = 2.06). Our results are consistent with other research that confirmed the association between bullying and psychosomatic symptoms (van Lier et al., 2012; Arseneault et al., 2010; Gini & Pozzoli, 2009; Gini, 2008; Fekkes et al., 2006; Fekkes et al., 2004; Kumpulainen et al., 2001; Kumpulainen et al., 2000; Kaltiala-Heino et al., 2000; Williams et al., 1996).

#### 4. Conclusions

In this study, a serious scientific effort was made through the review of the literature on the subject (McGeough, 2022; Swenson-Lepper, 2019; Viner et al., 2019; Olweus et al., 2018; Puhl et al., 2017; Zych et al., 2015; Arseneault et al., 2010; van Lier et al., 2012; Gini & Pozzoli, 2009; Gini, 2008; Fekkes et al., 2006; Kaltiala-Heino et al., 2000); The analysis of the data collected in different areas of the Albanian territory and using the scale presented us with a situation that requires more careful supervision, either in the research or in the plan of developing interventions for bullying and cyberbullying strategies. The responses collected from the qualitative and statistical data of the test were administered to a sample of 200 respondents for the mixed data, whose responses were analyzed through the statistical program SPSS version 28 and simple factorial analysis. In the randomly selected sample, the participants had an age profile of 11 to 15 years, with an average age of 14 years old ( $M^{age} = 14$ ), and gender affiliations of 100 or 50% male and 100 or 50% female.

One of the most important findings resulting from this study is related to the multi-dimensional and systemic nature of the factors (or causes) that can contribute to the increased risk of involvement in bullying phenomena and associated psychosomatic conditions. The stance of the victim and the bully in the context seems to be the possible result of a combination of variables of a personal and contextual nature, which in turn can be followed by the general patterns of behavior that characterize the categories of young people who show





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low feelings of belonging and respond to their social contexts (school, community, and family).

The results of this study increase knowledge about the substantive elements and risk factors that can determine the beginning and maintenance of the phenomenon of bullying and its psychosomatic consequences, opening the way for future research as well as proposals for prevention, prophylaxis, and the development of programs.

Although its significance is acknowledged, this study presents some limits that future research might consider. First, the students who participated in the study do not represent all the students in Albania and those who are at potential risk for bullying and psychosomatic disorders. Second, the study does not examine the impact of bullying on emotional difficulties and psychosocial issues. Third, it does not explore deeply the specifics of psychosomatic disorders and the role of social context in their maintenance.

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