

Childhood somatization associated with maternal cancer: contributions of Cognitive Behavioral Therapy

Somatização infantil associada ao câncer materno: contribuições da Terapia Cognitivo-Comportamental

Somatización infantil asociada al cáncer materno: contribuciones de la Terapia Cognitivo-Conductual

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Abstract:

The present study aims to analyze childhood somatization in the context of maternal cancer and to investigate the contributions of Cognitive Behavioral Therapy (CBT) to the management of these conditions. Somatization refers to the expression of psychological distress through physical symptoms and is particularly relevant during childhood, especially in situations of significant stress. Maternal cancer constitutes a potentially disruptive event that may lead to changes in family dynamics, emotional insecurity, fear of loss, and difficulties in affective communication. This is a narrative, exploratory, and descriptive bibliographic study based on scientific publications published between 2021 and 2025, retrieved from the SciELO, PubMed, Pepsic, Google Scholar, and Cochrane Library databases. Studies addressing childhood somatization in the context of parental illness, with emphasis on maternal cancer, were included, while studies outside the established period or not related to the topic were excluded. The findings indicate that children exposed to maternal cancer are more vulnerable to the development of somatic symptoms, associated with difficulties in emotional expression and psychological overload. Cognitive Behavioral Therapy contributes to the management of these conditions by promoting the identification and restructuring of dysfunctional thoughts, the development of emotional regulation skills, and the modification of maladaptive behavioral patterns. Interventions such as psychoeducation, coping strategies, and problem-solving techniques adapted to child development are particularly noteworthy. The inclusion of the family in the therapeutic process is considered essential due to the influence of interaction patterns on children's emotional adjustment. It is concluded that Cognitive Behavioral Therapy contributes to the promotion of children's mental health.

Keywords:

Childhood Somatization; Maternal Cancer; Cognitive Behavioral Therapy; Children's Mental Health; Family.

Resumo:

O presente estudo tem como objetivo analisar a somatização infantil no contexto do câncer materno, bem como investigar as contribuições da Terapia Cognitivo-Comportamental (TCC) para o manejo desses quadros. A somatização refere-se à expressão de sofrimento psíquico por meio de sintomas físicos, sendo relevante na infância, especialmente em situações de estresse significativo. O adoecimento materno por câncer configura-se como um evento potencialmente desestruturante podendo gerar alterações na dinâmica familiar, insegurança emocional, medo da perda e dificuldades na comunicação afetiva. Trata-se de uma pesquisa bibliográfica narrativa, exploratória e descritiva baseada em produções científicas publicadas entre 2021 e 2025, nas bases SciELO, PubMed, Pepsic, Google Acadêmico e Cochrane Library. Foram

incluídos estudos sobre somatização infantil no contexto de adoecimento parental, com ênfase no câncer materno, sendo excluídos estudos que estavam fora do período ou não contemplavam o tema. Os achados mostram que crianças expostas ao câncer materno apresentam maior vulnerabilidade ao desenvolvimento de sintomas somáticos, associados à dificuldade de expressão emocional e à sobrecarga psíquica. A Terapia Cognitivo-Comportamental apresenta contribuições, ao promover identificação e reestruturação de pensamentos disfuncionais, desenvolvimento de habilidades de regulação emocional e modificação de padrões comportamentais desadaptativos. Destacam-se intervenções como psicoeducação, estratégias de enfrentamento, resolução de problemas, adaptadas ao desenvolvimento infantil. A inclusão da família no processo terapêutico mostra-se fundamental devido à influência dos padrões de interação. Conclui-se que a Terapia Cognitivo-Comportamental contribui para a promoção da saúde mental infantil.

Palavras-chave:

Somatização Infantil; Câncer Materno; Terapia Cognitivo-comportamental; Saúde Mental Infantil; Família.

Resumen:

El presente estudio tiene como objetivo analizar la somatización infantil en el contexto del cáncer materno, así como investigar las contribuciones de la Terapia Cognitivo-Conductual (TCC) para el manejo de estos cuadros. La somatización se refiere a la expresión del sufrimiento psíquico a través de síntomas físicos, siendo especialmente relevante en la infancia, particularmente en situaciones de estrés significativo. El padecimiento materno por cáncer constituye un evento potencialmente desestructurante que puede generar cambios en la dinámica familiar, inseguridad emocional, miedo a la pérdida y dificultades en la comunicación afectiva. Se trata de una investigación bibliográfica narrativa, exploratoria y descriptiva basada en producciones científicas publicadas entre 2021 y 2025 en las bases SciELO, PubMed, Pepsic, Google Académico y Cochrane Library. Se incluyeron estudios sobre somatización infantil en el contexto de enfermedad parental, con énfasis en el cáncer materno, y se excluyeron aquellos que estaban fuera del período establecido o que no abordaban el tema. Los hallazgos muestran que los niños expuestos al cáncer materno presentan una mayor vulnerabilidad al desarrollo de síntomas somáticos, asociados a dificultades en la expresión emocional y a la sobrecarga psíquica. La Terapia Cognitivo-Conductual aporta contribuciones importantes al promover la identificación y reestructuración de pensamientos disfuncionales, el desarrollo de habilidades de regulación emocional y la modificación de patrones conductuales desadaptativos. Se destacan intervenciones como la psicoeducación, las estrategias de afrontamiento y la resolución de problemas adaptadas al desarrollo infantil. La inclusión de la familia en el proceso terapéutico resulta fundamental debido a la influencia de los patrones de interacción. Se concluye que la Terapia Cognitivo-Conductual contribuye a la promoción de la salud mental infantil.

Palabras clave:

Somatización Infantil; Cáncer Materno; Terapia Cognitivo-Conductual; Salud Mental Infantil; Familia.

INTRODUCTION

The motivation to research the intervention possibilities that Cognitive Behavioral Therapy (CBT) can offer to patients, especially children whose mothers have been diagnosed with cancer, arose from students' reflection on somatization disorder in childhood during crisis or stressful situations. The issue of maternal cancer was then chosen as the context for conducting the research and deepening the studies through a narrative literature review, understanding that emotional and behavioral disorders have manifested significantly in the early stages of child development. Among these phenomena, somatization stands out, characterized by the presence of physical symptoms without an apparent medical cause, which are directly related to emotional factors.

According to Pinto (2020), maternal cancer has implications for the entire family, with the diagnosis of an oncological disease being impactful for both the patient and their family unit (spouse, children, and relationships). The routines and roles of those involved are altered, and the feeling of vulnerability is very present throughout the process.

Childhood is a period marked by the acquisition of language, socialization, and emotional regulation; therefore, somatization can emerge as a way of expressing internal conflicts or emotional difficulties that the child cannot yet verbalize but experiences while immersed in the context of the continuous suffering caused by their mother's cancer diagnosis. This situation, in addition to impacting the child, also affects family and school dynamics, becoming a challenge for parents, educators, and healthcare professionals (Pinto, 2020).

Within this context, it is understood Cognitive-Behavioral Therapy (CBT) is a widely used approach in the treatment of various psychological disorders, with recognized effectiveness. However, although there is extensive literature on its application in adolescents and adults, studies and records on specific techniques used with children, especially in the management of somatization, are still limited.

This study investigated the techniques used by Cognitive-Behavioral Therapy (CBT) in the treatment of childhood somatization, both to expand scientific knowledge and to support more assertive clinical practices capable of promoting emotional well-being and quality of life for children and their families.

The general objective of this research was to analyze the possibilities of intervention by Cognitive-Behavioral Therapy in the management of childhood somatization in the face of maternal cancer.

The specific objectives were: To identify somatic manifestations in children exposed to maternal cancer; to describe CBT interventions applied to childhood somatization; and to analyze the role of the family in the therapeutic process.

Given this, the question arises: what are the contributions of Cognitive-Behavioral Therapy in managing childhood somatization in the context of maternal cancer?

To answer this question, it became necessary to investigate the different techniques that Cognitive-Behavioral Therapy (CBT) offered for the treatment of somatization in children in early and middle childhood, seeking to reduce somatic symptoms and promote more adaptive coping skills.

The literature highlights the importance of investigating the resources used by Cognitive Behavioral Therapy (CBT), employing practices that help reduce bodily tension and improve the realistic perception of physiological signals, preventing the intensification of somatic symptoms, as well as psychoeducation for both the child **and** caregivers, which aims to playfully explain the relationship between thoughts, emotions, and physical manifestations, promoting understanding and reducing anxiety in the face of symptoms. Furthermore, it is important to consider how CBT employs cognitive restructuring and problem-solving techniques adapted to child development, focusing on reducing somatization in the child's daily life.

The choice of this topic is justified by the clinical relevance of somatization in children, a phenomenon that can compromise healthy development, school performance, and family relationships. Childhood is a stage marked by the formation of emotional and cognitive resources, and the manifestation of physical symptoms resulting from psychological factors can hinder the child's social and emotional adaptation.

Maternal illness due to cancer represents a situation of intense emotional impact for the entire family, especially for the children, who may have difficulty understanding and expressing their feelings. In many cases, these unprocessed emotions manifest themselves through physical symptoms, characterizing the phenomenon of somatization (Fiertag ; Taylor; Tareen ; Garralda , 2019).

Understanding this process is fundamental so that the child receives adequate support and can develop emotional resources that favor their adaptation to suffering.

Cognitive-Behavioral Therapy (CBT) emerges as an important approach for managing the emotional and behavioral reactions of children in contexts of parental illness. Through the identification and restructuring of dysfunctional thoughts, CBT can assist in emotional expression and the reduction of somatic symptoms, promoting greater psychological balance.



Thus, investigating the possibilities of intervention with this approach in the face of maternal cancer contributes to the field of pediatric clinical practice and to the improvement of therapeutic practices focused on children's mental health.

From a professional standpoint, understanding and systematizing CBT techniques applicable to childhood somatization is of fundamental importance, as it can support the clinical practice of psychologists, offer new perspectives on intervention, and contribute to the promotion of mental health for children and families. Furthermore, the study directly addresses contemporary social demands, which require increasingly specific, effective, and evidence-based therapeutic approaches.

Therefore, the choice of topic is also related to academic training in Psychology and an interest in deepening knowledge about clinical practices focused on children, strengthening the integration between theory and practice.

This study falls within the field of Clinical and Developmental Psychology, investigating psychosomatic manifestations in children and the possibilities of therapeutic intervention. The choice of CBT (Cognitive Behavioral Therapy) as an approach is based on its practical and scientific relevance in the field of Psychology, as it is a widely legitimized model in the treatment of different emotional and behavioral disorders. The research contributes to Child Psychology by offering theoretical and practical support that assists psychologists in understanding and managing somatization at early ages, expanding the repertoire of interventions aimed at promoting mental health and quality of life for children. The topic directly contributes to clinical practice and to the understanding of the emotional impacts of maternal illness in childhood, consolidating itself as a highly relevant investigation for the field of Psychology.

DEVELOPMENT

Somatization in Childhood

According to Díez-Suárez and Hernández-González (2025), somatoform disorders are characterized by the presence of physical symptoms that cannot be fully explained by identifiable medical conditions, but which are associated with intense psychological distress and impairments in the individual's overall functioning. These conditions involve a persistent and disproportionate preoccupation with health, often accompanied by catastrophic

interpretations of bodily signals. The authors highlight that such manifestations are sustained by psychological factors, such as difficulties in emotional regulation, dysfunctional cognitive patterns, and stressful contexts, with the concomitant presence of symptoms of anxiety and depression being common, contributing to the maintenance and worsening of the condition.

Functional Somatic Symptoms (FSS) are defined as persistent physical complaints that impact daily functioning but lack sufficient medical explanation. These symptoms, common in adolescence, include pain, fatigue, and gastrointestinal discomfort, and are frequently associated with psychological distress and impairments in social and academic functioning. Evidence indicates that contextual factors, such as the presence of chronic illness in one of the parents, may contribute to the development of these symptoms, especially in girls, suggesting the influence of emotional processes and stress on their manifestation (Kohen ; Ravensbergen ; Schoormans ; Hoogendijk ; Grootendorst -Van Mil, 2023).

From the perspective of Cognitive-Behavioral Therapy, Functional Somatic Symptoms (FSS) can be understood as the result of the interaction between thoughts, emotions, and physiological responses. The dysfunctional interpretation of bodily sensations, associated with stressful contexts, such as chronic parental illness, can intensify and maintain these symptoms over time (Koen) . *et al .*, 2025).

According to Fiertag *et al .* (2019) define childhood somatization as the manifestation of psychological suffering through physical symptoms, without an underlying medical condition fully explaining the intensity or frequency of the bodily complaints. It is a complex phenomenon involving the interaction of biological, psychological, and social factors in how children and adolescents express emotional suffering through their bodies. According to Fiertag *et al .* (2019) this process refers to the manifestation of physical symptoms that cannot be fully explained by identifiable medical conditions, but which are experienced by the child as real and often disabling. This characteristic makes it essential to understand the subjective and relational mechanisms that underpin the somatic experience, given that bodily suffering has a significant impact on daily, school, emotional, and social functioning.

The concept of bodily suffering, as presented by the authors cited above, highlights the subjective nature of somatic experience. It refers to how a child perceives, interprets, and reacts to their own body, often without being able to establish clear connections between the physical symptom and possible emotional tensions. This difficulty arises because children have limited resources for language and emotional self-regulation, causing the body to function as the primary channel for communicating psychological distress. Thus, somatization emerges as a

form of expression when feelings such as anxiety, fear, sadness, stress, or interpersonal conflicts do not find symbolic avenues for processing.

Thus, somatic symptoms constitute the most immediate expression of somatization. They include recurring complaints of abdominal pain, headache, nausea, dizziness, extreme fatigue, and various physical discomforts that persist even in the face of medical examinations without relevant alterations. Although physical symptoms are common in childhood, they become an important clinical indicator when they present high intensity, prolonged duration, or interference with the child's functional performance.

The authors Fiertag *et al.* (2019) emphasize that somatization can encompass a spectrum of disorders related to somatic symptoms, such as Somatic Symptom Disorder, Persistent Pain Disorder, Conversion Disorder, and functional gastrointestinal conditions. When present, these conditions are characterized by significant impairment in daily routines and excessive concern on the part of the child and family regarding physical health, which contributes to the worsening and maintenance of symptoms.

Among the vulnerability factors associated with childhood somatization, the following stand out: school stress, family conflicts, parental patterns of concern about health, difficulty in emotional communication, history of recurring pain, and adverse experiences. These factors do not act in isolation, but interact with individual characteristics of the child, such as anxious temperament and difficulties in emotional regulation, favoring the emergence or persistence of symptoms.

Fiertag *et al.* (2019) further describe a typical maintenance cycle of somatic symptoms: Childhood somatization can be understood as a self-reinforcing process. An initial physical discomfort triggers worry and increased somatic vigilance, amplifying the subjective perception of pain. This increased body monitoring tends to generate avoidance of activities and obligations, such as school attendance. Avoidance, in turn, often results in increased support and attention from caregivers, contributing to the maintenance and strengthening of the symptomatic pattern. Over time, the symptom can become chronic, assuming regulatory functions in the emotional and relational field, such as reducing environmental demands and facilitating closeness with caregivers. Identifying this cycle is fundamental for designing clinical and psychoeducational interventions, allowing action on the mechanisms that initiate and sustain somatic expression.

Therefore, the authors Fiertag *et al.* (2019) argue for the importance of a multidimensional assessment that considers not only medical aspects, but also emotional functioning, family dynamics, the school context, and the meanings attributed by those

involved. A biopsychosocial understanding thus becomes the basis for the appropriate management of somatization in childhood, allowing for interventions that do not deny the reality of bodily suffering, but rather expand the child's and family's capacity to understand and cope with these experiences.

Emotional impacts of maternal cancer on children

In the field of Psychology, maternal cancer can be understood as a significant stressor that directly impacts the emotional development of children. The literature indicates that events of this magnitude tend to destabilize family functioning patterns and trigger diverse subjective responses. *The book *Um Novo Pedaco de Mim* (A New Piece of Me)*, by Ana Margarida Ferreira de Sousa Pinto (2020), delves deeper into this theme by analyzing narratives from children and adolescents who experience maternal cancer.

According to Pinto (2020), one of the most recurrent emotional effects relates to the fear of loss. Children, even without fully understanding the clinical severity of the illness, perceive changes in maternal behavior, hospitalizations, physical suffering, and alterations in family dynamics, which favors the emergence of anticipatory anxiety and constant worry about the possibility of the mother's death. This anxiety interferes with sleep, concentration, and emotional regulation, becoming a central element in the child's coping process.

Silva, Cerqueira and Freitas (2024) point out that it is important to understand that cancer carries a stigma of negative feelings, including death, therefore it is common for both the sick person and those around them to enter a state of mourning and begin to think about the possibility of death.

A mother facing illness may grapple with the question of whether or not to tell her child about the diagnosis. This also brings with it the perception of significant losses, such as the loss of a healthy body, the loss of control over her own life, the loss of future possibilities with her child, and sometimes the mother doesn't know how to manage her own needs alongside the infant's needs. (Silva *et al.* 2024).

Another aspect highlighted by Pinto (2020) concerns the context of family changes produced by maternal illness; the phenomenon of parentification frequently emerges, in which the child begins to occupy emotional or practical functions that go beyond their development. In this dynamic, children may try to protect their mother, spare her worries, or take on tasks previously assigned to her, generating psychological overload and loyalty conflicts.

Patterson (1988) argues that the changes resulting from maternal cancer illness impose a reorganization of family functions and roles, potentially generating emotional overload in its members, especially children, who often express this suffering through physical symptoms. In this sense, Patterson (1988) emphasizes that the emerging demands manifest themselves through individual survival needs, the developmental tasks of each family member, family maintenance and development tasks, changing social conditions, and the underlying conditions of the illness.

From this perspective, it is understood that maternal illness constitutes a complex stressful event, mobilizing different levels of demands within the family system. These demands are not limited to caring for the illness, but also involve the need for emotional reorganization, adaptation to changes in routine, and coping with the uncertainties associated with treatment. In this sense, children stand out as important elements in the family, taking on emotional or practical responsibilities, attempting to protect their mother, avoid worrying her, or assume tasks previously performed by her. This dynamic can generate psychological overload, loyalty conflicts, and feelings of guilt when the child realizes they cannot "help enough." Guilt, in turn, manifests itself in diffuse forms, linked to magical thinking or the fear of being an additional burden for the suffering mother.

In addition to these factors, maternal cancer directly impacts children's self-esteem and sense of competence, which can lead to feelings of helplessness due to their inability to control their mother's health. Behavioral changes and academic difficulties also arise, such as social withdrawal, irritability, decreased academic performance, and concentration problems, as concerns related to the illness compete with the demands of daily school life.

Pinto (2020) emphasizes that the intensity of these impacts is directly related to the quality of family communication. Children who receive clear information, appropriate to their age and transmitted in a supportive manner, tend to show a greater capacity for emotional adaptation. Conversely, when there is silence, secrecy, or fragmented communication, children fill the gaps with catastrophic interpretations, increasing psychological suffering.

It is important to highlight that Pinto (2020) points out that, although marked by high emotional stress, maternal illness can generate post-traumatic growth processes. In some cases, children develop greater empathy, autonomy, a sense of responsibility, and appreciation for family relationships. However, such positive effects do not negate the suffering experienced and depend on consistent support networks to consolidate.

Therefore, understanding the emotional impacts of maternal cancer on children is fundamental to developing psychological and psychosocial intervention practices that are

sensitive to their needs, preventing negative outcomes and strengthening protective factors throughout the illness and treatment process.

Cognitive-Behavioral Therapy for childhood somatization

Cognitive-Behavioral Therapy (CBT) is a structured, brief, and goal-oriented psychotherapeutic approach based on the premise that thoughts, emotions, and behaviors mutually influence each other. According to Beck (2013) and Beck and Dozois (2011), emotional suffering stems less from the events themselves and more from the interpretations that the individual constructs about them, which can generate distorted cognitive patterns and dysfunctional behavioral responses. In this sense, CBT is dedicated to identifying and modifying automatic thoughts, intermediate beliefs, and core beliefs that maintain the cycle of psychological suffering, using cognitive and behavioral techniques that have broad empirical validation in contemporary clinical practice.

Therefore, Cognitive Behavioral Therapy (CBT) offers a set of effective strategies for managing childhood somatization, especially when symptoms emerge in contexts of intense emotional distress, such as a maternal cancer diagnosis. According to Fiertag *et al.* (2019), somatization in childhood cannot be fully explained by medical conditions, even when involving physical complaints; these are expressed indirectly through emotional and relational difficulties. Factors such as family stress, insecurity, fear, and difficulties in emotional communication are also highlighted as central elements in maintaining somatic symptoms, making it essential to understand the child's psychosocial context.

In the specific case of maternal cancer, Pinto (2020) highlights that children frequently face a scenario of uncertainty, fear of loss, changes in family routine, and changes in the mother's emotional availability. These elements can generate ambiguous feelings, such as guilt, excessive worry, and threatening perceptions that the child cannot always verbalize. According to the author Pinto (2020), the emotional impact of the disease on family dynamics is significant, and many children resort to their bodies as a way to express anxiety and vulnerability, especially when they lack the psychological resources to understand and name their emotions.

In this sense, CBT, based on the cognitive model that understands the interconnection between thoughts, emotions, and behaviors, contributes to identifying distorted beliefs and threatening interpretations that may underlie somatic symptoms. Fiertag *et al.* (2019) reinforce that children with somatization tend to show increased attention to bodily sensations,

catastrophic interpretations of pain, and avoidance patterns that intensify the somatic cycle. CBT intervenes precisely by promoting psychoeducation about emotions, training in body monitoring, emotional regulation techniques, and strategies aimed at cognitive restructuring, which help the child understand the emotional origin of their physical sensations.

Furthermore, Pinto (2020) emphasizes the importance of providing a safe space where the child can express fears, fantasies, and concerns related to the mother's illness. In this process, CBT allows for the identification of thoughts such as "my mother might die," "it's my fault she's sick," or "I need to be strong and not worry anyone," which are common among children exposed to parental cancer. Cognitive intervention allows for the revision of these beliefs, making them more realistic and fostering the construction of more adaptive meanings in the face of the illness.

Another essential component concerns family involvement. Both Pinto (2020) and Fiertag *et al.* (2019) emphasize that the emotional environment, how caregivers respond to symptoms, and the quality of family communication directly influence the child's somatic expression. CBT, by including caregivers, helps guide more functional responses to physical complaints, reduces involuntary reinforcement, and strengthens emotional support practices. This family-oriented approach also allows for the reorganization of interaction patterns affected by maternal cancer, promoting greater predictability, safety, and support.

Therefore, in situations of somatization associated with maternal cancer, CBT proves to be a comprehensive intervention that aims to expand the child's repertoire for coping with fear and uncertainty, promote adaptive strategies for emotional regulation, and reduce the intensity and frequency of somatic symptoms. By integrating cognitive understanding, emotional expression, and family support, CBT contributes to the child developing a safer and more organized experience during a period marked by high emotional vulnerability, as pointed out by both Pinto (2020) and Fiertag *et al.* (2019).

METHODOLOGY

This research was conducted as a narrative literature review, with an exploratory character, aimed at identifying, selecting, and analyzing scientific productions about childhood somatization and the possibilities of intervention through Cognitive-Behavioral Therapy (CBT). This type of approach allows for the synthesis and critical discussion of the knowledge available in the literature, contributing to a broader theoretical understanding of the topic. Although it does not follow a rigid protocol like systematic reviews, search and study selection



criteria were adopted in order to provide greater organization and consistency to the analysis performed.

This research is descriptive and exploratory in nature, as it seeks to gather, organize, and analyze existing evidence on the topic, without intending to establish causal relationships or perform inferential statistical analyses. The sample consisted of theoretical and empirical studies published between 2021 and 2025, selected based on previously defined inclusion and exclusion criteria, considering relevance, methodological quality, and adherence to the investigated topic.

Selection of Analysis Material

The databases SciELO and Pepsic were used as search sources .

PubMed , Google Scholar, and Cochrane Library were used, including dissertations relevant to the topic. Initially, titles and abstracts were read to screen studies, followed by the collection of full texts that met the inclusion criteria. Subsequently, the materials were organized in a spreadsheet, categorizing by author, year, title, and available website.

The inclusion criteria adopted for the selection of materials considered publications between 2021 and 2025, available in Portuguese, English, and Spanish. Studies addressing topics related to childhood somatization, the emotional impacts of maternal cancer, Cognitive Behavioral Therapy (CBT) interventions for children, and the relationship between physical symptoms and emotional factors were included. Due to the scarcity of articles addressing childhood somatization , cognitive behavioral therapy, and maternal illness, we expanded the inclusion of articles to include adolescence. Regarding the exclusion criteria, studies that did not relate to childhood or maternal illness were disregarded, as were studies focused exclusively on the adult population. Articles addressing somatization in children who were victims of sexual abuse and complex trauma, duplicate materials in the consulted databases, publications without access to the full text, and opinion pieces lacking scientific basis were also excluded.

Instruments and Procedures for Data Collection

Since this is a literature review, no empirical data collection instruments were used. A systematic literature search was conducted with the aid of a computer and internet access.

The descriptors used for the search were “Childhood somatization” and “maternal cancer” and “cognitive-behavioral therapy”, “somatic symptoms in children”, “somatic disorder” and “cognitive-behavioral therapy”, “ somatization ” and “ children ” and “ cognitive”. behavioral therapy ”, “stress” and “ children ” and “ cognitive behavioral therapy ”, “ mother disease ” and “ children ”, “ somatization disorder ” and

“ pediatric ” and “ parental ”, “ somatization ” and “ mother disease ”, “ somatization ” and “ children ” and “CBT”, “ somatization disorder ” and “ terapia cognitiva conductual ”, “madre” and “ somatization ” and “ niños ”.

Ethical Reservations

Because this is a narrative literature review, the study did not involve direct data collection from human subjects, eliminating ethical risks related to the privacy, confidentiality, or exposure of participants.

Following ethical guidelines for theoretical research, all authors used are properly cited according to academic standards.

In searches conducted in a digital environment, principles of responsible use of information were observed, avoiding unauthorized access materials, incomplete content, or "pirated" versions. Data protection guidelines stipulated in Brazilian law (LGPD) were also respected, even though the study does not deal with sensitive personal data.

Materials and method of analysis

The data were analyzed using the Content Analysis proposed by Bardin (2011), following the steps of pre-analysis , exploration of the material, and treatment of the results. Initially, a full reading of the selected studies was carried out, with the aim of identifying units of meaning related to the investigated theme. Subsequently, these units were grouped into thematic categories, allowing for the organization and interpretation of the findings in light of the theoretical framework of Cognitive-Behavioral Therapy.

The definition of the categories occurred systematically, based on the identification of recurring and relevant themes in the analyzed studies, in accordance with the research objectives and the assumptions of content analysis. This process resulted in the construction of the following thematic categories:

1. The context of maternal illness and its impacts on child development;
2. Manifestations of somatization in childhood;
3. Psychological and family factors associated with somatization;
4. Cognitive-Behavioral Therapy interventions applied to childhood somatization;
5. The role of family and communication in the therapeutic process.

The construction of these categories considered both the adopted theoretical framework and the aspects most frequently addressed in the scientific literature, allowing for the coherent and progressive organization of the results. Thus, the study began with an understanding of the context of maternal illness and its impacts on the child, progressing to the analysis of somatic manifestations, factors associated with its development, and finally, the possibilities of therapeutic intervention and the role of the family in the care process. Therefore, the categorization constituted a procedure grounded in the literature and guided by the research objectives, contributing to a broader and more systematic understanding of the investigated phenomenon.

RESULTS AND DISCUSSION

The general objective of this study was to analyze the possibilities of intervention through Cognitive-Behavioral Therapy (CBT) in children who presented somatization in response to maternal cancer, aiming to contribute to emotional management and the treatment of psychosomatic symptoms.

Table 1 - Characterization of the articles included in the review

AUTHOR	YEAR	TITLE	SITE
SILVA, Marcosius Vinic Branches of	2021	Intervention Cognitive-behavioral therapy in childhood stress.	https://scientiagen-eralis.com.br/index.php/SG/article/view/145
SANTOS, MF VIEIRA, FA SANTOS, ZT da JARDIM, KCL	R.; S.; S;	2021 Psychosomatic illness: a new perspective from cognitive-behavioral therapy.	https://ojs.brazilianjournals.com.br/ojs/index.php/BRJD/article/view/34296



BABORE	THE.,2023	Maternal Cancer and	https://pmc.ncbi.nlm.nih.gov/ar
TRUMELLO	C.,	Perception of Child	ticles /PMC9913337/
BRANDÃO	T.,	Psychological Adjustment :	
HORSE	THE.,	The	
BRAMANTI SM		Role of Mother's Anxiety	
		Depression , and Parenting	
		Stress.	

KOEN, LW;	2023	The association between	https://pubmed.ncbi.nlm.nih.go
RAVENSBERGEN, SJ;		parental chronic physical	v/37308000/
SCHOORMANS, D.;		illness and adolescent func-	
HOOGENDIJK, WJ		tional somatic symptoms .	
G.;			
GROOTENDORST-VA			
N MIL, NH			

DIÉZ-SUÁREZ	A., 2025	Somatizations en there	www.sciencedirect.com/sci-
HERNÁNDEZ-GON-		childhood and there adoles-	ence/arti-
ZÁL		cence : a guide to under-	cle/pii/S16954033240023
EZ C.		standing them mejor .	15

Source: Prepared by the authors, 2026.

Five categories were used to analyze the results, which will be discussed below:

With regard to the first category **The article by Babore , Trumello , Brandão, Cavallo, and Bramanti (2023)** , which addresses the context of maternal illness and its impact on child development , points out that the prevalence of early-onset cancer diagnosed in adults under 50 years of age with minor children suffering from cancer is around 24% of patients. The diagnosis and treatment of cancer makes these parents less physically and emotionally available to their children. The treatment process generates significant changes in family structure and functioning, causing a disruption to the daily routine experienced until then.

The consequences of this disruption, associated with stress and changes in

Family life can affect the healthy development of children, especially when there is a decrease in the presence of sensitive and nurturing parents.

According to Silva (2021), one of the main causes of stress for children is their parents. Although not all children subjected to stress levels show symptoms, some children are very

sensitive while others are invulnerable to life's tensions. The author considers stress a stimulus that provokes the need for adaptation or change, which can result in physical or psychological symptoms, or both. Significant changes in relation to the family can trigger stressful situations and consequently increase the risk of developing physical illnesses and mental disorders.

In this context, maternal illness is considered a "significant change" in the child's support structure. Silva (2021) argues that events that alter the routine and role of caregivers can trigger situations of acute or chronic stress, substantially increasing the risk of developing physical illnesses and mental disorders in children. The impact of maternal illness on child development is not uniform, being mediated by individual vulnerability: while some children demonstrate greater invulnerability to life's stresses, others are extremely sensitive to signs of parental fragility.

Silva's (2021) approach highlights that when a child is subjected to high levels of stress resulting from parental illness, homeostatic balance is disrupted. Without adequate coping strategies or interventions that aid in cognitive restructuring regarding the family's illness situation, childhood stress tends to become entrenched. Therefore, maternal illness is treated in the article as a critical environmental trigger that requires an intervention focused on mediating between the stressor stimulus and the child's perception, aiming to mitigate impairments in biopsychosocial development.

Analyzing the article by Díez-Suárez and Hernández-González (2025), the text addresses the context of maternal illness as a fundamental component of the biopsychosocial model of somatization.

The authors present maternal (and parental, in general) illness.

not only as a clinical condition, but as a factor that shapes the child's perception of health. The article highlights that the presence of psychopathology in parents, such as anxiety or depression, as well as the tendency of caregivers to express psychic suffering through physical symptoms, serves as a behavioral model for their children. This process, often called "intergenerational transmission of somatization," causes the child to learn to focus excessively on bodily sensations as a way of communicating emotional distress.

Furthermore, the impact on child development is described through the dynamics of "reinforcement": caregivers suffering from chronic illnesses or somatoform disorders may unintentionally overprotect the child or give excessive attention to their minor physical discomforts, preventing the young person from developing healthy emotional regulation strategies. The article by Díez -Suárez, Hernández-González (2025) reinforces that maternal illness can generate a family environment of high "emotional expressiveness" or stress, which

acts as a trigger for the child to manifest abdominal pain, headaches, or fatigue without an organic cause, impairing their autonomy and school performance.

Koen *et al.* (2023) address the issue of somatization in adolescents and point out that the presence of chronic physical illnesses in parents establishes a direct association with the manifestation of Functional Somatic Symptoms (FSS) in children, characterized by physical complaints without evident pathophysiological basis, such as headaches and abdominal pain. The investigation indicates that this impact is permeated by a marked gender asymmetry, in which female adolescents demonstrate greater vulnerability to somatization in response to the clinical condition of their parents, especially in the context of maternal illness.

When analyzing the mechanisms underlying this correlation, it is observed that the impact is not limited to isolated cases of anxiety or depression, but manifests itself primarily through somatic language. Koen *et al.* (2023) demonstrate that, by isolating the variables of internalizing symptoms , the specificity of somatization persists, suggesting that the adolescent's body acts as the main locus of expression of family stress. This process can be understood in light of social learning and behavior modeling theories, where the observation of the caregiver's illness behavior, frequently the mother, due to historical constructions of closeness in caregiving, is internalized by the offspring as an adaptive strategy or a neurobiological response to the dysregulation of the stress system.

Therefore, maternal illness is addressed not only as an individual clinical variable, but also as an environmental determinant that compromises adolescent functionality. Evidence that girls present elevated levels of SFS (Functional Somatic Symptoms) when exposed to this scenario reinforces the need for a systemic and preventive clinical approach. It is concluded that child and adolescent development, under the aegis of parental chronicity, requires careful monitoring of physical complaints, since these may represent the somatization of a family dynamic weakened by illness, directly impacting the social integration and academic performance of the young people involved.

Based on the studies analyzed, it is observed that they converge in identifying the deleterious impact of maternal illness on child development, characterizing it as a trigger for the emergence of somatic disorders. Díez-Suárez, Hernández-González (2025) emphasizes that children who live with parental pathologies present greater vulnerability, pointing to concerns about peer relationships and the presence of physical health problems in the family nucleus as risk factors. Additionally, variability in the somatic response is mediated by intrinsic characteristics, such as a lower pain threshold, difficulties in verbal expression (especially the tendency towards alexithymia), and traits of perfectionist, obsessive, or insecure temperament.

Regarding demographic variables, the author observes a marked prevalence of these conditions in females.

This gender disparity is corroborated by Koen. *et al.* (2023), whose findings indicate that adolescent girls with chronically ill parents exhibit high levels of post-traumatic stress. The literature also converges on the psychosocial impairments of somatic disorders, which include psychological suffering, school absenteeism, and impairment of affective relationships and leisure, configuring an increased risk for anxiety and depression disorders in adulthood. Complementing this perspective, Silva (2021) reinforces that parental figures are the main sources of childhood stress, but highlights family support as the fundamental mediator and the most important buffer against the negative effects of stress, being able to preserve the integrity of the child's development even in the face of illness.

Babore 's study *et al.* (2023) is crucial because it shows that it is not the cancer itself (the biology) that affects the child, but the mother's emotional state in the face of cancer. If the mother receives support for her depression/anxiety, the impact on the child is less.

Illness not only "takes" something away from the family, but "establishes" a new order. The way the father or other caregivers react to the mother's illness significantly contributes to whether or not the child somatizes. If there is support and emotional regulation, vulnerability is reduced; in their absence, the family system reinforces the somatization pattern as a language of unspoken distress.

The articulation between the explanatory mechanisms of somatization reveals that maternal illness triggers a cascade of vulnerabilities: chronic stress acts as the initial physiological trigger, while the disruption of routine destabilizes the child's perception of security, and modeling (or social learning) provides the repertoire of symptoms. According to studies by Silva (2021) and Santos ; Vieira; Santos and Jardim (2021), childhood stress, when not mediated by effective coping strategies, tends to manifest in the body. This manifestation is directed by modeling, as discussed by Koen. *et al.* (2023) highlight the greater susceptibility of female adolescents to reproducing functional somatic symptoms. Koen 's article *et al.* (2023) is fundamental to supporting this assertion about gender, but through an epidemiological correlation and observation of development, the authors discuss that this disparity can be explained by the fact that girls are more likely to use emotion-based *coping strategies* and are more subject to modeling parental illness behavior, as explained by social learning theory, and also because girls may exhibit greater reactivity to stress. Among these factors, parental psychological support and adjustment seems to exert the greatest weight in mediating the situation; Babore *et al.* (2023) and

Díez-Suárez and Hernández-González (2025) suggest that the mother's own stress and depression, by compromising the quality of care and the predictability of the environment, are the main predictors of childhood somatization. Thus, somatization does not only result from the illness itself, but from the emotional disorganization of the family system, where the failure of parental support acts as the mediator with the greatest negative impact.

In the second category, which refers to "Manifestations of somatization in childhood," Díez-Suárez and Hernández-González (2025) indicate that somatization affects approximately 25% of children and adolescents, with a significant impact on 10% and a prevalence of disorders between 1% and 3%. The authors define somatization as the expression of emotional suffering through physical symptoms without an identifiable medical cause, such as fatigue and generalized pain. When persistent, these symptoms can compromise school performance, social relationships, and lead to absenteeism. Furthermore, they are associated with psychological factors (anxiety, depression, emotional difficulties) and contextual factors (family conflicts, overprotection, and school stress, such as *bullying*). The interpretation of symptoms as exclusively physical by the child and family can hinder the recognition of their psychological origin, highlighting the multifactorial nature of somatization and the need for an interdisciplinary approach. Silva (2021), although not directly addressing somatization, contributes by demonstrating that childhood stress can manifest itself through... Physical symptoms, such as abdominal pain, headaches, and respiratory problems, reinforce the relationship between emotional factors and bodily expressions.

Babore *et al.* (2023) highlight the influence of family factors, pointing out that parental anxiety and stress are associated with greater emotional difficulties in children, favoring the manifestation of somatic symptoms. Koen *et al.* (2023) indicate that approximately 10% of adolescents report functional somatic symptoms, such as pain and nausea without a medical cause. The authors highlight the influence of the family context, especially the presence of chronic diseases in parents, associated with an increase in these symptoms, greater psychological distress, and internalizing problems, with a higher incidence in girls.

Finally, Santos *et al.* (2021) address psychosomatic illness as a result of the failure to process emotions, such as stress and anxiety, which then become expressed through the body. Although not focused on childhood, the study contributes by indicating that children, due to their emotional immaturity, tend to manifest psychic conflicts through physical symptoms.

Based on the studies analyzed, it is observed that somatic manifestations in childhood are not limited to nonspecific responses to stress, being primarily related to difficulties in emotional regulation. According to Díez-Suárez and Hernández-González (2025), children with

somatization present limitations in the identification and expression of emotions, such as alexithymia, resorting to the body as a way of manifesting suffering. Furthermore, there is an association with anxiety, depression, and family and environmental factors. Along the same lines, Silva (2021) highlights that childhood stress involves emotional and cognitive aspects, being expressed through physical and psychological symptoms linked to internal factors such as fear and insecurity.

According to Santos *et al.* (2021), when an individual is unable to process their emotions, the body begins to express this suffering, demonstrating that somatization involves dysfunctional beliefs, interpretations, and coping strategies. Koen *et al.* (2023) point out that functional somatic symptoms, especially in adolescents with ill parents, are associated with stress and emotional regulation, with greater intensity in girls and a more specific relationship with somatic symptoms than with general psychopathology.

Regarding the similarities and differences between children and adolescents, Díez-Suárez and Hernández-González (2025) indicate that, in both, somatic symptoms result from the interaction between psychological and physiological factors, associated with anxiety and emotional difficulties. However, adolescents tend to present more complex symptoms and greater psychiatric comorbidity, while children demonstrate greater difficulty in emotional verbalization. Similarly, Koen *et al.* (2023) highlight that children present more diffuse symptoms, while adolescents manifest more structured conditions with greater functional impact, including more evident gender differences. According to Santos *et al.* (2021), although the basis of the symptoms is the relationship between emotion and body, the form of expression varies with development: children tend to somatize more directly, while adolescents show greater influence from thoughts and beliefs. This perspective is reinforced by Silva (2021), who highlights a greater capacity for verbalization in adolescents and greater emotional dependence in children, especially in contexts of parental illness. Babore *et al.* (2023) contribute by highlighting the impact of parental illness on children's psychological adjustment, although they do not directly address somatization.

Regarding the family's interpretation of symptoms, Santos *et al.* (2021) emphasize that exclusively physical understandings tend to reinforce and chronicize symptoms, while a psychosocial perspective favors more appropriate interventions. Complementarily, Silva (2021) highlights that family misunderstanding can intensify childhood stress, while supportive environments act as a protective factor. According to Díez-Suárez and Hernández-González (2025), family interpretation plays a central role in maintaining somatizations, with the exclusive search for organic causes potentially perpetuating the condition, while the inclusion

of psychological interventions favors recovery. Although Koen et al. (2023) do not directly address this interpretation, they highlight the influence of the family context through social learning and stress. Finally, Babore *et al.* (2023) indicate that the emotional state of parents influences child adjustment, suggesting that the way the family interprets the child's signals can act as a risk or protective factor.

Regarding the third category, which addresses psychological and family factors associated with somatization, Santos *et al.* (2021) highlight that emotions such as stress, anxiety, and frustration, when not adequately managed, can generate mental overload and trigger imbalances in the functioning of the organism. According to Santos *et al.* (2021), such emotional states, when persistent, can directly impact biological systems, contributing to the development of somatic symptoms. From this perspective, psychoneuroimmunology offers an important theoretical contribution by highlighting the interaction between emotional and physiological processes. As discussed by Darwich (2005), the endocrine, nervous, and immune systems are intimately interconnected, being highly sensitive to the individual's emotional state. Thus, intense or prolonged emotions can influence organic functioning, favoring the onset or worsening of diseases. Furthermore, chronic exposure to stressful situations can compromise the immune system, making the organism more vulnerable to illness. In this context, the way an individual interprets and copes with stressful events plays a key role in triggering physical symptoms.

Furthermore, Campos (2010) highlights that patients with somatic manifestations may present different levels of psychological impairment, depending on the meaning attributed to their condition. Therefore, when emotional factors play a predominant role, a psychological approach becomes necessary, highlighting the relevance of an integrated understanding between mind and body. Thus, somatization can be understood as a result of the dynamic interaction between emotional, biological, and social factors, reinforcing the importance of considering the individual in their totality and the environment in which they are embedded.

Koen *et al.* (2023) point out an association between parental chronic illnesses and an increase in functional somatic symptoms in children, highlighting that the family context of illness can act as an important stressor. According to the same authors, adolescents whose parents have chronic physical illnesses tend to manifest a higher frequency of somatic symptoms, which may be related to prolonged exposure to stress, emotional insecurity, and changes in family dynamics resulting from parental illness. Regarding psychological and family factors associated with somatization, it is observed that the environment exerts a strong influence on the somatization process. Factors such as family conflicts, inconsistency in

parental education, excessive demands, significant changes in family dynamics, and situations of illness (such as chronic diseases in family members) can act as important stressors for the child.

Lack of emotional support and difficulties in family communication can intensify childhood psychological distress, favoring the manifestation of physical symptoms as a way of expressing emotional distress. Family support, on the other hand, acts as a protective factor, reducing the impact of stressful events.

According to Correia-Zanini and Marturano (2015), stress symptoms can appear from the first years of life, manifesting simultaneously at physical and psychological levels, which makes identification difficult and can contribute to the worsening of the condition.

According to Lipp (2000), physical symptoms related to stress include headaches, abdominal pain, respiratory problems, and dermatological changes, while psychological symptoms involve depression, irritability, attention difficulties, sleep disorders, and impaired interpersonal relationships. These manifestations highlight the close relationship between emotional processes and bodily responses.

Furthermore, Silva *et al.* (2024) points out that the failure to identify stress early can intensify symptoms, making them more complex and persistent. In this context, internal psychological factors, such as insecurity, low self-esteem, excessive fear, and emotional difficulties, contribute significantly to the development and maintenance of childhood stress, favoring its expression through somatic symptoms.

Based on the studies analyzed, it is observed that childhood somatization emerges from a complex interaction between individual emotional factors and family factors, and cannot be understood from a single explanatory dimension. Regarding individual aspects, elements such as anxiety, stress, psychological trauma, and difficulties in emotional expression are evident, contributing to the expression of unelaborated psychic content through the body. According to Santos *et al.* (2021), psychosomatic manifestations consist of organic responses to emotional conflicts, and the less efficient the psychic mechanisms of elaboration, the greater the tendency to use the body as a means of expressing suffering. In this sense, dysfunctional beliefs and maladaptive interpretations of lived experiences directly influence the appearance and maintenance of symptoms.

Corroborating this perspective, Díez-Suárez and Hernández-González (2025) highlight that somatization is frequently associated with anxiety and depression, as well as being related to individual characteristics, such as personality traits (e.g., introversion and insecurity) and difficulties in verbal expression. These factors indicate that limitations in emotional

symbolization constitute a central element in the genesis of somatic symptoms, reinforcing the idea that the body begins to express what is not verbalized.

However, studies also show that such individual factors are intrinsically linked to the family context. According to Koen *et al.* (2023) found that the presence of chronic parental illness is associated with an increase in functional somatic symptoms in adolescents, especially girls, with a significant relationship observed with symptoms of post-traumatic stress. This finding indicates that illness within the family acts as an important stressor, directly influencing the emotional functioning of children. Furthermore, Díez-Suárez and Hernández-González (2025) point out that family dysfunction, the presence of psychopathology in parents, and adverse situations such as illness or abuse are relevant factors in the development of somatization, highlighting the role of the environment in modulating symptoms.

Thus, the studies analyzed predominantly point to a systemic model for understanding childhood somatization. Although individual factors, such as dysfunctional beliefs and emotional difficulties, play a significant role, they are not sufficient to explain the phenomenon in isolation. As discussed by Santos *et al.* (2021), psychosomatic illness is the result of multiple interrelated factors, including emotional, cognitive, and physiological aspects. Therefore, somatization should be understood as a multifactorial phenomenon, in which the family context exerts a determining influence.

In this sense, psychoneuroimmunology contributes to broadening the understanding of somatization by integrating psychological and biological dimensions. According to Santos *et al.* (2021), emotional factors such as stress, anxiety, and psychological trauma are associated with physiological changes, including hormonal imbalances and instabilities in the immune system. This perspective allows us to understand that emotional suffering produces concrete effects on the body, surpassing a purely psychological view. Furthermore, Koen *et al.* (2023) suggest investigating biomarkers related to the stress system, such as cortisol, although the results are not conclusive, reinforcing the complexity of the mind-body interaction in the somatization process.

Regarding Cognitive-Behavioral Therapy interventions applied to childhood somatization, presented in the fourth category, Santos *et al.* (2021) suggest a hypothesis that there is a relationship between psychosomatic illness and Cognitive-Behavioral Therapy intervention, insofar as cognitive restructuring can favor the treatment of these conditions, considering the reciprocal influence between mind and body. According to Santos *et al.* (2021), Cognitive-Behavioral Therapy contributes to the treatment of psychosomatic conditions because it allows the individual to understand and modify the relationships between thoughts,

emotions, and physical symptoms. In the child context, Cognitive-Behavioral Therapy interventions initially include the cognitive conceptualization of the case, allowing the identification of internal and external stressors that influence the emergence of symptoms. From this, the therapist works on identifying and modifying dysfunctional beliefs, helping the child to interpret the situations experienced in a more adaptive way. Among the main techniques used, the following stand out: recording dysfunctional thoughts, which helps in identifying negative cognitive patterns; and psychoeducation, which teaches the child and their family about the relationship between emotions, thoughts, and the body.

In the context of Cognitive Behavioral Therapy (CBT) interventions applied to childhood somatization, the importance of identifying and managing stressors that impact the child's emotional functioning is highlighted. As cited by Knapp and Caminha (2003), the treatment of childhood stress through Cognitive Behavioral Therapy seeks to recognize both internal and external stressors, promoting changes in lifestyle and in the way the individual interprets their experiences, through the restructuring of dysfunctional beliefs and the modification of maladaptive thoughts.

In this sense, Tanno and Marcondes (2002) point out that stressors can be physical, chemical, emotional, or social in nature, highlighting the complexity of the factors involved in the development of childhood stress. Furthermore, according to Leahy (2011), thoughts function as filters through which an individual interprets reality, being influenced by their life history and previous experiences. Therefore, CBT acts in the analysis and modification of these thoughts, contributing to the reduction of stress and, consequently, somatic symptoms.

With regard to the techniques used in Cognitive-Behavioral Therapy, recording dysfunctional thoughts helps in identifying, questioning, and restructuring negative automatic cognitions, promoting more adaptive responses to lived situations, according to Wright *et al.* (2008).

Psychoeducation aimed at children and their caregivers promotes understanding of the relationship between thoughts, emotions, and physical symptoms, reducing anxiety and the intensification of somatic symptoms.

Based on the studies analyzed, it can be observed that Therapy

Cognitive-Behavioral Therapy (CBT) shows significant potential for effectiveness in managing childhood somatization, acting through cognitive and behavioral mechanisms that aim to modify both the interpretation of experiences and the associated emotional and behavioral responses. According to Santos *et al.* (2021), CBT contributes to the reduction of symptoms and prevention of crises by working on psychoeducation, identifying trigger

situations, and developing more adaptive alternative responses. Techniques such as cognitive restructuring allow for the modification of dysfunctional beliefs that underpin psychosomatic illness, favoring a new way of interpreting experiences.

Additionally, Silva *et al.* (2024) highlight that CBT uses interventions aimed at identifying and modifying negative automatic thoughts, as well as correcting cognitive distortions and developing new emotional and behavioral skills. According to the authors, it is an educational process that helps individuals manage their emotions and conflicts, promoting greater autonomy and a better quality of life. Behavioral techniques are also employed to modify maladaptive behaviors, directly contributing to the reduction of symptoms.

Regarding the suitability of these interventions for child development, it is observed that CBT presents characteristics that favor its application in this population, especially due to its structured and psychoeducational nature. According to Silva *et al.* (2024), the approach allows for focused and gradual work, respecting the child's needs and facilitating the learning of coping strategies. However, some limitations can be identified, especially when interventions do not sufficiently consider the family context. As evidenced by Koen *et al.* (2023) and Díez-Suárez and Hernández-González (2025) state that family factors exert a significant influence on somatization, indicating the need for approaches that include, whenever possible, the environment in which the child is embedded.

Finally, it is observed that the action of CBT is not limited to the reduction of somatic symptoms, promoting broader changes in emotional and behavioral functioning. According to Santos *et al.* (2021), therapy allows the individual to come into contact with the meaning of their illness, developing greater self-awareness and emotional management skills. Furthermore, Silva *et al.* (2024) point out that the acquisition of new cognitive and behavioral skills contributes to the prevention of relapses and the construction of more adaptive functioning. In this context, Díez-Suárez and

Hernández-González (2025) reinforce that CBT, associated with other therapeutic strategies, integrates effective approaches in the treatment of somatizations, especially when inserted in an individualized and interdisciplinary care plan.

In the fifth category, which addresses the role of family and communication in the therapeutic process, studies converge in highlighting the centrality of the family context in the development and management of symptoms. Koen *et al.* (2023) point out that, although they do not delve into the therapeutic intervention, they show that adolescents with parents with chronic illness present a higher incidence of functional somatic symptoms, especially girls. This phenomenon can be understood through social learning theory and the impact of chronic family

stress, reinforcing the importance of communication and parental involvement in treatment, as well as the need for educational programs and interventions such as Cognitive-Behavioral Therapy (CBT) aimed at parents and children. Complementarily, Babore *et al.* (2023) highlight that, in the context of maternal cancer, the entire family dynamic is affected, especially the psychological adjustment of children. Reduced maternal availability and increased parental stress and anxiety impair the quality of family interactions and communication. Thus, interventions that include the whole family and promote more supportive communication are fundamental to coping with the disease.

According to Silva (2021), the family context directly influences the emergence and maintenance of childhood stress. Conflicts, inconsistent parenting, and inadequate communication can worsen symptoms, while family support and supportive communication act as protective factors. Family participation, especially in Cognitive-Behavioral Therapy (CBT), promotes more effective cognitive and behavioral changes. Similarly, Santos *et al.* (2021) emphasize that family and communication are fundamental in psychosomatic illness, as they influence how the individual interprets and deals with emotions. Difficulties in emotional expression can lead to somatization, and Cognitive-Behavioral Therapy (CBT) is important for promoting more functional thinking, assertive communication, and coping strategies.

Finally, Díez-Suárez and Hernández-González (2025) reinforce that the family can contribute to both the emergence and maintenance of somatizations, especially in contexts of overprotection and dysfunctional relational patterns. Inadequate communication hinders emotional expression, making it essential that the therapeutic process includes psychoeducation and interventions aimed at improving family communication, favoring the reduction of symptoms and the resumption of the child's routine.

The studies analyzed indicate that the family plays a central and ambivalent role in childhood somatization, being able to both maintain and reduce symptoms. According to Díez-Suárez and Hernández-González (2025), maintenance occurs in contexts of overprotection, emotional over-involvement, communication difficulties, and excessive emphasis on physical complaints, while reduction is favored by the family's active participation in treatment, adequate guidance, and the use of adaptive strategies. Similarly, Silva (2021) points out that family conflicts, inconsistent practices, and lack of emotional support intensify symptoms, while acceptance, stability, and therapeutic participation act as protective factors.

Although Santos *et al.* (2021) do not directly address the family, their findings allow us to understand it as a risk or protective factor in the child's social context. Koen, on the other hand, *et al.* (2023) primarily highlight the role of the family in maintaining symptoms,

explained by social learning and chronic stress associated with parental illness, although they indicate that interventions with guidance for parents can contribute to a reduction. In this sense, Babore *et al.* (2023) show that parental anxiety and stress, especially maternal anxiety, are associated with the worsening of symptoms, while greater emotional balance favors child adjustment, explaining a significant part of the children's difficulties.

Regarding family communication, Díez-Suárez and Hernández-González (2025) and Silva (2021) indicate that clarity, acceptance, and consistency are fundamental elements for the success of interventions, as they favor adherence to treatment, reduce stress, and promote better emotional management. Although not all studies explicitly use these categories, as in Santos *et al.* (2021), Koen *et al.* (2023) and Babore *et al.* (2023), their findings reinforce the importance of adaptive family communication.

Finally, regarding the role of the family in Cognitive Behavioral Therapy (CBT), Mombelli *et al.* (2011) reinforce that family support acts as a protective factor, directly influencing the effectiveness of cognitive-behavioral interventions. Corroborating this perspective, Díez-Suárez and Hernández-González (2025) argue that family participation is central and essential for the effectiveness of treatment, since it acts directly in modifying the child's cognitive and behavioral patterns. In contrast, Santos *et al.* (2021) and Silva (2021) consider it a complementary, albeit relevant, factor. While Koen *et al.* (2023) and Babore *et al.* (2023) suggest that, given the strong influence of the family context, its inclusion tends to be fundamental for better therapeutic outcomes.

FINAL CONSIDERATIONS

The aim of this study was to To analyze the contributions of Cognitive-Behavioral Therapy (CBT) in the management of childhood somatization in the context of maternal cancer, seeking to understand somatic manifestations in children, the most effective intervention strategies, and the role of the family in this process.

The main findings indicate that childhood somatization is a form of expression of emotional suffering, especially in stressful situations such as maternal cancer. In these cases, children may experience fear, anxiety, and insecurity, as well as difficulties in understanding and expressing their emotions, which manifests through physical symptoms. It is also observed that factors such as changes in family dynamics, failures in emotional communication, and parental responses to symptoms contribute to the maintenance of the condition. In this context, Cognitive-Behavioral Therapy (CBT) shows evidence of effectiveness in identifying and



modifying dysfunctional thoughts, reducing catastrophic interpretations of bodily sensations, and developing more adaptive coping strategies, with emphasis on techniques such as psychoeducation, cognitive restructuring, and emotional regulation.

Regarding clinical implications, the importance of an integrated approach stands out, one that considers not only physical symptoms but also the emotional and contextual aspects of the child. The inclusion of the family in the therapeutic process has proven fundamental, as it contributes to improved communication, reduction of inappropriate reinforcement of symptoms, and promotion of a safer and more welcoming environment. Thus, Cognitive-Behavioral Therapy (CBT), combined with work with the family, favors the prevention of symptom chronification and the healthy development of the child.

Limitations include the fact that, being a narrative literature review, the study does not allow for broad generalizations or direct empirical analysis. Furthermore, there is a scarcity of research linking childhood somatization, maternal cancer, and interventions in Cognitive-Behavioral Therapy (CBT), especially in the Brazilian context, which restricts the depth of the analyses. Added to this is the limited scientific production on the experiences of children facing maternal cancer, configuring a still little-explored field. In the clinical setting, it is observed that in some clinical contexts professionals prioritize... The investigation of organic causes and the search for medical diagnoses can hinder the recognition of somatization. Thus, the hypothesis arises that some somatic symptoms in children are being recorded under conventional diagnoses, without due consideration of their psychological determinants.

Therefore, it is suggested that future studies invest Empirical research, especially longitudinal studies, evaluating the effectiveness of interventions based on Cognitive Behavioral Therapy (CBT) in this specific context is recommended. The development of therapeutic protocols adapted to childhood and the expansion of investigations that consider family, cultural, and social factors are also recommended. In short, it is understood that Cognitive Behavioral Therapy (CBT) offers significant contributions to the management of childhood somatization associated with maternal cancer, especially when integrated into the family context, promoting mental health and a better quality of life for children and their families.

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