Family Risk Factors among people affected with Psychosomatic Disorders

BY

Eyad Halak

PhD, Associate Professor, Al-Quds University

Ola Idris

M.A, Al-Quds University

Doi: 10.21608/jasep.2025.402644

استلام البحث: ٧/ ١٠ /٢٠٢٤

قبول النشـــر: ١٢ / ١١ / ٢٠٢٤

Halak, Eyad & Idris, Ola (2024). Family Risk Factors among people affected with Psychosomatic Disorders, ***Arab Journal of Educational and Psychological Sciences,*** AIESA, Egypt, 9 (44), 939 – 966.

http://jasep.journals.ekb.eg

Family Risk Factors among people affected with Psychosomatic Disorders

Abstract:

The study aimed to identify family risk factors in people with psychosomatic diseases. To achieve the goal of the study, a descriptive-analytical approach was used, and the study sample was chosen according to the available method. The sample consisted of 523 males and females, with 299 people affected by psychosomatic diseases, comprising 57% of the total sample. The simple moving average of family risk factors was shown in people with psychosomatic diseases in childhood abuse experiences, with exposure to traumatic events being of an average degree, a low degree for emotional neglect within the family, loneliness, isolation, and feelings of insecurity. The study also found that the overall degree of these factors was higher for males than females, and increased more in the age group 31-40 compared to other age groups, and was higher among divorced women than widows, married, or single women. Additionally, the degree of family risk factors was higher for families with 4-5 children compared to those with 6 or more children, or fewer than 4 children. Moreover, the degree of family risk factors was higher for married couples who had been together for more than 11 years, and higher for those with an education level below secondary school compared to those at the secondary school level, diploma, bachelor's, and postgraduate studies.

Keywords: Risk Factors, Psychosomatic Disorder, Family.

المستخلص:

هدفت الدراسة إلى التعرف على عوامل الخطر الأسرية لدى الأشخاص المصابين بالأمراض النفسجسمية. لتحقيق هدف الدراسة تم استخدام المنهج الوصفي التحليلي، وتم اختيار عينة الدراسة بالطريقة المتاحة. تكونت العينة من ٥٢٣ فرداً من الذكور والإناث، منهم ٢٩٩ فرداً مصاباً بالأمراض النفسجسمية، أي بنسبة ٥٧% من

ISSN: 2537-0464 eISSN: 2537-0472

إجمالي العينة. أظهرت النتائج أن المتوسط الحسابي لعوامل الخطر الأسرية كان في الأشخاص المصابين بالأمراض النفسجسمية في تجارب الإساءة في الطفولة، مع التعرض للأحداث الصادمة بدرجة متوسطة، والإهمال العاطفي داخل الأسرة بدرجة منخفضة، والشعور بالوحدة والعزلة وانعدام الأمان. كما وجدت الدراسة أن الدرجة الكلية لهذه العوامل كانت أعلى لدى الذكور مقارنة بالإناث، وزادت في الفئة العمرية من ٣١-٤٠ سنة مقارنة بالفئات العمرية الأخرى، وكانت أعلى لدى النساء المطلقات مقارنة بالأرامل أو المتزوجات أو العازبات. بالإضافة إلى ذلك، كانت درجة عوامل الخطر الأسرية أعلى للعائلات التي لديها ٤-٥ أطفال مقارنة بالعائلات التي لديها ٦ أطفال أو أكثر أو أقل من ٤ أطفال. كما أن درجة عوامل الخطر الأسرية كانت أعلى للأزواج الذين استمروا في الزواج لأكثر من ١١ عاماً، وأعلى لدى الذين مستوى تعليمهم أقل من المرحلة الثانوية مقارنة بمستوى المرحلة الثانوية أو الدبلوم أو البكالوريوس والدراسات العليا.

الكلمات المفتاحية: عوامل الخطر، الاضطراب النفسجسمي، الأسرة.

Introduction

Among the most important disorders that affect humans are psychosomatic disorders, which express the occurrence of some physical symptoms that the individual suffers from as a result of some psychological-emotional factors, in which the emotional factors that contribute to the occurrence of physical problems are linked within specific conditions that are revealed to the patient, and there are many of these Emotional and psychological factors that cause this disorder to include all aspects of an individual's life. One of the most important elements of an individual's first life and affecting his health and psychological structure since childhood is the family.

Psychosomatic disorders are considered as a serious disorder that may affect the individual within the family if dangerous factors occur within it, as these urgent family factors can turn into psychosomatic diseases that affect him and prevent him from performing his life functions well, and contribute to the decline in the health of his body without knowing the cause mostly.

ISSN: 2537-0464 **eISSN: 2537-0472**

In the absence of attention to the extent of the impact of family factors on the health of the individual, and the frequent frequency of individuals to medical clinics with many recurrent complaints, the study of the impact of such dangerous family factors on those affected by psychosomatics becomes a humanitarian necessity, and a health and social need, as it may threaten the life and ability of the individual to play its role in life in the absence of it, and the interest in knowing its impact becomes a reason for psychiatrists and doctors to carry out the process of twinning in treatment and to provide individuals with a more balanced, safe and stable health.

Study problem:

Among the most important family risk factors that are prevalent in our societies at present; Emotional problems, psychological and emotional neglect, and a low economic level within the family impede it from achieving its basic needs, and exposure to traumatic experiences and events such as; Loss of a family member, exposure to violent attacks or sexual harassment, change of place of residence and inability to cultural and social harmony in the new place, loss of home as a result of some circumstances, forced migration, presence of an addicted person in the family, or a person with a mental disability or physical; They are risk factors that affect an individual's mental health, and risk factors can be present during early childhood and painful experiences in it.

The need to know and detect familial risk factors for psychosomatic patients in the absence of attention and support for the mental health of the family, and to focus on treating physical symptoms without paying attention to providing mental health or psychological treatment, and thus the recurrence of these symptoms without knowing the causes.

ISSN: 2537-0464 eISSN: 2537-0472

The study examined five areas of family risk factors: childhood abuse experiences, emotional neglect in the family, traumatic events, loneliness and isolation, and feelings of insecurity.

The study seeks to reveal family risk factors among people with psychosomatic disorders in Hebron Governorate. The problem of this study is to answer the following question:

What are the psychosomatic disorders among the study sample members in Hebron Governorate?

What is the level of psychosomatic symptoms among the sample members in the Hebron Governorate?

What are the levels of infection with the types of psychosomatic symptoms among the members of the psychosomatic sample in the Hebron Governorate?

What is the level of psychosomatic symptoms in the total sample according to the study variables: gender, age, marital status, marriage period, number of children, educational level?

What are the family risk factors for people with psychosomatic disorders in Hebron Governorate?

The following sub-questions:

Have psychosomatic disorders experienced childhood abuse?

Are sufferers of psychosomatic disorders exposed to emotional neglect within the family?

Have people with psychosomatic disorders been exposed to recent traumatic events?

Do people with psychosomatic disorders experience loneliness and isolation?

Do sufferers feel a loss of sense of safety within the family recently?

Is there a difference between family risk factors for people with psychosomatic diseases due to gender, age, marital status, marriage period, number of children, and educational level of the respondents?

ISSN: 2537-0464 **eISSN: 2537-0472**

Objectives:

- Identify if individuals with psychosomatic disorders experienced childhood abuse.
- Determine if they faced emotional neglect within their families.
- Examine exposure to traumatic events and feelings of loneliness and insecurity.
- Analyze variations in family risk factors by gender, age, marital status, number of children, and educational level.

Importance:

- Highlights the need to address family-related risk factors in treating psychosomatic disorders.
- Stresses the significance of mental health support alongside medical treatment.

Theoretical Framework:

Psychosomatic disorders:

The American Psychiatric Association (1968) defines that: Psychosomatic disorders are a group of organic disorders characterized by symptoms that are caused by psychological and emotional factors that fall under the supervision of the autonomic nervous system (Abu Hussein, 2012).

Abu El-Nil (1994) defined psychosomatic diseases as: "physical disorders familiar to doctors, in which damage occurs in the part of the body, or a defect in the function of one of its organs as a result of chronic emotional disorders due to the disruption of the patient's life, and for which long physical therapy alone is not suitable. In her misery, there is complete recovery, due to the persistence of emotional disturbance, and the lack of treatment for its causes in addition to physical therapy" (Abu Hussein, 2012).

ISSN: 2537-0464 eISSN: 2537-0472

As for the procedural definition of psychosomatic disorders: it means obtaining a score (4-6) in one of the six dimensions of psychosomatic symptoms (the psychological dimension, cardiovascular symptoms, nervous system, respiratory system, digestive system, skin symptoms) in the psychosomatic disease scale used in this study.

Family risk factors:

The Journal (Youth Government, 2009) defined family risk factors for youth (O'Connell & etc, 2009) as: "a characteristic at the biological, psychological, familial, societal or cultural level that precedes and is associated with a greater likelihood of the outcome of the problem."

Abdul Hakim (2012) stated in an article in Al-Ittihad newspaper, defining the risk factors that afflict the individual with the disease: "These risk factors, as their name indicates, are the factors and conditions that increase the likelihood of contracting a disease. Sometimes this term is replaced by the term determinants of health status, The basis is that these factors and conditions not only increase the odds of contracting the disease but sometimes they are a reason behind reducing those odds.

Procedurally: It is the presence of one of the following family risk factors in individuals with psychosomatic diseases (childhood abuse experiences, emotional neglect within the family, traumatic events, loneliness and isolation, and feelings of insecurity within the family)

Theoretical framework

Family Concept and Risk Factors:

The family and the family environment are the first incubators for man since his birth, and it has an impact on him that cannot be bypassed and deserves to be examined and studied, where many of his psychological aspects, emotions and behavioural

ISSN: 2537-0464 **eISSN: 2537-0472**

responses are built, and it is not easy to stop the influence of risk and protection factors within the family, and risk factors are considered The family is one of the most important influences on human life, and to be able to understand what the family risk factors are, we can define the family first, and its dangerous factors that affect its members.

Regarding the risk factors, Collette Chiland (1989) mentioned that there are specific risk factors that the child sees in his family as manifestations of family disintegration or mental illness of the parents and poverty, and she talked about the absence of a parent and its impact as a family risk factor, or a change in the roles of motherhood and fatherhood within the family, The importance of the child's need for parents and not for a man and a woman living between them, and the broken family makes the child exert an additional psychological effort within it, and breastfeeding is a child's need to communicate with his mother away from the biological need for this milk, and the mental illness of the parents is a family risk factor, where the child sees incomprehensible behaviours and cannot explain what is happening in his family, while poverty is a family risk factor that deprives individuals of family and social adjustment and balance (Sana, 2010).

Abdul Hakim (2012) mentioned in Al-Ittihad newspaper, a definition of the risk factors that affect the individual with the disease: "These risk factors, as their name indicates, are the factors and conditions that increase the likelihood of contracting a disease. Sometimes this term is replaced with the term determinants of health status, on the basis that These factors and conditions not only increase the odds of contracting the disease, but sometimes are a reason behind reducing those odds, as is the case with lack of physical and sports activity, which is

ISSN: 2537-0464 eISSN: 2537-0472

considered a risk factor behind heart disease, but at the same time increasing physical and sports activity reduces To understand the role of risk factors, it is necessary to distinguish between the relationship and the causal relationship of these factors with diseases, where the association of the risk factor does not mean a disease that caused the disease. For example, breast cancer is linked to sex, Where this disease affects mostly females, which makes women more likely to get breast cancer, although this does not mean that because she is a female has contracted the disease, where cancer affects men as well.

Risk factors within intimate relationships (family, friends, partners, colleagues):

Lack of parental monitoring and supervision of their children

Cruel, tolerant, or contradictory parental disciplinary practices

Low level of attachment between parents and their children

Less involvement of fathers in their children's activities

Parents' substance abuse or involvement in criminal activities

Low level of family income

encounters with delinquent colleagues.

Family risk factors:

Al-Sayyid (2013) mentioned the factors that cause family problems, as the problems facing families are rooted in how the family formation belongs and how the husband chooses his life partner and the importance of this choice, and the need for mental, emotional and moral compatibility between the two parties, and marital life does not achieve its goals with clear good intentions Rather, it requires them to know the meaning of marriage and family life, the expected responsibilities to bear and its basic functions, and the roles that exist between family members on their various relationships and the ties that unite them. Societal and individual reasons (Al-Sayed, 2013, p. 191).

ISSN: 2537-0464 **eISSN: 2537-0472**

The magazine (Youth Government, 2009) also quoted a definition of family protection and risk factors for young people (O'Connell, ME, Boat, T., & Warner, KE., 2009) in an article on risk and protective factors. At the biological, psychological, familial, or societal level (including peers and culture) they are associated with a lower probability of the problem or reduce the negative impact of the risk factor on the outcome of the problem" and defined risk factors as: "a distinctive characteristic at the biological, psychological, familial, societal or cultural level that precedes and is associated with a greater probability of the outcome of the problem." The concept of risk factors was mentioned under the fourth axis of the main multi-system axes in the DSM-5, which is the axis: psychosocial problems and environmental problems.

Childhood experiences of abuse:

The childhood stage and the experiences that the individual carries from it is one of the most important stages on which many behaviours and changes that occur to him are based later, in all its forms, both good and abusive to the child. Or neglect, deprivation, and sexual abuse, as it is not easy to follow the early stages of the child and study the impact of the experiences he is exposed to on his future. The building factors that the individual is exposed to in his childhood, which carry him with him for his future, and continue to affect his life.

Studies indicate the lack of agreement and confusion in the concepts related to neglect, abuse and violence directed towards children in general because such behaviours cannot be considered violent by most people, as they are very common actions. Strauss studies (Straus, 1991; 199) indicated that (90%) of parents use some forms of violence and physical abuse with their children, and the percentage of those who have been

ISSN: 2537-0464 eISSN: 2537-0472

subjected to physical punishment ranges between (93% - 95%) (Abu Jaber et al., 2009).

The DSM-5 defines child psychological abuse as "involuntary verbal or symbolic actions by a parent or caregiver that either result in or have a reasonable potential to cause significant psychological harm to a child. (This category does not include physical and sexually abusive acts)."

Traumatic events:

(Dakine) considers psychological trauma as the result of violent effects, which appear in circumstances in which the same person is not at the level of ability to reduce the resulting tension, either due to a sudden emotional reaction, or the inability of the soul to perform sufficient mental sobriety. An unconscious desire, which leads to the disruption and balance of the ego, which results in the amputation of the excitation system and intense suppression that generates the emergence of symptoms and desist (Si Musa and Zaqar, 2002, p. 74).

Psychosomatic disorders:

Abdel Muti (2003) mentioned that some researchers believe that the seriousness of psychosomatic diseases appears through the speed of their spread, as it was found that about (60%-40%) of patients who visit doctors suffer from psychosomatic disorders, which are more prevalent in complex civilizations characterized by the prevalence of conflict. Competition, anxiety and fear are also more common in the middle class, where the impact on social life is clear, and are more common in females than males. A large percentage of absenteeism cases are due to psychosomatic complaints (70%-75%). Studies also indicate that the percentage of psychosomatic disorders in the military field ranges (80%-85%), and the most common symptoms are those related to the circulatory system and the digestive system (Abu Hussein, 2012).

ISSN: 2537-0464 **eISSN: 2537-0472**

Taha (1988) defined it as "physical diseases that arise because of a psychological reason, and in which damage occurs in the anatomical structure of the organ so that x-rays, analyze, or medicine can detect this damage, but medical treatment alone does not succeed in healing the patient, and therefore it must be combined with treatment." Psychological disorders to treat the cause of the disease, as some physical symptoms result from a severe disorder of the human psyche, such as some diseases of diabetes and blood pressure, which are caused by fears and intense emotions, most of which are at the subconscious level (Abu Hussein, 2012).

Lids point out that medicine, in diagnosing some diseases, has shifted from searching for a single cause of disease to considering the presence of multiple factors that can upset the vital balance of the organism's defences. There is greater scope for emotional determinants of what we call psychosomatic diseases, and it has become clear that personal factors can influence the onset and persistence of these diseases, or weaken resistance directly or indirectly through the promotion or manifestation of subconscious neglect (Al-Zahra, 2010).

Characteristics of Psychosomatic Disorders:

- Include physiological symptoms influenced by psychological factors.
- More common in females and middle-class individuals.
- Organic therapy often needs to be supplemented with psychological treatment for effective recovery.

Classification of Psychosomatic Symptoms:

- Symptoms vary across different body systems, including the nervous, circulatory, respiratory, gastrointestinal, endocrine, reproductive, urinary, musculoskeletal, and skin systems.

ISSN: 2537-0464 eISSN: 2537-0472

Study by Schulte and Petermann (2011), Ilva Elena Schulte and Franz Petermann conducted a systematic review to examine familial risk factors for the development of somatic symptoms and disorders in children and adolescents. This review focused on developmental stages of functional abdominal pain and somatization disorders, analyzing articles published in English and German since 1990. A total of 23 studies were included in the review. The study Identified Family Risk Factors as parental sparing and organic diseases. Psychological disturbances of close family members. Dysfunctional family climate. Traumatic childhood experiences. Insecure attachment. The study emphasized that many familial risk factors are also associated with various psychiatric disorders, indicating the need for more longitudinal studies to identify specific familial risk factors for somatization symptoms and somatic disorders.

Study by Rihani Al-Zahra (2010), Rihani Al-Zahra aimed to explore the relationship between women's exposure to domestic violence and psychosomatic disorders. The study examined the psychological, social, cognitive, and economic characteristics of battered women compared to non-violent women. A sample of 60 women, equally divided into battered and non-violent groups, was studied using the Domestic Violence Against Women scale and the Cornell test for psychosomatic symptoms. The results fund that there is a positive correlation between domestic violence exposure and psychosomatic disorders. Also, the severity of psychosomatic disorders increases with the level of violence experienced. There Significant differences in the incidence of psychosomatic disorders were observed between battered and non-violent women, favoring battered women.

Study by Al-Ghussein (2010), Al-Ghussein investigated the prevalence of psychosomatic symptoms among individuals who

ISSN: 2537-0464 **eISSN: 2537-0472**

lost a family member due to the war on Gaza, comparing them with those who did not experience such loss. The comparative descriptive approach was used, applying the Cornell Psychosomatic Disorders Scale to a sample of 528 individuals (290 males and 238 females). The prevalence of psychosomatic symptoms ranged from 15.1% to 23.7% among the total sample. Gender differences were observed only in respiratory symptoms, favoring males. Differences in psychosomatic symptoms were noted based on age (favoring older individuals), marital status (favoring married and widowed individuals), income level (favoring those with limited income), and residence (favoring camp and city residents).

Study by Liu, Xiao, Lizhang, and Kunyao (2014), the study aimed to identify the relationship between psychological stress and the prevalence of Irritable Bowel Syndrome (IBS) among a sample of 450 Chinese nurses. The results found that psychological disorders, alcohol consumption, smoking, night shift work, and low physical activity levels were significant factors contributing to the high prevalence of IBS among nurses.

Study by Farhat Yousra and Barakat Asmaa (2014), this study aimed to examine the impact of psychological trauma on renal failure and to provide suggestions regarding trauma management. Conducted at the Hemodialysis Department at Mohamed Boudiaf Hospital, Ouargla, the study included eight cases (six men and two women) with chronic renal failure. Results show that psychological trauma, especially from childhood, adolescence, and adulthood, was strongly associated with the occurrence of psychosomatic disorders. A fragile psychological structure and weak defenses were significant indicators of psychosomatic disorders.

ISSN: 2537-0464 eISSN: 2537-0472

Study by Fawaz Ayoub Al-Momani and Esraa Jabr Al-Fraihat (2016), this study aimed to reveal the level of psychosomatic disorders and the predictive ability of social and environmental factors among Syrian refugees in Jordan. The Psychosomatic Disorders Scale (PHQ-15) was used, and the descriptive correlative approach was followed with a sample of 600 male and female refugees. Statistically significant predictors of psychosomatic disorders included gender, age, income level, and educational qualification. Factors such as duration of stay, previous trauma exposure, negative attitudes of Jordanians, isolation, forced return, marital status, and residence (city or camp) were not statistically significant predictors.

Study population:

The population of this study consisted of patients with psychosomatic diseases in Hebron Governorate.

The study sample:

The study sample included a survey sample and an actual sample as follows:

Pilot Sample:

The study tools were applied to an exploratory sample of (54) individuals from the medical complexes, to verify the validity and reliability of the tools, and it was an intentional sample of the auditors in the medical complexes.

Actual Sample:

The actual sample consisted of (299) psychosomatic patients, where the study tools were applied to a sample of (523) patients, outpatients and visitors in major hospitals in the Hebron Governorate. Psychosomatic symptoms and their number were (299) from the original sample, which is (57%) of the original sample, and they were selected using the available sample.

Distribution of the study sample according to the sex variable: 51.8% for females, and 48.2% for males. The age variable was

ISSN: 2537-0464 **eISSN: 2537-0472**

44.8% from 20-30 years, 30.8% from 31-40 years, and 24.4% from 41-50 years. As for the marital status variable, 13.4% for singles, 84.9% for married people, 1% for widows, and 0.7% for divorcees. The variable period of marriage was 12% for singles, 14.4% for less than two years, 24.4% from 3-10 years, and 49.2% for 11 years and over. While the number of children varies, 23.2% have none, 12% have one child, 19.1% have 2-3 children, 25.1% have 4-5 children, and 20.4% have 6 or more children. Finally, the educational level variable: 33.8% for less than high school, 38.8% for high school/diploma, 23.4% for bachelor's, and 4% for postgraduate studies.

Study tools:

Family Risk Factor Scale:

The family risk factors scale was built after reviewing many scales that measure its various variables and previous studies, each separately, including the scale (Bashir Maamaria, 2009) about childhood abuse experiences, and the psychological loneliness scale prepared by RUSSEL, 1988)) and it was standardized (Khidir and Al-Shinnawi, 1988), and also referring to the DSM-5 and the aspects of psychosocial factors under the fourth axis for diagnosing symptoms, and then the items of the scale were built in a way that suits the Palestinian environment, its social structure, and its family culture.

The scale in its final form consisted of (33) items, distributed over five dimensions: childhood abuse experiences (9) items, emotional neglect within the family (10) items, traumatic events (3) items, feelings of loneliness and isolation (6) items, and the feeling of insecurity within the family (4) paragraphs.

The paragraphs of the scale were formulated to be the response of the examinees with yes or no, and its paragraphs were built to be positive and negative, and the response is corrected with a

ISSN: 2537-0464 eISSN: 2537-0472

value of (0) for response (no), and a value of (1) for response (yes), and the level of the presence of the family risk factor for the examinee is determined based on The number of his responses to the one-dimensional paragraphs that increase the percentage of the presence of this factor.

Validity of the family risk factor scale:

The questionnaire was designed in its initial form, and then the validity of the study tool was verified by presenting it to the arbitrators with competence and experience. On the other hand, the validity of the tool was also verified by calculating the Pearson correlation coefficient for the paragraphs of the questionnaire with the total score of the tool, and it became clear that there was statistical significance in all the paragraphs of the questionnaire and indicated that there was internal consistency between the paragraphs.

Study results

Study Sample and Demographics:

The study included 523 males and females, with 299 (57%) identified as having psychosomatic diseases. Key demographic factors such as gender, age, marital status, number of children, and educational level were analyzed to understand the distribution and impact of family risk factors.

Prevalence of Family Risk Factors:

Experiences of childhood abuse, including physical, emotional, and sexual abuse, were found to be significant among individuals with psychosomatic disorders. These early adverse experiences contribute to long-term psychological and physical health issues. A lower degree of emotional neglect within the family was observed, but it still played a critical role in the development of psychosomatic symptoms. Emotional neglect can lead to feelings of worthlessness and insecurity, which manifest physically. Exposure to traumatic events, such as the

ISSN: 2537-0464 **eISSN: 2537-0472**

loss of a family member, violent attacks, or sexual harassment, was identified as a major risk factor. Such events create chronic stress, impacting both mental and physical health. Feelings of loneliness and isolation within the family environment were prevalent among the study participants. Social isolation can exacerbate stress and contribute to psychosomatic symptoms. A pervasive sense of insecurity within the family context was reported. This lack of safety and stability can trigger or worsen psychosomatic conditions.

Gender Differences**,** the study found that the overall degree of family risk factors was higher for males compared to females. This suggests that men might be more susceptible to developing psychosomatic disorders due to family-related stressors or that they might report or manifest symptoms differently.

The age group 31-40 years showed a higher prevalence of family risk factors. This period often coincides with increased life responsibilities and stressors, which can amplify the impact of negative family dynamics on health.

Divorced individuals exhibited higher levels of family risk factors compared to widows, married, and single individuals. The stress of marital dissolution and the associated emotional turmoil can contribute significantly to psychosomatic symptoms. Those married for more than 11 years showed a higher prevalence of family risk factors. Long-term marital relationships may involve prolonged exposure to stressors that contribute to psychosomatic conditions.

Families with 4-5 children reported higher levels of family risk factors compared to those with fewer than 4 or more than 6 children. The dynamics of family size and the associated responsibilities and stress can influence the mental and physical health of individuals.

ISSN: 2537-0464 eISSN: 2537-0472

The Educational Level, individuals with lower educational levels (less than high school) experienced higher degrees of family risk factors compared to those with higher educational attainment (diploma, bachelor's, or postgraduate studies). Education can be a protective factor, providing better coping mechanisms and access to resources.

The study underscores the need for comprehensive treatment approaches that address both the psychological and physical aspects of psychosomatic disorders.

Mental health support, including therapy and counseling, should be integrated with medical treatment to address underlying family risk factors. Public health interventions should focus on family education and support programs to mitigate risk factors from an early stage. Awareness campaigns and targeted support for high-risk groups, such as divorced individuals or those with lower educational levels, can help reduce the prevalence of psychosomatic disorders.

These results are in agreement with the results of the study of Khuwaiter (2010) concerning divorced women, and differ in the result of widows, as her study reached results that the Palestinian woman (divorced and widowed) feels a relatively high level of psychological security, and the results showed that the degree of psychological loneliness of Palestinian women (Divorced and widowed) in Gaza City was average.

It is noted that the arithmetic means of exposure to experiences of abuse in childhood was higher among the groups that have a larger number of children, and lower among those who have no children or only children. As for traumatic events, the arithmetic mean was higher for the groups: (2-3), (4- 5), (6 or more), while it was lower among those who had one child or without children, and the arithmetic mean of feeling lonely and isolated was higher among those without children, followed by

ISSN: 2537-0464 **eISSN: 2537-0472**

those with (4-5) children. As for the feeling of insecurity within the family, the arithmetic mean was higher for those who had: (2-3), (4-5), (one child) children, and lower for those who did not have children nor had 6 or more children.

According to the variable of the marriage period, it was found that the arithmetic means of the total score for singles (11.88) got the highest arithmetic average, followed by the marriage period of 11 years or more (10.29), then for less than two years with an arithmetic average (9.81), and then from 3-10 years with arithmetic mean (9.58). It is noted that the arithmetic means in childhood abuse experiences and feelings of insecurity; It is higher among singles and married people for more than 11 years with a similar result, and the arithmetic averages of emotional neglect within the family were higher among singles and similar among married people (3-10) years and married for more than 11 years, and the arithmetic averages in the traumatic events variable were also higher among those married for more than 11 years. From 11 years, the arithmetic averages of feelings of loneliness and isolation were higher among singles and similar in other marital stages.

Conclusion: Family risk factors significantly influence the development and severity of psychosomatic disorders. Addressing these factors through integrated treatment and support systems is crucial for improving the health outcomes of affected individuals.

The study results revealed that the prevalence of psychosomatic symptoms was between 15.1-23.7% among the sample members. Interestingly, the study did not find statistically significant differences between those who suffered from loss and their peers who did not suffer in the psychosomatic symptoms. This suggests that the experience of loss did not significantly

ISSN: 2537-0464 eISSN: 2537-0472

impact the prevalence of psychosomatic symptoms in the sample. Additionally, the study found no statistically significant differences attributed to the gender variable in the dimensions of psychosomatic symptoms, except in the dimension of respiratory symptoms, which favored males. This gender-based difference in respiratory symptoms is an important finding that warrants further investigation.

The study identified differences in psychosomatic symptoms among sample members due to chronological age, favoring the elderly. This insight into age-related differences in psychosomatic symptoms could have implications for the diagnosis and treatment of psychosomatic disorders. The study also highlighted differences in psychosomatic symptoms based on marital status, income level, and camp residency. These findings shed light on the various factors that may contribute to the prevalence of psychosomatic symptoms in different demographic groups.

Furthermore, the study delved into the level of feelings of insecurity, emotional neglect, loneliness, and exposure to traumatic events among individuals with psychosomatic disorders. It also explored the differences in family risk factors based on gender, age, marital status, and educational qualification. These insights provide a comprehensive understanding of the family risk factors associated with psychosomatic disorders, which is crucial for developing targeted interventions and support systems for affected individuals.

Recommendation

Based on the study's results, it is recommended to:

- Develop targeted interventions and support systems that address the specific family risk factors associated with psychosomatic disorders. These interventions should consider the differences in

ISSN: 2537-0464 **eISSN: 2537-0472**

psychosomatic symptoms based on demographic factors such as age, gender, marital status, and income level. Additionally, further research is warranted to explore the gender-based differences in respiratory symptoms and their potential implications for the diagnosis and treatment of psychosomatic disorders.

- Healthcare professionals and mental health practitioners should be trained to recognize and address the family risk factors identified in the study. This training should emphasize the importance of providing tailored support to individuals affected by psychosomatic disorders, considering their unique family and social circumstances.
- Public health initiatives aimed at raising awareness about psychosomatic disorders should incorporate information about the family risk factors highlighted in the study. By increasing awareness and understanding of these risk factors, communities can work towards creating a more supportive environment for individuals affected by psychosomatic disorders.
- The importance of a holistic approach to addressing psychosomatic disorders, one that considers the specific family risk factors and demographic differences identified in the research.

ISSN: 2537-0464 eISSN: 2537-0472

References:

Abdel Salam, Farouk (1970). Values and their relationship to psychological security. Journal of the College of Education, Umm Al-Qura University, Makkah Al-Mukarramah, pp. 136-119.

Abdel-Baqi, Salwa (2002). Topics in social psychology. Alexandria Center.

Abdel-Rahman, Mohamed El-Sayed (1998). Studies in Mental Health, Part One, Dar Al-Ruqaba for Printing and Publishing, Cairo, Arab Republic of Egypt.

Abu Hein, Fadl (2007). Exposure to traumatic experiences and its relationship to psychosomatic disorders among Palestinian boys: a study of psychological trauma following the invasion of Beit Hanoun. College of Education, Al-Aqsa University, Gaza.

Abu Hussein, Sana Muhammad Ibrahim (2012). Psychological hardiness and hope and their relationship to psychosomatic symptoms among mothers whose homes were destroyed in North Gaza Governorate. Unpublished Master's Thesis, Gaza, Faculty of Education, Al-Azhar University.

Abu Jaber, Majed; Aladdin, Jihad; Akroush, Lubna; Joy, Jacob (2009). Parents' Perceptions of the Problem of Child Neglect and Abuse in Jordanian Society, The Jordanian Journal of Educational Sciences, Volume 5, No. 1, 15-44.Al-Abd Al-Ghafoor, Fawzia Yousef; needle

Al-Khudari, Jihad (2003). Psychological security among workers in ambulance centres in Gaza governorates and its relationship to some personality traits and other variables.

ISSN: 2537-0464 **eISSN: 2537-0472**

Master's Thesis, College of Education, Islamic University, Gaza.

Al-Sani`, Saleh (1995). Studies in the Islamic rooting of psychology, Riyadh. The world of books.

Al-Sayegh, Laila (2001). Abuse: its manifestations, forms and impact on the child. A working paper presented to a conference towards a non-violence-free environment for Arab children. Child Protection Center, Amman, Jordan, pp. 1 - p. 13.

Al-Shammari, Muhammad Bahl Munawwar (2014). Psychological stress and its relationship to psychological hardness among those with some psychosomatic symptoms. A magister message that is not published. Naif Arab University for Security Sciences, College of Administrative and Social Sciences, Riyadh.

Al-Shirazi, Mr Muhammad Al-Husseini (1992). the meeting. C2, Dar Al Uloom, Beirut.

Al-Tala`a, Abdel-Raouf (2000). Psychological stress and its relationship to psychosomatic diseases among Palestinian prisoners released from Israeli prisons. Unpublished Master's Thesis, Shams University, Department of Mental Health, Cairo.

Al-Zahra, Rihani (2010). Domestic violence against women and its relationship to psychosomatic disorders. Unpublished Master's Thesis, Faculty of Humanities and Social Sciences, University of Mohamed Khider, Biskra, Algeria.

ISSN: 2537-0464 eISSN: 2537-0472

Amin, Soha Ahmed (1999). Mentally retarded between abuse and neglect (diagnosis and treatment). Dar Qubaa for Printing and Publishing, Cairo.

Basweel, Amal bint Ahmed bin Abdullah (). Marital compatibility and its relationship to the expected and actual satisfaction of the mutual emotional needs between spouses. College of Social Sciences, Imam Muhammad bin Saud Islamic University, Riyadh.

Bayoumi, Mohamed Ahmed (2002). family and community. University Knowledge House.

Belmhoub, Kulthum (2006). marital stability. Series of studies published in ink, Algeria.

Chalabi, Sawsan Shaker (2003). Effects of violence and child abuse on future personality. An unpublished study in the time of the economic siege and wars on Iraq, College of Education, University of Baghdad.

Child Delinquency Bulletin (2003). Delinquency, Risk and Protective Factors of Child.https://www.ncjrs.gov/html/ojjdp/193409/page2.html

El-Khouly, Sanaa (1983). Marriage and family relationships. Arab Renaissance House for Printing and Publishing, Alexandria, Arab Republic of Egypt.

El-Sayed, Abdul Majeed (2011). Psychological security - influences and indicators. Journal of the College of Education, Al-Azhar University, Vol. 1 (145), 290-302.

ISSN: 2537-0464 **eISSN: 2537-0472**

El-Sayed, Ibrahim Jaber (2013). Family disintegration causes, problems and ways to treat them. University Education House, 1st floor, Alexandria.

Gad Al-Haq, Mona Abdel-Taif Abdel-Hamid (2005). Lack of social care and its relationship to psychosomatic disorders and behavioural deviations among children of official and private institutions. Unpublished master's thesis, Faculty of Arts, Zagazig University.

Gilbert, Neil (1997). Combating child abuse, international perspective, and trends. New York, Oxford, Oxford University Press.

Hamada, Mohammed (2003). A study of some factors associated with a sense of psychological loneliness among retired teachers from the government sector and UNRWA. Master's thesis, Islamic University. Gaza, Palestine.

Hassan, Muhammad Ali (1970). The parent-child relationship and its impact on the juvenile ward. The Anglo-Egyptian Library, Cairo.

Hassanein, Aida Abdelhadi (2004). Traumatic experiences and family support and their relationship to the mental health of the child. Unpublished Master's Thesis, College of Education, Islamic University, Gaza.

https://link.springer.com/article/10.1007%2Fs10578-011-0233-6

Ilva Elena Schulte, Franz Petermann (2011). Familial Risk Factors for the Development of Somatoform Symptoms

ISSN: 2537-0464 eISSN: 2537-0472

and Disorders in Children and Adolescents: A Systematic Review, Springer Link.

Ismail, Ahmed El-Sayed Mohamed (2001). Differences in abuse and some personality variables between deprived children of their families and non-deprived middle school students in Makkah. Psychological Studies Journal, Volume One, Issue 24, pp. 266-297.

Jan, Nadia Siraj Muhammad (2016). Marital satisfaction and its relationship to emotional communication, number of years of marriage and number of children and the age of the children. The published study, Specialized International Educational Journal, Volume (5), Issue (9).

Khader, Ali El-Sayed; Al-Shinnawi, Muhammad Mahrous (1988). Loneliness and Social Interactions: The Arabian Gulf Message, Issue 25: 119-148

Khuwaiter, Wafa Hussein Ali (2010). Psychological security and psychological loneliness among Palestinian women (divorced and widowed) and their relationship to some variables. Published master's thesis, College of Education, Islamic University, Gaza.

Pearce, John; Pezzot, Terry; Pezzot, Pearce (1996). Psychotherapy of abused and neglected child. The Guilford, New York, London.

Sana, Abedi (2010). Family factors that make a child at risk A field study for a master's degree in Clinical Psychology, Mentouri University of Constantine.

Seligman Martin (1976). Learned Helplessness Theory, the American psychologist.

ISSN: 2537-0464 **eISSN: 2537-0472**

Shukair, Zainab Muhammad (2000). A normal and troubled personality. The Arab Renaissance Library, Cairo.

Sy Musa, Abd al-Rahman; Zagkar, Radwan (2002). Trauma and mourning in children and adolescents (projective tests look), Psychology Association of Algiers, 1st Edition, Algeria.

Youth Government (2009). Risk & Protective Factors. https://youth.gov/youth-topics/youth-mental-health/risk-and-protective-factors-youth

Zahran, Hamed (1997). Mental health and psychotherapy. 3rd floor, World of Books, Cairo.

Zahran, Hamed Abdel Salam (1988). Psychological security is a mainstay of Arab and global national security. Arab National Security Symposium, Union of Arab Educators, Baghdad.

ISSN: 2537-0464 eISSN: 2537-0472