

# **PSYCHOSOMATIC DISORDER IN LIGHT OF FAMILY SYSTEM DISORDER**

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**Received: 17/03/2023**

**Published: 16/02/2024**

## **Abstract**

This study is an attempt to show the various theories explaining the psychosomatic disorder, including behavioral theory, personality style theories, personality profile theory, psychoanalytic school and biological theory, with a focus on systemic theory.

Systematic approach provides an explanation of some of the unconscious contexts that are transmitted through generations and the impact of non-transcendental traumas of previous generations in the formation of psychosomatic disorder in descendants.

**Keywords:** psychosomatic theories, psychosomatic family, family pattern, family inheritance, family myth.

## **1. Introduction**

None of us denies the interrelationship between soul and body, any change in the psychological state will later affect the organic aspect as well and vice versa.

And human is by nature a biological, psychological and social being, and we would be truly unfair if we isolated the body from the soul and from the social environment, the mere fact of dealing with presentation without reason makes us in a reductionist perspective in the study of this human being.

Researchers and doctors often praise the technology in the medical field and its ability to treat many diseases, eliminate viruses and raise the level of health, others, such as Dr. Hunter, argue that taking the art of surgery a step forward is a step backwards for medical science, we do not need a surgical scalpel that eradicates cancer, ulcers and kidneys ... and others, if our science advanced, it could prevent cancer, ulcers and others (Atouf, 1988, p. 34).

Referring to the psychological and environmental causes of these diseases, researcher Mickael Benyamin pointed out that "we have not treated a patient, but we are treating an unidentified and fragmented organ that is taken over by a large number of specialists" (Ghanem, 2015, p. 9).

The human being is a dynamic system that constantly responds to environmental and psychological changes, in fact, physical illness is only reactions to the conflicts and frustrations that work to lose psychological balance, which in turn affects organic functions, the reality of psychosomatic or psychosomatic disorder confirms through global research the existence of

interaction and feedback between psychological, physical and environmental factors to the extent that it is difficult to know the main causative factor of the disease (Ghanem, 2015, p. 32).

## **2. The concept of psychosomatic disorder**

The psychosomatic concept arose from the dialectic between the soul and the body, which no one can deny because it constitutes the unity of the individual.

Psychosomatic disorders are defined as disorders in which damage occurs in the construction of part of the body or a defect in the function of one of its organs as a result of chronic emotional disorders, long organoid therapy alone does not cure her as long as the emotional disorder persists (Abu al-Nil, 1994, p. 25).

How emotions affect the organic aspect?

## **3. Emotions and Organic Response**

Emotions are the link between both the psychological side and the physical side and appear in the form of fear, anger and aggression... All these sensations work to excite the hypothalamus area in the brain, which is the center of the regulation of the work of the autonomic nervous system with its parasympathetic and parasympetary sections, Hence, visceral changes occur to the organs controlled by the autonomic system, including the lung, heart, stomach...

- The researchers explained that there are two types of these emotional responses:
  - External organic responses such as facial expressions. Internal visceral responses, including:
    - Vascular motor responses such as facial flushing.
    - Glandular responses originating from the individual such as sweating.
    - Visceral muscular responses such as cessation of bowel movement.
- (Alzarrad, 2000, p. 30)

This explains to us the organic or functional damage that occurs at the level of organs.

## **3. Explanatory theories of psychosomatic disorder**

### **3.1 Behavioral school**

Some of the pioneers of the behavioral school believe that psychosomatic disorder is habits and behaviors learned by the individual to relieve himself of the degree of anxiety, these behaviors were enhanced by receiving a benefit, and that this disorder is the result of wrong learning was made through conditions, for example: The child's jealousy of his newborn brother makes him urinate on himself to bring gains, which is increased attention by his parents, the habit is produced by repeating the response, and then the psychosomatic supply is formed.

### **2.3 Personality style theory**

Both Friedman and Rosenman distinguished between two patterns of behavior, the first type (A) is characterized by inability to endure and patience, the desire to achieve, speed of talk, anger and hostility, increased competitiveness, boredom and instability, people with these traits are prone to coronary artery disease of the heart and this pattern was called the behavioral targeting pattern for coronary artery disease, the second style (B) is characterized by relaxation and freedom from aggression and interest in a life free of problems more than interest in success and hard work, according to Goldenson, these people rarely develop heart disorders (Alzarrad, 2000, p. 247).

### **3.3 Personality profile theory**

Helen Dunbar tried to extract some common characteristics of psychosomatic disease and linked them to personality profiles, investigation in this area enabled her to observe the similarities in the personality features of patients with the same psychosomatic disorder and identified for each personality disorder its personality profile: Ulcerative blood pressure personality... (Hoof, 2020, p. 249)

### **3.4 Analytic school**

#### **3.4.1 Freud**

Freud sees physical transformation as the process by which a harmless disturbing perception is transferred to the body, when desires conflict with social and internal norms, it leads to a perception that is difficult to bear, so it is excluded from feeling through repression, but the failure of this suppression leads to the re-emergence of desire again, this is where the conversion of psychic energy (lipidos) from the ownership of psychological processes to the ownership of bodily processes occurs (Von, Michel, & Siegfried, 2018, p. 02).

#### **3.4.2 At Alexander**

F. Alexander is considered the founder of analytical psosomatiics through his collection of physiological theories and psychoanalysis, he believes that psychosomatic disorder is the result of latent unconscious conflict, and the misuse of defense mechanisms and he also believes that some conflicts have the property of affecting bodily organs, he also pointed out that the causality of heredity or the nature of the body is not sufficient for psychosomatic disorder unless the repressed emotional factor is achieved.

#### **3.4.3 At Marty**

Marty believes that the human being is an individual and distinct living unit and that the child from birth is equipped with physical defense mechanisms that enable him to resist infections and diseases, the mother-child relationship plays a big role in strengthening these mechanisms through the continuous recharging of the child's narcissism, in the sense of focusing

on the psychological aspect of this relationship, psychosomatic equilibrium is the result of the balance between the instincts of life and death. (Von, Michel, & Siegfried, 2018, p. 05)

#### **4. Biological Theory**

This theory attributes the causes of psychosomatic disorders to genetic weakness and formative fragility of the organ that responds to injury when stressful situations occur as a result of exposure to a history of recurrent disease, this weakens his immunity and resistance, this theory emphasizes the importance of psychological factors in influencing physical condition (Oweida, p. 84).

#### **5. Systematic theory in explaining psychosomatic disorder**

##### **5.1 The work of some researchers on family and psychosomatic disorder**

Thanks to both Mnuchin in Alo. M.A. (1978) and Silvini Palazzoli in Italy in the formulation of a psychosomatic theory, this perspective is based on the assumption that family imbalances contribute to the emergence of psychosomatic disorder, Mnuchin described the psychosomatic family model through his study of anorexia disorder that includes the following characteristics:

##### **Tangles**

- A severe form of closeness and strength in family interactions.
- Blurred boundaries and very intense family relationships.
- There is no room for independence and differentiation.
- Conflicts of loyalty.
- Satisfactory intergenerational alliances.

##### **Overprotection**

- Excessive attention to the well-being of others.
- Hypersensitivity to the slightest sign against anxiety and psychological distress.

##### **Hardness**

- Great resistance to change.
- These families do not change as the child grows.
- The dominance of the forces of equilibrium more than the forces of growth and change.

##### **Absence of conflict resolution**

- Low threshold of tolerance for conflicts and disagreements.
- Overestimation of compatibility and harmony.

### **Triangulations**

In fact, the couple is unaware of the dysfunction in the family, they work to ally with one of the children by transforming marital problems into a parental union to care for the sick child, or that this marital conflict turns into a parental conflict in the face of this sick child where the child forms an alliance with one of the parents or the other, whether in a stable or alternating manner.

The child becomes the organizing agent of family stability and his function in this case is a lightning rod (Cook, 2003, p. 12).

According to these two researchers, anorexia has reflected an accidental solution to a family problem, in order for the patient to develop positively, dysfunctional family dealings must be resolved and the family as a whole must be involved in care, this theory thus provided a pathogenic insight through their work in the therapeutic practice of families (Cook, *Apports de la recherche familiale dans les troubles du comportement alimentaire de l'enfant et de l'adolescent : acquis défis et nouvelles perspective*, 2013, p. 2).

To confirm family causal patterns, studies have tried to confirm the concept of psychosomatic family through research within patients' families, work has been done on eating disorders, as studies in this field have shown that families with anorexia are less satisfied with their family life compared to non-clinical families, good family relationships contribute to a faster and more sustained recovery, the course of the disease is also closely related to the change in the quality of family relations during treatment and subsequent follow-up, studies have also shown that having highly dysfunctional family relationships increases the risk of developing a chronic course of anorexia and limits family access to useful therapeutic resources (Cook, *Apports de la recherche familiale dans les troubles du comportement alimentaire de l'enfant et de l'adolescent : acquis défis et nouvelles perspective*, 2013, p. 3).

In another Mnuchin study on diabetes, the pediatrician called him to meet 8-year-old girls with diabetes who were constantly hospitalized due to coma, although insulin therapy was effective, but when you go home, the treatment doesn't respond as it should, Mnuchin interviewed several cases with their families, the families have described themselves as normal, happy and conflict-free families whose only problem is their child's illness, Mnuchin relied in the interviews on the identification of free fatty acids (Les acides gras libres ) (AGL) which was a concentration that increased from 5 to 15 minutes after emotional stress when they noticed their parents in a state of conflict through a one-way mirror, also, parental AGL levels dropped, which were high when the children entered the interview room, levels in girls remained high.

Through observations and interviews, Mnuchin hypothesized that family conflict was transformed through the child, in other words, family conflicts have led to psychosomatic diseases to which the family has responded with increased protection and attention without the need to negotiate or even acknowledge these conflicts.

This contributed to the proposal of a family planning model with 4 characteristics:

- Interweaving and lack of personal spaces for each individual.

- Excessive protection, which is shown by the concern of each individual for the well-being of the other.
- Rigidity associated with difficulties in making the changes necessary for the development of the family. (Havet, 2007, p. 103)

With regard to the importance of psychological and emotional components at the beginning of asthma episodes, there are studies documented by Durcell et al. in 1969, which emphasized the impact of anxiety reactions in the patient, especially in conjunction with the events of separation from the family nucleus, and also Godfrey and Silverman pointed out in 1973 that emotional factors are often responsible for the exacerbation and persistence of asthma, Balasio et al. (1990) demonstrated that even in families with moderate asthma, there are dysfunctional dynamics that prevent the positive use of resources to cope with the disease, research by Wamboldt et al. (1995) also confirmed the importance of past trauma experienced by parents of children with severe forms of asthma. (Onnis, 2001, p. 171)

## **5.2 Family inheritance and psychosomatic disorders**

One of the most important basic principles of the systemic theory is the principle of change, and the family is able to grow, develop and maintain its continuity through the transfer of its inheritance, because the issue of continuity and change of the family system is inseparable from the family's transmitted heritage, and here Anne Courtois wonders about the way in which the process of transferring culture takes place over time, and how is this ongoing process of appropriation and repossession of the family's heritage in the whole family, and in each member of the family and how heredity bifurcates the paths of existence, Does it slow down any development of the family system?.

The family must adapt to the changes it is going through by using all its creative possibilities to recognize and transform its heritage by integrating elements of the social environment.

In fact, Cramer points out that there is not enough comprehensive theory to explain family transitions, as he argues that knowledge of mental health transitions, feelings of security, and creativity is more limited than knowledge of their deviations or failures.

Researchers in this field, whether analytical or formative, try to decipher the history and prehistory of the subject through emotional and unconscious processes such as past traumatic events that have not been resolved and their disturbing interference in the present through the appearance of symptoms in the current life,

For example, Abraham and Torok have tried to study the psychological organization of the secret bearer in the family and how it unconsciously affects a subject from someone else's crypt (Courtois, 2003, p. 86).

Here, the importance of the psychological transfer of the family heritage between and through generations is evident, this transfer consists of ideas and emotional processes, but most of the time subconscious and not searched for by family ways, it is also represented in

unsurpassed trauma, and is built according to the way family members talk about an event, and the boundaries of what is conveyed are considered unclear and difficult to address, silence and what is not said and kept silent about it, along with the secrets and gaps in the process of psychological transmission, are also transmitted to the formation of what is called L'impensé généalogique or unless it is thought up in a dynastic way, these gaps may reappear in the form of a puzzle or signal that finds its expression in some individual physical or psychological symptoms. (Baddad & Nadia, 2016, p. 45)

Kate and D.V. Keith et C.A. Whitaker have attached great importance to the so-called "symbolic structure of the family" by researching past symbolic events and explaining the current manifestation of symptoms of a family member, he referred to the concept of "vulnerable child" which shows disorders that may be related to conflicts in the family during pregnancy and birth.

Bozermine also referred to the concept of relational ethics that underpins all human interactions, according to him, this morality must be based on the rights of equality necessary in a fair relationship in which the individual takes turns giving, sharing the same roots with the family creates strong, strong, unbreakable bonds but also restricts the freedom of grandchildren to engage outside their bonds, this gives us an understanding of the strength of these bonds that bind the child to his ancestors even if he is the subject of injustice and abuse by them.

The dynamics of giving and exchange between the giver and the taker are truly a foundation for intergenerational bonds, whoever receives recognizes himself as indebted and must be able to return the favor, sometimes he may feel that he does not receive enough, so the relationship between the giver and the taker is characterized by frustration and lack of mutual recognition, or the donor gives more than he got from his assets to his children, wife and grandchildren, and in return he can expect more from them than he gave them, making them in the position of debtors, and therefore the system of debts and obligations cannot be separated from the family identity, but individuals can free themselves from it by partially getting rid of the relationship of control. (Courtois, 2003, p. 100)

From it it can be said that pathological relationships are left in the form of debts that require repayment, resulting from cognitive and emotional distortion, it has to do with the family history of the individual, and if we do not receive enough attention from the parents, which is considered a legitimate wait, we remove this debt to drop it on innocent people such as children, or we project it on ourselves by self-harm, such as various psychosomatic diseases. (Ekrdouchen Baali & Ait Mouloud, 2018, p. 35)

### **5.3 Family myth and psychosomatic disorder**

According to Ferreira, myth is defined as an internal image that the family gives about itself and to which all members contribute a force that is unrealistic and acts as a means of resisting change. (Courtois, 2003, p. 100)

The legend includes information about the performance of rituals in previous generations and H. Moral distinguished between two types of rituals, rituals that have a homeostasis function or a balance function as they contribute to family cohesion and identity, and home rituals that are events that indicate the progress of the family through its life cycle. (Courtois, 2003, p. 100)

Myth is originally considered a pathological phenomenon, but it will later be considered as having an institutional function for the family because it allows the continuity of the family and works to build the individual self by increasing the sense of belonging to this family, it is this affiliation that will later allow the subject to build his own identity.

In psychosomatic families, entanglement reduces the autonomy of individuals due to blurred lines between generations and individuals, the tendency to avoid manifestations of conflict prevents the clear identification of relationships and differentiation between individuals.

According to L. Onnis, in psychosomatic families we find family myths of loneliness associated with illusions of rupture (the fear that every movement to empower members can be destructive to the system). (Havet, 2007, p. 104)

Bozormenyie-Nagi et Spark sees the symptoms presented by the child as the metaphor or the end product of a cross-generational story created through the record of accounts and the balance/imbalance between debt and loans between generations. (Courtois, 2003, p. 87)

Forms of care must adapt to the different stages of the life cycle of the family and the myth must evolve with it by giving an adaptive view to reality, external events and the growth needs of individuals.

According to R.Neburger, the family myth will give the child two contradictory messages: the first is a message of compliance with his affiliation group, meaning be committed to it and faithful to its values... The second is a message of differentiation from this group in the sense of being different from it, Noeborger stressed the need for these two messages to exist in order for psychological transmission to be dynamic, as an indication that this transmission must be creative and free from sterile repetitions, functional families work to provide a safe basis for the child to exercise his uniqueness and differentiation from others, and that canceling one message in favor of the other can lead to diseases, families with serious illness can sacrifice one of their members for the survival of the group. (Courtois, 2003, p. 100)

## **6. Conclusion**

Researchers have differed in their changes to psychosomatic disorders, each attributing them to a particular factor, however, there is general agreement on the importance of the mutual influence of the soul and body and the inseparability of them, and there is no comprehensive theory to explain these disorders.

The systematic theory is one of the theories that tried to link the causes of these disorders to the family and the wrong interactions within it with the formation of mental illnesses and psychosomatic disorders, especially the unconscious processes of relational dynamics that are

transmitted between generations, this allowed to describe a model of these non-functional families contributing to the development of diseases.

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