

## **The Perceived Family Pattern Among Individuals With Psychosomatic Illnesses: Cancer As A Model.**

**Kaouthar Bennaceur\***

\*Domiciliation Laboratory of psychology in Hoggar and Tidikkelt, University of Tamanghasset (Algeria).  
Email : kaotar85@yahoo.com

**Received:** 02-03-2023      **Accepted:** 04-06-2023      **Published:** 19-08-2023

### **Abstract:**

The present study aims to clarify how families cope with cancer patients and to highlight the impact of this illness on their family dynamics. The study employs a clinical approach, utilizing case studies as the methodology, which is suitable for the study's variables. This research was conducted on three families with cancer patients at the Misbah Baghdadi Hospital in Amsion, Tamanrasset, Algeria. Systemic interviews and the Family System Perception Test were used, and the results revealed differences in family perception from one patient to another.

**Keywords :** psychosomatic illness, cancer, system, family.

### **1. Research Problem:**

The family is considered the fundamental unit of society, responsible for teaching children the principles of social life and shaping human personality, both directly and indirectly. This occurs through intentional education, which focuses on instilling social behaviors, values, ethics, religion, and attitudes, and determines methods of adaptation to various situations. The family also plays a crucial role in fostering both self-discipline and external discipline among its members through reward and punishment. It enables children to express themselves and assume responsibility. Additionally, the family teaches social processes such as cooperation and competition. On the other hand, the family can indirectly influence children's behavior depending on the family atmosphere and the behavior that the young child tries to imitate and mimic (Khalil, 2000, p. 14).

Thus, the family is the primary source from which children either learn moral integrity or develop deviant tendencies. From this perspective, the current researcher emphasizes the importance of the family's mental health in building a healthy and psychologically harmonious generation.

Psychologists have pointed out the significance of early family experiences in shaping children's behaviors and attitudes, and their profound impact on their psychological and social development. A happy family provides a healthy psychological environment that fosters the well-being and happiness of its children. In contrast, a dysfunctional family creates an unhealthy psychological environment, fostering behavioral deviations and psychological and social disorders (Zahran, 1978, p. 17). It has been shown that the relationships a child experiences within the family largely determine whether they will develop psychological health (Rashid, 1995).

A warm and stable family environment can support an individual in coping with life's stresses. Conversely, an unhealthy family atmosphere may indirectly incite an individual to deviate from social norms (Hassan, 2001, p. 263). When a family fails to create an environment that helps its members balance their needs for connection with others and their independence, it opens the door to various forms of faulty communication, which ultimately leads to family discord and the clear psychological disturbance of some of its members (Kafafi, 1999, p. 159). This idea was supported by psychoanalytic theory (Freud, 1967, p. 101), which posited that frustration resulting from a lack of love, affection, and an appropriate social environment during the early stages of life leads to the development of a weak "ego" that does not perform its primary function. Freud believed that an individual's mental health results from the coherence of their personality and the harmony between the "id" and the "superego" (Mustafa, 1987, p. 75).

Maslow, too, argued that human beings have multiple needs that impact their behavior, and the family is the primary and often the sole source for satisfying these psychological needs, especially in the early stages of life. A study by Moussa (1973) indicated that delinquent children often lived in troubled family environments, experiencing contradictory treatment methods from their parents, ranging from harshness to indulgence, overprotection to neglect, and even physical punishment. Furthermore, these children were deprived of having many of their needs met (Moussa, 1973, p. 20). Al-Kandari shared the same definition, describing the family system as a network of interrelated individuals whose relationships shape the dynamics and persistence of the family.

Hamed Al-Fiqi (1984) noted that family relationships have garnered significant attention from researchers, who have emphasized the importance of a warm and healthy relationship for the growth and development of family members. These relationships impact every aspect of an individual's psychological development, as well as the dynamics of

relationships throughout various stages of growth (Al-Kandari, 1996, p. 17). The family plays several key roles, including meeting the child's needs for security, emotional bonds, and affection, which foster a sense of satisfaction and enable the child to develop emotionally balanced relationships with others (Al-Nashef, 2011, p. 13). Aristotle (384–322 BC) also argued that emotions such as anger, fear, joy, hatred, and envy are not purely psychological phenomena but arise from a complex psychological and physical system. He noted that chronic, intense negative emotions can have detrimental effects on the body (Ghanem, 2011, p. 39).

In discussing the relationship between mind and body, it is essential to address psychosomatic illnesses. Many theories, as noted by Samer Jamil Radwan (2018), have emphasized that primary socialization in psychosomatic patients often involves maternal behavior characterized as "overprotective" or "rejecting, whether overtly or covertly" (Tsivp, 1976). A child who experiences verbal abuse from their parents may feel rejected and worthless, leading to low self-esteem, psychological disorders such as anxiety and depression, and symptoms such as fear, insomnia, and nightmares. Several studies have shown that children exposed to violence are more prone to anxiety, depression, and mood disorders, and they tend to be less happy and ambitious than other children (Abdullah M., 2010, p. 17).

The family system is in constant change, as external factors influence it either positively or negatively. At the same time, every family system strives to maintain its balance and restore its stable environment. Therefore, it can be argued that psychosomatic disorders are related to various factors, including the nature of the perceived family system. This connection calls for further research into the relationship between family dynamics and psychosomatic disorders.

From here, the core problem of our research emerges, aiming to answer the following question:

## 2. Sub-questions:

- Does the individual with psychosomatic disorder, using cancer as a model, perceive their family system as withdrawn?
- Does the individual with psychosomatic disorder, using cancer as a model, perceive their family system as conflicted?

## 3. Hypotheses:

- **3.1 First Sub-hypothesis:** The individual with psychosomatic disorder, using cancer as a model, perceives their family system as withdrawn.
- **3.2 Second Sub-hypothesis :** The individual with psychosomatic disorder, using cancer as a model, perceives their family system as conflicted.

## 4. Significance of the Study:

The significance of this study lies in its focus on two fundamental societal issues: the family and psychosomatic disorders. The study aims to:

- Shed light on family dynamics among individuals suffering from psychosomatic disorders, which continue to spread globally.
- Clarify the relationship between the nature of the family system, considered the core of individual upbringing, and the changes that occur when a member suffers from psychosomatic disorders, impacting other family members.

## 5. Objectives of the Study:

The objectives of selecting this topic can be summarized as follows:

- To understand the nature of the family system leading to the development of an individual with a psychosomatic disorder.
- To further explore this group and uncover the relational and psychological problems faced by individuals with psychosomatic disorders.
- To identify the most common psychosomatic disorders within family systems.
- To determine whether the family system contributes to the emergence of psychosomatic disorders.

## 6. Definition of Terms:

- **A. Cancer:** Cancer is defined as the uncontrolled and disorganized growth of cells, which form tumors that invade surrounding tissues and organs through the blood or lymphatic system. This is referred to as malignant tumors (Malko, 1992). In this study, we focus on a specific type of cancer...
- **B. System (Family System):** The definition of a system is based on the idea that the whole cannot be understood without studying its parts in relation to one another and their role in the overall functioning of the system. A system is

defined as a complex network of interrelated elements. Therefore, understanding each family member individually is insufficient; they must be studied within the broader family context.

- **C. Family:** MacIver (Abd Al-Aati & Bayoumi, 2004, p. 21) defines the family as a structural unit composed of a man and a woman bound by a strong spiritual connection, along with children and relatives. The family exists based on instinctive drives, mutual interests, and shared emotions compatible with its members and affiliates.

## 7. Theoretical Framework:

- **7.1 Concept of System:** We will attempt to present definitions of the system both linguistically and terminologically:
  - **A. Linguistically:** The term "system" refers to something organized or arranged in a particular order. To systematize means to structure or organize. "Systematic speech" refers to speech where ideas are linked together logically.
  - **B. Terminologically:** Claude (1998) defines a system as an organized whole composed of interrelated elements directed toward a specific goal. Each system has its own dynamics and relational processes, constantly interacting with its context and both influencing and being influenced by it (Yameh, 2011).

The term also refers to a method of classification. Generally, defining, observing, or analyzing any system presents difficulties, as an observer cannot determine which parts interact to form the whole simply by looking at it. Moreover, the exact nature of the communication between the parts is often unclear (Kafafi, 1999, p. 86).

- **7.2 Definition of Family System:** The definition of a system is based on the idea that the whole cannot be understood without studying its parts in relation to one another and the overall performance. Accordingly, a family system is a complex structure of interrelated elements, making it impossible to understand any individual family member outside the context of the family.

## • 7.3 Types of Systems:

- A. Subsystems and Supra-systems in the Family:** Each individual within the family can be considered a complete system in themselves, referred to as a subsystem within the larger family system. In turn, the extended family is considered a supra-system relative to the nuclear family. While each family member forms a subsystem, the extended family acts as a supra-system relative to the family as a whole (Kafafi, 2009, p. 86).
- B. Open Family Systems:** An open family system can be described as one capable of change and adaptation to new situations, while maintaining boundaries that preserve its distinctiveness. Flexible rules allow the system to benefit from external environmental inputs to reorganize and adapt to external pressures (Kafafi, 2009, p. 90).
- C. Closed Family Systems:** A closed system is one that isolates itself physically and psychologically from the external world. Members of such a system may have limited contact with the outside, and they may fear they cannot meet societal demands, leading to isolation. Closed systems tend to exhibit rigidity in behavior and patterns, which contributes to their stagnation (Kafafi, 1999).

## 7.4 Definition of Psychosomatic Disorders:

The term "psychosomatic" originates from Greek, combining "psyche" (mind) and "soma" (body). Psychosomatic disorders are physical illnesses or conditions caused or exacerbated by psychological factors. These disorders manifest in physical symptoms, but their roots are emotional or psychological stressors. Examples include asthma, ulcers, and skin allergies. These conditions arise due to emotional disturbances, affecting areas controlled by the autonomic nervous system (Abdullah, 2007, p. 330).

## 7.5 Causes of Psychosomatic Disorders:

The key causes of psychosomatic disorders include:

- Childhood physical illnesses that predispose specific body organs to disease.
- Emotional conflicts and family dynamics, such as insecure attachment, parental neglect, and exposure to aggressive family environments.
- Long-term emotional stress, particularly when expressing anger or frustration is repressed, leading to physical symptoms.
- Exposure to traumatic events, including warfare or significant life changes like the death of a loved one or divorce (Zahran, 2005, p. 470).

## Field Study Procedures

**1.8 Research Methodology:** Research methodologies in psychology vary based on the nature of the studies and the objectives they aim to achieve. In our study, as we are examining clinical cases, we employ the clinical approach, which is the most suitable for addressing our research questions.

**2.8 Study Sample:** The current study involves three male participants, aged 16 to 28, who are diagnosed with cancer.

### 3.8 Research Instruments:

a. **Clinical Interview:** This is a face-to-face conversation between the client (participant) and the psychologist. Its goal is to understand the participant's problems and work toward solving them. It is a dynamic social interaction where both parties engage in a respectful and secure psychological environment built on mutual trust. The aim is to gather information to address the problem, with questions asked to explore specific areas of interest (Mustafa Soweif, 1977, p. 381).

b. **Family Apperception Test (FAT):** The Family Apperception Test is an effective tool for initial screening to identify familial disturbances and individual deviations within the family. This projective test was developed by Wayne Stolley, Dana Castor, Susan Henry, and Alexander Julian. Initially published in English in 1988, the test was translated into French by the Applied Psychology Center in Paris in 1999 and later into Arabic, adapted for Algerian society by researcher Mizab Nasser and his team as part of a research project funded by the National Committee for the Promotion of University Research. The test is grounded in systemic theory, which views individual behavior as a result of interactions within the family, where family members play a crucial role in shaping the individual's behavior (Nasser, Fidili, & Naït, 2012, p. 35).

The FAT includes 21 black-and-white plates depicting everyday family situations, interactions, and activities. These plates evoke strong projective responses related to family dynamics and emotional reactions within familial relationships (Nasser, 2015, p. 30). The test creators designed each plate to illustrate specific family interactions, giving each plate a unique title. For instance: Plate 1: "Dinner," Plate 2: "The Tape Recorder," Plate 3: "Punishment," Plate 4: "Clothing Store," and so on (Nasser, Fidili, & Naït, 2012, p. 47).

#### ➤ Test Instruction:

The instruction for the test was translated into Arabic as follows: "I have a set of pictures of families. I will show them to you one by one. Please describe what is happening in the picture, what led to it, and what these people might be thinking about. How does the story end? Use your imagination. Remember, there is no right or wrong answer to what you will say. I will write down your answers so I don't forget them" (Mizab Nasser, 2007, p. 12).

For the current study, the instruction was presented in Algerian colloquial Arabic as: "I have family pictures, and I will show them to you one by one. Tell me what is happening in the picture, what isn't happening, what the people in the picture are thinking about, what they feel, and how the story ends. Keep in mind there are no right or wrong answers. I will write down what you say so I won't forget."

### 4.8 Study Results:

#### First: Presentation and Analysis of Case 01 Results:

a. **Introduction to Case 01 - Sofiane:** Sofiane is 16 years old, the second child in his family. He has one sister and one brother, comes from a middle-class family, and has been diagnosed with prostate cancer for one year. He dropped out of school in his third year of middle school.

b. **Interview Analysis:** In the first part of the interview with Sofiane, personal information about the cancer patient and his family was collected, such as names, ages, family order, and residence, among other details. The interview then explored the disease's diagnosis and treatment acceptance.

Additionally, the family dynamics before his hospitalization were discussed. It was revealed that the family experienced conflicts, as Sofiane mentioned, "I fight with my dad sometimes, even he and my mom argue." Concerning family alliances, Sofiane expressed his closeness to his mother, saying, "My mom is the one I love; I always get along with her. My dad loves me too, but he's a bit harsh." This suggests that the father holds the primary authority in the family, serving as the head, while the mother plays the role of caretaker and educator. The father, however, is perceived as someone strict and unapproachable.

#### c. Test Results and Analysis:

##### • Quantitative Data Presentation:

Table 1 presents the scoring sheet for Sofiane.

Number of recorded points	Dotted items	Categories
4	Family Conflict	Obvious Conflict
2	Marital Conflict	
1	Conflict of Another Kind	
14	Absence of Conflict	
0	Positive Resolution to Conflict	Developing Conflict

0 21	Negative Resolution to Conflict Absence of Resolution	<b>Resolution</b>
0 0 0 21	Appropriate/Participant Appropriate/Non-Participant Inappropriate/Participant Inappropriate/Non-Participant	<b>Setting Endings</b>
0 0 0 0 0 2 0 0 0 0	Allied mother Allied Father Allied Brother Allied Sister Allied Husband Allied Other Mother Pressure Factor Father Pressure Factor Brother Pressure Factor Sister Press Factor Husband Allied Other	<b>Quality of Relationships</b>
0 0 0 0 0 21 0	Fusion Non-coupling Mother-child alliance Father-child alliance Rashid-last-child alliance Open format Closed format	<b>Setting Boundaries</b>
0 0 0 0	Abuse Sexual exploitation Neglect Abandonment Substance abuse	<b>Dysfunctional Cycle of Bad Interactions</b>
3	<b>Rejection</b>	<b>Unusual Responses</b>
0 0 0 0 0	Sadness/Depression Anger/Anger Fear/Anxiety Happiness/Satisfaction Another type of emotion	<b>Emotional Tone</b>
90	<b>Total</b>	

Based on the questions posed by the test, the protocol for this case was analyzed and discussed using the results obtained from the scoring sheet. Here are the answers to the questions:

**1. Is the protocol content sufficient to test the hypothesis?**

Based on Sofiane's protocol, the stories he created were clear and well-structured. He refused three plates, and his responses to the rest were ordinary, leading to the conclusion that this protocol can indeed be used to test our hypothesis.

**2. Do conflicts appear in Sofiane's family system?**

According to the protocol coding network, Sofiane's case exhibits several apparent conflicts. There were three obvious conflicts, with the overall score for misuse indicators being  $n=90n = 90n=90$ .

**3. In which domain do the conflicts appear?**

The visible conflicts were distributed across family conflicts (three in total), which appeared in plates 1, 5, and 21. Two marital conflicts were identified in plates 11 and 18, and another type of conflict appeared in plate 10.

**4. What is the functional pattern of Sofiane's family?**

The analysis of family employment indicators shows more clearly the nature of the relationships in the family. It became evident that the family has not found solutions to their conflicts.

### 5. What hypotheses can be made regarding the quality of the relationships?

The coding network reveals that the quality of the relationships within Sofiane's family system is unequal, with pressure factors and alliances being imbalanced. For instance, the mother is identified as a pressure factor in plates 6 and 3, with a score of  $n=2n=2n=2$ , while no other factors scored. Additionally, the family's relationship with the external world shows an open system in all 21 plates.

### 6. Are there indicators of general maladjustment?

There are no indicators of poor treatment, which suggests that the family exhibits general adaptability.

### 7. Does this protocol contain themes that could contribute to forming significant clinical hypotheses?

It is evident that Sofiane lives in a conflicted family system, as reflected by the general misuse indicator score of  $n=90n=90n=90$ . This suggests that his referral to the center may be a reflection of the family system he inhabits, characterized by conflicts and the absence of solutions.

### Second: Presentation and Analysis of Case 02 Results

- Introduction to Case 02 - Mahmoud:** Mahmoud is 27 years old, the second child in his family, with an older brother and a younger sister. He comes from a middle-class family and suffers from leukemia. His family visits him regularly. He dropped out of school in the second grade, and the family's educational level is low—his father only completed first grade, while his mother has no formal education.
- Interview Analysis:** During Mahmoud's interview, the first section covered personal information about Mahmoud and his family, such as names, ages, and social status. The interview also addressed the diagnosis of his illness and his acceptance of treatment. As for the family dynamics, Mahmoud described his family as relatively balanced. He mentioned, "At home, they treated me well, and even when I got sick, they stayed by my side, trying to understand me and deal with things calmly." Mahmoud also described his family as open, saying, "At home, we're used to going out, sometimes with neighbors or my dad's friends." Regarding family alliances, Mahmoud indicated that he was aligned with his father, stating, "I get along with my dad, and he's the one I go to for decisions at home."

In conclusion, Mahmoud's perception of his family system is one that is not conflicted.

### c. Test Results and Analysis:

#### • Quantitative Data Presentation:

Table 2 presents the scoring sheet for Mahmoud.

Number of recorded points	Dotted categories	Categories
0 0 1 20	Family conflict Marital conflict Conflict of another kind Absence of conflict	Apparent Conflict
0 0 21	Positive solution to conflict Negative solution to conflict Absence of solution	Developing Conflict Resolution
0 0 0 21	Suitable/Participant Appropriate/Not Participant Inappropriate/Participant Inappropriate/Not Participant	Setting Endings
0 0 0 0 0 0 0 0 0 0 1	Allied mother Allied father Allied brother Allied sister Allied husband Other allied Mother pressure worker Father pressure worker Brother pressure sister Husband pressure worker Other pressure worker	Quality of Relationships
0 0	Fusion Non-coupling	Setting Boundaries

0	Mother-child alliance	
0	Father-child alliance	
0	Rashid-last-child alliance	
21	Open format	
0	Closed format	
0	Abuse	Dysfunctional Cycle of Bad Interactions
0	Sexual exploitation	
0	Neglect	
0	Abandonment	
0	Substance abuse	
4	Rejection	Unusual Answers
0	Sadness/Depression	Emotional Tone
0	Anger/Hostility	
0	Fear/Anxiety	
0	Happiness/Satisfaction	
0	Another Type of Emotion	
89	Total	

### 1. Is the protocol content sufficient to test the hypothesis?

Based on Mahmoud's protocol, the stories he constructed were clear and well-structured, with a clear beginning and end. However, some plates were rejected, and all the answers were ordinary. Therefore, we can conclude that this protocol is reliable for testing our hypothesis.

### 2. Do conflicts appear in Mahmoud's family system?

The coding network for Mahmoud's protocol indicates the absence of marital and family conflicts, with only two other types of conflicts identified  $n=2n = 2n=2$ . The general indicator for misuse was recorded as 89 points.

### 3. In which area does the conflict appear?

This conflict appeared in plates 10 and 21.

### 4. What is the functional pattern of Mahmoud's family?

There is an absence of visible conflicts, both marital and familial. As shown in the table, there is no record of solutions, yielding a score of 21. Regarding the control of endings for non-participation/inappropriateness, a score of 21 was recorded across all plates. The coding network indicates an unequal quality of the relationships within the family system, with external factors showing  $n=2n = 2n=2$  as a pressure factor in plates 10 and 20, while no other factors recorded any points.

### 5. What hypotheses can be formulated about the relational systemic appearance of this family?

The scoring sheet indicates no family or marital conflicts, particularly from the father and mother. As for the relationship of the system with the external world, an open system was observed across all plates with a score of 21.

### 6. Are there indicators of general maladjustment?

No points were recorded regarding poor treatment, indicating a state of general adaptability.

### 7. Does this protocol contain themes that could contribute to forming significant clinical hypotheses?

Mahmoud lives in a non-conflicted family system with good relationships, as evidenced by the general misuse indicator, which recorded  $n=89n = 89n=89$ . Therefore, we can assert that Mahmoud perceives his family system as balanced.

## Third: Presentation and Analysis of Case 03 Results

### a. Introduction to Case 03 - Yassine:

Yassine is 28 years old, the eldest child in his family, with three younger siblings. He comes from a middle-class family and has been diagnosed with skin cancer for one year and two months. His family visits him regularly. He never attended school, but he is a memorizer of the Quran. The family has a low educational level; his father completed only the first grade but is also a memorizer of the Quran, while his mother has no formal education.

## b. Interview Analysis:

Through the clinical interviews, it was found that Yassine led a good life within his family system, characterized by the absence of marital conflicts. He mentioned, "My parents may argue, but nothing is in front of us," indicating a lack of family conflicts. He also noted, "When there's trouble, my mother knows how to calm my younger siblings." Yassine emphasized his mother's care for him, stating, "She is the one who loves me at home; she takes care of me." Ultimately, Yassine perceives his family system as balanced and free from conflicts.

## c. Test Results and Analysis:

### Quantitative Data Presentation:

Table 3 presents the scoring sheet for Yassine.

Number of recorded points	Dotted categories	Categories
0 0 0 21	Family Conflict Marital Conflict Conflict of Another Type Absence of Conflict	Apparent Conflict
0 0 21	Positive Resolution to Conflict Negative Resolution to Conflict Absence of a Solution	Developing Conflict Resolution
0 0 0 21	Suitable/Participant Appropriate/Not Participant Inappropriate/Participant Inappropriate/Not Participant	Setting Endings
0 0 0 0 3 1 0 0 0 0 0	Allied Mother Allied Father Allied Brother/Sister Allied Spouse Allied Other Pressuring Mother Pressuring Father Pressuring Brother/Sister Pressuring Spouse Pressuring Other	Quality of Relationships
0 0 0 0 0 21 0	Integration Lack of Coupling Mother-Child Alliance Father-Child Alliance Adult-Other Child Alliance Open System Closed System	Setting Boundaries
0 0 0 0	Abuse Sexual Exploitation Neglect/Abandonment Substance Abuse	Dysfunctional Cycle of Bad Interactions
13	Rejection	Unusual Responses
0 0 0 0 0	Sadness/Depression Anger/Hostility Fear/Anxiety Happiness/Satisfaction Another Type of Emotion	Emotional Tone
101	Total	

1. **Is the protocol content sufficient to test the hypothesis?** Based on Yasin's case protocol, the narratives created by Yasin are clear and structured, with a distinct beginning and end. However, 13 panels were rejected, and all responses were ordinary. Thus, we can conclude that this protocol can be relied upon to test our hypothesis.



2. **Do conflicts appear in Yasin's family system?** Through the coding network of Yasin's case protocol, it is evident that there is an absence of conflict, as indicated by the general evidence of poor employment, which equals 101.
3. **In what areas does conflict manifest?** We observe an absence of conflict across all panels, with a recorded count of  $n=21$ .
4. **What functional pattern characterizes Yasin's family?** The absence of apparent marital and familial conflicts is notable, along with the lack of termination conditions, where the count is recorded at  $21=n$ . Regarding the regulation of terminations for non-participating/unfit members, a count of 21 was recorded across all panels.
5. **What hypotheses may relate to the quality of apparent relationships?** The coding network reveals that the quality of apparent relationships within the family system is unequal between stress factors and alliances. Specifically,  $2=n$  for others as an allied factor in panels 11, 16, and 14, while the mother was recorded as a pressure factor with a score of one.
6. **What hypotheses can be formulated regarding the relational systemic appearance of this family?** As observed in the coding sheet, there are no familial or marital conflicts, particularly from the parents. Concerning the system's relationship with the external world, we noted an open system with a count of 21 across all panels.
7. **Are there indicators of general maladjustment?** In terms of negative interactions, no points were recorded, which serves as evidence of general adjustment.
8. **Does this protocol include topics that contribute to the formulation of significant clinical hypotheses?** It is evident that Yasin lives in a non-conflicted family system with good relationships, as indicated by the general evidence of poor employment, which we recorded as  $101=N$ . Thus, it can be said that the referral to the center does not reflect the perceived system in Yasin's case.
9. **Discussion of hypotheses:** The first hypothesis posits the existence of a conflicting family system for the cancer patient, as the diagnosis of a family member with cancer acts as an earthquake that shakes the entire family, leading to radical changes in its dynamics and interactions among its members. This sudden and powerful change compels the family to face new challenges, for which they may not be prepared, resulting in what is termed "family system conflict." This state of tension and disruption is experienced by the family when one of its members faces cancer. This tension arises from a fundamental change in family dynamics and daily routines, affecting individuals' roles and their relationships with one another.

#### **Psychological and Social Dimensions of Conflict:**

- **Fear and Anxiety:** All family members experience varying levels of fear and anxiety regarding the patient's health, treatment outcomes, and the family's future. This fear may evolve into illness phobia or persistent anxiety that impacts daily life.
- **Grief and Depression:** Family members, especially those closest to the patient, may experience profound grief that can lead to depression. This grief stems from potential loss, whether of health or the relationship as it once was.
- **Anger and Isolation:** Family members may feel anger towards the illness, the circumstances leading to the diagnosis, or even towards one another. This anger may drive them towards social isolation, avoiding interaction with others.
- **Guilt:** Some family members may feel guilt, whether for believing they have not done enough for the patient or for feeling envious of others' concern for the patient.
- **Role Changes:** The roles of family members may change drastically. One child may become responsible for caring for the sick parent, or a spouse may bear a greater caregiving burden. These changes can lead to conflicts over responsibilities and authority.
- **Chronic Stress:** Family members experience chronic stress from caring for the patient, meeting their needs, and the ongoing worry about their health. This stress may lead to physical and psychological health issues.
- **Impact on Relationships:** Relationships among family members may suffer negatively, leading to increased disagreements and problems. Some family members may feel marginalized or neglected, resulting in a deterioration of familial bonds.
- **Impact on Children:** Children are particularly affected by a family member's illness, often exhibiting behavioral and emotional problems such as social withdrawal, difficulty concentrating, and anxiety.

#### **Causes of Family System Conflict:**

- **Nature of the Illness:** Cancer is considered a serious and unpredictable illness, heightening feelings of fear and anxiety.
- **Treatment:** The patient undergoes challenging treatments that may affect their quality of life, thereby increasing the family's suffering.
- **Physical and Psychological Changes in the Patient:** The patient's appearance and behavior change as a result of the illness and treatment, which may make it difficult for the family to adapt.

- **Social and Economic Factors:** The family's social and economic conditions affect its ability to cope with the illness, as the financial burdens associated with treatment may increase pressure on the family.

#### **Effects of Family System Conflict:**

##### **On the Patient:**

- Increased feelings of loneliness and isolation.
- Worsening of depression and anxiety.
- Delayed recovery.

##### **On Family Members:**

- Physical and emotional exhaustion.
- Development of depression and anxiety.
- Deterioration of family relationships.
- Difficulty adjusting to the new life.

The first hypothesis contradicted the second and third cases, as Mahmoud is aware that his family system is non-conflictual with stable relationships, similar to Yassine, who recognizes that his family system is not disturbed. After reviewing the common effects of cancer on the family system, which typically manifest as conflict and tension in family relationships, we now turn to a seemingly exceptional case: the non-conflictual family system. This does not imply that illness does not affect the family but indicates the ability of some families to adapt and bond more strongly in the face of adversity.

#### **Reasons for Non-Conflict:**

##### **• Strength of Family Bonds:**

- **Strong Family Cohesion:** Families with strong and cohesive bonds from the outset are more capable of facing crises and challenges together.
- **Shared History:** Families with a long history of cooperation and solidarity are more prepared to work together in times of crisis.
- **Shared Values:** The presence of shared values such as love, respect, and solidarity enhances family cohesion and facilitates adaptation to changes.

##### **• Religion and Faith:**

- **Attachment to Religious Values:** Religion and faith provide individuals and families with a moral framework that helps them understand suffering and accept fate.
- **Hope and Optimism:** Religion and faith foster hope and optimism, contributing to the strengthening of family bonds.

##### **• Social Support:**

- **Broad Support Network:** A wide network of friends, relatives, and neighbors offering emotional and practical support helps families adapt to difficult circumstances.
- **Support Groups:** Participation in support groups for families facing cancer can provide individuals with the opportunity to connect with others experiencing similar challenges.

##### **• Individual Coping Skills:**

- **Individual Resilience:** The ability of family members to adapt to changes and cope with stress contributes to reducing conflict.
- **Problem-Solving Skills:** The ability to solve problems and communicate effectively helps families overcome difficulties.

##### **• Role of Psychotherapy:**

- **Family Therapy:** Family therapy can assist family members in understanding their emotions and developing coping mechanisms for dealing with the illness.
- **Individual Therapy:** Individual therapy can help each family member address their own feelings.

#### **Other Factors That May Play a Role:**

- **Nature of the Illness:** Some types of cancer may have less impact on daily life, reducing pressure on the family.
- **Age Stage:** Younger or older families may be better able to cope with the illness compared to middle-aged families.
- **Financial Support:** Providing the necessary financial support for treatment and care reduces the economic stress on the family.

The second hypothesis posits that the cancer patient perceives their family system as balanced. We found that this hypothesis contradicted the first case, as Sofiane acknowledges some conflicts within his family system. Conversely, the hypothesis was validated in the second and third cases. Based on the above, we can conclude that the diagnosis of cancer in a family member represents a highly impactful event for the family system, leading to radical transformations in its dynamics and interactions among its members. These transformations, which range from positive adaptation to family conflict, depend on a set of interrelated factors.

### **Psychological and Social Effects**

The diagnosis of cancer leads to a wide range of psychological and social effects on family members, which include:

- **Psychological Stress:** Including fear, anxiety, sadness, anger, and feelings of guilt.
- **Changes in Roles:** The roles of family members change significantly, imposing new challenges on family relationships.
- **Chronic Stress:** Family members experience ongoing stress due to caring for the patient, meeting their needs, and constant worry about their health.
- **Impact on Relationships Among Family Members:** The illness may lead to the deterioration of relationships or strengthen them, depending on other factors.
- **Impact on Children's Development:** A parent's illness significantly affects children's growth and may lead to psychological and behavioral problems.

### **Influencing Factors**

The family's response to cancer is influenced by a variety of factors, including:

- **Characteristics of the Illness:** Type of cancer, its stage, and the treatment being undertaken.
- **Characteristics of the Family:** Strength of family bonds, presence of a history of past crises, and available social support.
- **Characteristics of the Affected Individual:** Personality, ability to cope with stress, and age.
- **Cultural and Religious Factors:** Cultural and religious beliefs and values influence how families respond to illness.

### **Conclusion and Recommendations**

Cancer represents a significant challenge for the family system, but it also offers an opportunity to strengthen family bonds and develop coping capacities. By understanding the psychological and social impacts of the illness, as well as the factors influencing the family's response, we find that our research findings regarding the perceived family system among cancer patients confirm that it is often characterized by conflict and isolation from the outside world. This leads us to propose a set of considerations for the segment of cancer patients, which include:

#### **1. Open and Honest Communication:**

- Encourage family members to express their feelings and opinions freely.
- Set aside regular time for family discussions to address fears and anxieties.
- Avoid evading discussions about the illness or refraining from asking questions.

#### **2. Emotional Support:**

- Provide emotional support to the patient and family members.
- Listen to their concerns and needs.
- Create a safe and loving environment.

#### **3. Collaboration in Care:**

- Distribute caregiving tasks among family members equitably.
- Seek assistance from healthcare professionals if necessary.
- Ensure physical and psychological comfort for the patient.

#### **4. Seeking External Support:**

- Join support groups for families affected by cancer.
- Utilize psychological counseling services.
- Connect with friends and neighbors for support.

#### **5. Self-Care:**

- Encourage family members to prioritize their mental and physical health.
- Engage in recreational activities and relaxation techniques.
- Ensure adequate sleep.

**6. Future Planning:**

- Develop realistic plans to address future challenges.
- Discuss future desires and goals.
- Prepare for potential changes in lifestyle.

**7. Adaptation to Changes:**

- Accept that circumstances will change and that the family will need to adapt.
- Focus on internal strengths and positivity.
- Celebrate small achievements.

**8. Finding Meaning:**

- Seek new meanings in life amidst these challenging circumstances.
- Emphasize positive moments and family connections.
- Cultivate spirituality and faith.

**9. Role of Healthcare Professionals:**

- **Providing Information:** Healthcare providers should offer accurate and comprehensive information to patients and their families about the illness and treatment.
- **Psychological Support:** Healthcare professionals should provide psychological support to patients and their families, guiding them to available resources.
- **Coordination with Social Services:** Healthcare providers should coordinate with social services to offer material and social support to families in need.

**References**

1. Jeammet, Rejnoud et al. (1996). *Psychologie Médicale* (2nd ed.). Paris: Abrégés Masson.
2. Ahmed Mohammed Mubarak Al-Kandari. (1996). *Family Psychology*. Kuwait: Al-Falah Library for Publishing and Distribution.
3. Azhar Hadi Rashid. (1995). *The Role of the State and Alternative Families and Their Impact on the Mental Health of Orphans*, Unpublished Master's Thesis, College of Arts, Al-Mustansiriya University.
4. Asmaa Ben Yamah. (2011). *The Role of Children with Diabetes as a Factor in the Family System*.
5. Sayyid Abd El-Aty, and Mohamed Ahmed Bayoumi. (2004). *Sociology of the Family*. Alexandria: Dar Al-Ma'arif University.
6. Schwartz, Malco. (1992). *Cancer: What It Is, Its Types* (Abu Al-Saad Imad, Translator). Algeria: Al-Risalah Foundation, Dar Al-Huda.
7. Hamid Abd El-Salam Zahran. (1978). *Mental Health and Psychotherapy* (2nd ed.). Cairo: Alam Al-Kutub.
8. Hamid Abd El-Salam Zahran. (2005). *Mental Health and Psychotherapy*. Cairo: Alam Al-Kutub Publishing and Distribution.
9. Saadi Lafta Moussa. (May 1973). *Parental Treatment and Its Relationship to Their Children's Delinquency*, Master's Thesis. *Journal of the College of Education, Al-Azhar University*, p. 164.
10. Sigmund Freud. (1967). *My Life and Psychoanalysis* (Translated by Mustafa Zabour and Abdul Moneim El-Meligi, Translators). Cairo: Dar Al-Ma'arif.
11. Alaa El-Din Al-Kafafi. (1999). *Guidance and Psychotherapy: The Systemic-Relational Perspective* (Vol. 1). Cairo: Dar Al-Fikr Al-Arabi.
12. Alaa El-Din Al-Kafafi. (2009). *Family Psychology*. Cairo: Dar Al-Fikr Al-Arabi.
13. Alaa El-Din Kafafi. (1999). *Guidance and Family Psychotherapy: The Systemic-Relational Perspective*. Cairo: Dar Al-Fikr Al-Arabi.
14. Magda Bahaa El-Din Sayyed Obeid. (2008). *Psychological Stress and Its Problems and Impact on Mental Health*. Amman: Al-Safa Publishing.
15. Magdi Ahmed Abdullah. (2010). *Psychopathology: A Study in Personality Between Normality and Disturbance*. Cairo: Dar Al-Ma'arif University.
16. Mohamed Hassan Ghanem. (2011). *Psychosomatic Disorders: Theoretical Foundations and Field Studies*. Cairo, Egypt: Dar Gharib for Printing, Publishing, and Distribution.
17. Mohamed Qassem Abdullah. (2007). *Introduction to Mental Health*. Amman: Dar Al-Fikr Publishers and Distributors.
18. Mohamed Mohamed Bayoumi Khalil. (2000). *Psychology of Family Relationships*. Cairo: Dar Qabaa for Printing.
19. Mahmoud Shamal Hassan. (2001). *The Psychology of the Individual in Society*. Cairo: Dar Al-Afaq Al-Arabiya.
20. Muftah Mohammed Abdul Aziz. (2010). *Health Psychology: Concepts, Theories, Models, Studies*. Amman: Dar Wael for Publishing.

21. Mizab Nasser. (2015). *The Systemic Physiological Measurement: From Theoretical Background to Implementation to Results, Family Perception Test as a Model*. Arab Journal of Psychological Sciences, p. 40.
22. Mizab Nasser, Fatiha Fadhili, and Abdul Salam Nait. (2012). *Translation and Adaptation of the Family Perception Test*. Algeria, Tizi Ouzou.
23. Huda Mahmoud Al-Nashaf. (2011). *The Family and Child Education*. Amman: Dar Al-Maysarah for Publishing and Distribution.