

# Psychosomatic Disorders and their Relationship to the Characteristics of Survivors of Suicide

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## Abstract:

This study aims to identify the level of psychosomatic disorders and their relationship to the characteristics of survivors of suicide in Palestine. The study sample consisted of 155 survivors of suicide. The researcher used the measurement of psychosomatic disorders, which included 36 items within six areas, and the survivors of suicide characteristics measurement, which consisted of 40 paragraphs within five areas. The results revealed a moderate level of psychosomatic disorders among the survivors of suicide and differences in the independent variables (gender, age, number of suicide attempts). The findings also found a moderate level of survivors of suicide characteristics. The results related to the independent variables revealed statistically significant differences in the traits of the survivors of suicide based on the variables of age, marital status, academic level, and the number of suicide attempts).

**Key words:** Psychosomatic disorders, Characteristics of individuals, suicide

## Introduction:

With modern lifestyles increase, the difficulties in social life, and the rising in competition and conflicts in the psychological respects, the psychosomatic diseases increases; as a result, they affect the individuals physically, where they become contemporary diseases: these diseases stem from psychological factors, social crises, tension, conflicts, and emotions that appear as symptoms throughout the body, such disturbances indicate the body's relationship to the psychological aspect. The psychological side and its factors, the intellectual area of the individual, and the body functions appear in the physiological respect of the individual (Sabrina, 2015).

The psychosomatic disorders problem exaggerated greatly, where its spread connected to modern civilizations, namely in the social relationships between individuals. Technological and industrial development plays a significant role in the great changes in communities' internal cultures, traditions, and customs. These changes increase anxiety and tension levels in a time that never allows the individual to express such conflicts and get rid of his emotions explicitly. Then the accumulations of these events become constant, leading to psychosomatic disorders increasing among individuals, ensuring that the psychological problem never occurs in isolation from the bodily mass: its organs and physiological functions. Instead, the organic area is a condition for the psychological event. The mental and

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physical aspects are integrated and harmonious units, so we cannot separate them from each other (Shukair, 2002).

Psychological factors, emotional conflicts, accumulated disappointments, continuous emotional tensions, and social stresses play a significant role in creating many mental and physical disorders and their prevalence among various age groups. All these factors, the processes of rapid urbanization, and technological progress influence psychosomatic disorders badly. Moreover, psychosomatic disorders reflect the close connection between the body and the psyche. They express the continuous interaction between the personality and the emotional conflict on the one hand and the autonomic nervous system on the other hand. In psychophysiological disorders, organs that are not subject to the voluntary or perceiving direction, such as the lungs or colon, are affected (Yoshimasu, et al, Psychological factors, emotional conflicts, accumulated disappointments, continuous emotional tensions, and social stresses play a significant role in creating many mental and physical disorders and their prevalence among various age groups. All these factors, the processes of rapid urbanization, and technological progress influence psychosomatic disorders badly. Moreover, psychosomatic disorders reflect the close connection between the body and the psyche. They express the continuous interaction between the personality and the emotional conflict on the one hand and the autonomic nervous system on the other hand. In psychophysiological disorders, organs that are not subject to the voluntary or perceiving direction, such as the lungs or colon, are affected2009).

Various studies that examine psychiatry and mental disorders indicated that (40-60%) of patients who frequent doctors in hospitals specializing in psychological disorders suffer from psychosomatic disorders; the prevalence of these disorders among the complex civilization is related to aspects of an individual's life where he lives in conflict. Anxiety, competition, and constant fear occur in the middle classes of society, where social aspects are greatly affected, which appear in females more than males. A large percentage of absenteeism from work is due to psychological and physical complaints (Azin, 2006).

The emergence of these disorders is due to the individual conflict between his ambitions, goals, and desires; and his continuous attempts to achieve them. If the emotional conditions are strong or the individual cannot face these embarrassing experiences and situations, psychological and psychosomatic disorders may appear and last for a long time (Zahran, 1997).

Psychosomatic disorders differ between individuals in terms of the individual intellectual processing pattern and the degree of probability associated with the general composition and functions of the physical organs and the psychological aspect of the individual. Many factors lead to poor compatibility and the emergence of some psycho-physical disorders in individuals, such as the contradiction in the overall attitudes the individuals' life, the diversity of his behavior patterns in individual's different general roles in life, the reporting of some abnormal behavior in facing problems and the method used to solve them, and overcoming the obstacles and life contradiction (Nisar & Sirvastava, 2018).

Psychologically psychosomatic disorders are unsaturated trapped energy, or tension and anxiety which do not appear directly; they are similar to the neurotic symptoms that appear on the body. Individuals, in general, who have a type of psychosomatic disorder, have a

psychological capacity to express their behavioral expressions psychologically. These symptoms may have a symbolic form. However, hurting a particular organ in the body is not due to structural weakness rather than the function of the affected organ is related to the situations that created frustration or conflict in the individual in their interaction with circumstances and their abnormal attempts to solve them (Ibraheem, 1992).

Psychosomatic disorders of any organ relate to an unconscious conflict with transformative symptoms. The increase in heartbeat, nervous disorders, or contractions can reveal these transformative symptoms. It can also have another form that appears in functional paralysis or loss of vision, given that such transformations of psychological conflicts are common. These disorders that people suffer from do not have an organic basis. The defect does not result from getting some germs into the body and causing internal disturbances, but rather the conflicts and frustrations experienced by the individual within his personality are the core cause of the troubles of these organs in the body (Spillane et al., 2017).

Suicide issues are among the issues as old as humans and inseparable from humanity. The Greek philosophers - especially Thales - considered them an immoral act that harmed society and family. It is a phenomenon associated with all communities. It is also one of the most dangerous problems that threaten human societies in its cohesion because it leads to the loss of some of its members. It is an internal disintegration indicator of families in communities and a failure in the individual and group adaptation to the forced controls and standards in communities, the individual's separation from his group, and his lack of acceptance of the social systems of each society (Gispert et al., 1985).

Suicide is one of the social problems that have affected societies and become widespread as a negative phenomenon, threatening the civilized survival of any community because it leads to a decrease in the number of individuals in society. It lies in the failure between the social aspect of society and the integration of individuals within it, the lack of internal or external acceptance, and the rejection of the social standards that determine some of the individual's behavior. Here, the individuals contract the system by refusing reality and committing suicide by some individuals in society (Albaddana, 1995).

Suicide is a problem at the individual and societal levels. Suicide is a complete defect in the personality which appears as a result of the contradictions experienced by the individual between his rights and the societal obligations, showing a general weakness in the ego at the individual level, while at the societal and human level, it is at high rate mortality in the community. For the reasons for committing suicide, some individuals believe that worries will disappear if he commits suicide because of getting rid of their internal and external conflicts, which may be a core cause of pain for others, where suicide becomes like withdrawing from individuals' lives peacefully. It can be revenge and pain for those who were the cause of the injustice to individuals so that they feel remorse. The use of the method of suicide varies, many of them tend to cut the arteries or take medicines, and some of them tend to hang or shoot and burn with fire, which means that the hesitant wants to achieve the goal benefited from committing suicide without executing it (Thabet, 2012).

In recent years, given the Palestinian reality and its various ramifications and its oscillating conditions between stability and instability, the culture of individuals has changed and opened to other cultures. Several things have emerged in Palestinian society, in general, that

has led us to the worst situation and has created a problem between the youngsters and society, and among the youngsters themselves in particular, so requirements have increased. Moreover, cultures have changed, and the individuals' views have differed among community members, so outstanding issues increased and created many social, psychological, and family problems, crises, and conflicts. So, we are examining and addressing the most significant social and psychological issues that have invaded our Palestinian society. They have become a phenomenon that threatens the members of this society, namely the phenomenon of suicide or committing it, ignoring in their behavior the laws and designated principles in a community that has Preserving time .

### **The problem of the study:**

The conflict between human needs leads to the practice of some types of abnormal behavior. To reduce their stress, individuals become victims of psychological contractions that cause a disintegration of their personalities. They tend to do this at the expense of their physical health because they cannot get rid of this stress. This failure leads to a psychological mismatching that affects their everyday lives, restricts them from performing their duties and enjoying life, and become victims of neuroticism. Their neuroticism may appear in mental and physical symptoms, or it may appear in the form of both kinds, which causes the psychosomatic disease (Tufaha, 1996).

There are many psychological and social problems. These problems or crises can turn into psychological pressure that results in different psychological diseases, which lead to depression or surrender to illusions, and dangerous beliefs related to losing oneself and life. These are the most complex problems, the direction towards a recurrence of incidents of violence against oneself, or the so-called committing suicide, and all this after knowing the rapid increase rate and the numerous recorded statistics of suicide or attempted suicide. Therefore, it is essential to study all their respects, but not to collect the same reasons, the same circumstances, and the same motives for different psychosomatic disorders. Each case of suicide has its status and specificity. Thus, the researcher suggests the need to study this phenomenon. Based on the above mentioned, the current study will answer the following primary question:

### ***What is the level of psychosomatic disorders and their relationship to the characteristics of individuals who have survived suicide?***

The following study questions emerged from the above mentioned primary question:

1. What is the level of psychosomatic disorders among suicide survivors in Palestine?
2. Are there statistically significant differences in the level of psychosomatic disorders among suicide survivors in Palestine due to the demographic variables of the study?
3. What are the characteristics of suicide survivors in Palestine?
4. Are there statistically significant differences in the degree of characteristics among individuals who have survived suicide based on the independent variables in the study?
5. Is there a relationship between psychosomatic disorders and the characteristics of suicide survivors in Palestine?

**Objectives of the study:**

This study aims to identify the following:

1. The total score of psychosomatic disorders which appear in the form of disorders in the digestive system, muscular system, nervous system, respiratory system, circulatory system, and skin of the survivors of suicide attempts.
2. The different characteristics of individuals showed the emotional balance, self-esteem, and religious, social, and familial aspects of survivors of suicide attempts.
3. The effect of independent (demographic) variables on psychosomatic disorders, and the suicide survivors' characteristics. The independent variables were (gender, age, marital status, place of residence, income level, the number of suicide attempts, family history of suicide, circle of friends and suicide, and the method that was used attempting suicide).

**Terminology:**

***Suicide:*** It is the process of killing oneself by himself. It stemmed from a compound word of Latin origin, from the verb (caedere) meaning to kill, and the noun (Cui) meaning soul or self, which is all cases of death that result directly or indirectly from positive or negative actions. The individual does it himself, knowing that this action leads to death (Aljoyosh, 1990)

***Psychosomatic Disorders:*** It is a group of physical disorders that are due to mental or emotional disturbances that lead to a defect in the function of one or more of the bodily organs or dysfunction in the body organs' function due to chronic emotional disorders because of the imbalance of the internal and external environment of the individual. Physical therapy does not succeed in curing the cases, but they recover by treating the causes of emotional disorders and tension (Salami, 2008).

***Characteristics of Individuals:*** It is a set of individualized qualities and personality traits that show privacy and differences between individuals. (Al Nuaimi, 2016)

**Limitation of the study:**

***Human limits:*** the 259 individuals who have survived suicide attempts.

***Spatial limits:*** The study included mental health centers in health directorates and the Ministry of Social Development/ General Administration of Family Affairs in (11) governorates in Palestine.

***Time limits:*** The study took place in the year 2020/2021 AD.

**Previous literature:**

Yeshua and his colleagues (2019) conducted a study entitled (Shut up! The body speaks) that linked personality and self-compassion as factors influencing psychosomatic symptoms. The study sample consisted of volunteers aged between (18-72 years). The results indicated that the severity of psychosomatic disorders was high on a scale, especially in females. The higher the self-compassion trait is, the less the person's tendency to experience psychosomatic disorders.

Badawi (2018) conducted a study to discover the structural model and the relationship between psychosomatic disorders and psychological stress among university students. The sample consisted of (200) female students whose ages ranged from (18-25) years. The findings revealed a high degree of psychosomatic disorders and a positive correlation between psychosomatic disorders and psychological stress.

Molnar and his colleagues (Molnar et al. (2017) wrote an article about physical health and its impact on individual behaviors in stress-related life matters. The researcher analyzed a range of studies on psychosomatic disorders. The results of the analysis differed among studies. Studies have linked psychosomatic disorders to intermediate variables, including stress and despair, and the cognitive aspect that affects the emotional respect and conscience of the individual, which affect the individual physically.

Gordon and his colleagues (**Gordon et al., 2012**) conducted a study on perfectionist thoughts, psychosomatic symptoms, and the negative influence of everyday troubles. The sample of the study consisted of (228) university students of both sexes (157 females, 71 males), with an average age of (20) years. The results of the study showed a moderate degree of psychosomatic disorders and a positive correlation between negative thoughts and psychosomatic symptoms among the sample members, especially among males, and the psychosomatic symptoms were associated with the same path with negative traits related to stress in individuals

Nadya Cristiane and her colleagues (2018) conducted a study to identify the characteristics of individuals and risk factors for suicidal behavior occasionally. The researcher used the quantitative approach to analyze the records of more than (410) cases. The study results showed that suicidal behavior was for females and benefited the unmarried and those of middle age. As for the educational aspect, the results showed that individuals with low education are more likely to commit suicide. The study showed a correlation between the presence of a family member who has suicidal tendencies and suicide attempts among the target group. As for the social aspect, the researcher showed the presence of family disturbances within the family and attempted suicide.

Khammas (2018) conducted a field study on the suicide phenomenon in Iraq, its causes, and the family's and society's roles in confronting the suicide phenomenon. The study community consisted of 300 individuals from the city of Baghdad, of both sexes. The results showed a growing increase in the suicide phenomenon among the Iraqi people. The weakness of religious motives occupied the highest degree, followed by globalization and global openness. The economic aspect, the failure of studies, and the family disintegration achieved a moderate degree in causing the suicide process.

Al-Hasnawi's analytical study (2018) aimed to identify the phenomenon of suicide and social problems in light of the criminal investigation results. The researcher used a set of curricula, like the analytical method. The study showed that family factors are among the most common causes of suicide among the sample members at a ratio of 49% more than other reasons, including social and psychological ones.

Khleifi conducted an epidemiological study (2017) on suicide attempts in Annaba to identify the characteristics of individuals who have survived suicide according to the statistics available at the Trauma and Suicide Prevention Center. The study sample consisted of data

analysis of (917) cases who attempted suicide. The results showed that the age group (15-24) was the most likely to commit suicide. As for the level of education, the results showed that those with a university education are the most likely to attempt suicide; (76%) were singles, followed by married people (21 %) who had more suicide attempts. (7%) of the participants had previous suicide attempts and (0.4%) had a close person who had attempted suicide. Family causes of suicide attempts came to the fore with a ratio of (56%).

Al-Khawaja (2016) studied the psychological anatomy of suicide attempters in Gaza to reveal the most significant psychological, social, and family problems that prompted individuals to attempt suicide and stand on the psychological aspects to determine their level of religiosity. The results suggested many factors that contributed to individuals resorting to suicide, including psychological factors represented by emotional deprivation and negative self-esteem. The social factors appeared in the low level of education, the exposure of the individual to sexual abuse, and family interventions, especially for married couples. The results for the family aspect appeared in the form of dissatisfaction with married life. On the economic side, the reasons reflected poverty and the inability of the individual to meet the basic needs of himself and his family.

Shawashereh (2015) studied suicidal thinking among Yarmouk University students and its relationship to self-esteem. The researcher used the suicidal ideation measurement, which consisted of (36) items on psychological, economic, physical, and social factors. He also used the self-esteem measurement. The results showed that psychological factors were the first to generate suicidal thoughts among individuals, followed by the social, physical, family, and economic factors, which have less impact on suicidal thoughts. For self-esteem, the results showed an increase in self-esteem means in favor of males and that they associated with suicidal thoughts positively.

Makiko and his colleagues (2009) studied the characteristics of suicide attempters with the presence of a family history of suicide. The study aimed to identify the characteristics of participants between the year (2003-2008) at the Medical Care Center at Yokohama City University. The results showed differences in favor of those who have a family history of suicide by 34% with suicide motives, health status ranked second for suicide motives by 28%, weak family relationships ranked third by 22%. For the demographic variables of the study, the results revealed differences in favor of males and secondary education or less. As for the economic side, the differences came in favor of low economic situation, and the work environment ranked last for suicide motives.

### **Methodolog:**

#### **Methods and procedures of the study:**

The researcher used the descriptive method for its relevance to the nature of this study.

#### **The population and the sample of the study:**

The study community consisted of individuals surviving a suicide attempt in Palestine, whose number, according to the statistics of the Family Protection Department in the Police Service for the year 2021, is (259). The sample of the study consisted of (155) individuals who survived a suicide attempt in Palestine

### **Instrumentation:**

The study tools consisted of (76) items, including (36) items for the Psychosomatic Disorders tool and (40) items for the Suicide Survivors Characteristics tool.

### **Validity:**

The researcher presented the study tools to a group of experienced university professors who specialized in psychology and education in Palestinian universities to express their opinion on the content of the scale's paragraphs and its effectiveness for the target group. The researcher has amended some items and redrafted them to suit the reality of our Palestinian society.

### **Reliability:**

After applying the study instruments, its coefficient reached the stability coefficient of the instruments by using the equation (Cronbach's alpha) internal table, where the value of the stability coefficient for psychosomatic disorders was (0.79), and the value of the stability coefficient for the performance of individuals was (0.91).

### **Results:**

**First question:** *What is the level of psychosomatic disorders among suicide survivors in Palestine?*

To explain these results, the researcher adopted the following means that were approved educationally that related to responding to the items:

1-1.66 (Low)

1.66-2.32 (Moderate)

3.32-3 (High)

**Table 1. Means and standard deviations of the level of psychosomatic disorders among suicide survivors in Palestine**

<b>Domain</b>	<b><math>\mu</math></b>	<b>Median</b>	<b>S.D.</b>	<b>R</b>	<b>t-value</b>
<b>Psychosomatic disorders of the digestive system</b>	1.81	1.83	0.29	-0.21	-0.26
<b>Psychosomatic disorders of the muscular system</b>	2.01	2	0.37	-0.48	0.06
<b>Psychosomatic disorders of the nervous system</b>	1.83	1.83	0.36	0.01	0.31
<b>Psychosomatic disorders of the respiratory system</b>	1.42	1.33	0.35	-0.25	0.65
<b>Psychosomatic disorders of the circulatory system</b>	1.78	1.83	0.36	0.91	0.57
<b>Psychosomatic disorders of the skin</b>	1.37	1.33	0.35	0.20	0.12
<b>Total score</b>	<b>1.70</b>	<b>1.69</b>	<b>0.35</b>	<b>0.20</b>	<b>0.41</b>



Table (1) shows that the total score of psychosomatic disorders of suicide survivors in Palestine was moderate, with a mean of (1.70) and a standard deviation of (0.35). The means of the responses ranged between low (1.37) for the sixth domain (psychosomatic disorders of the skin) and moderate (2.01) for the second domain (the psychosomatic disorders of the muscular system). By reviewing the study sample's results associated with medium psychosomatic disorders, failure in facing crises is the ally of individuals in encountering daily events.

**Second question:** *Are there statistically significant differences in the level of psychosomatic disorders among suicide survivors in Palestine due to the demographic variables of the study?*

To answer the question, the researcher used the Smart Plus 3 program and the Path Coefficients test to examine the study question.

**Table 2. Results of the path coefficients test to determine the significance of differences based on the independent variables.**

Demographic variables*	(B)	(SD)	(t-Value)	Sig.	T/LSD
Gender- Psychosomatics	0.46	0.20	2.30	0.02	In favor of females
Age- Psychosomatics	0.14	0.14	4.31	0.00	In favor of (21-30_
Marital status- Psychosomatics	0.02	0.12	0.20	0.84	***
Place of residence- Psychosomatics	0.04	0.12	0.32	0.75	***
Academic degree- Psychosomatics	-0.19	0.15	1.26	0.21	***
Income level- Psychosomatics	-0.09	0.12	0.79	0.43	***
Suicide attempts- Psychosomatics	-0.33	0.14	2.36	0.02	In favor of one time
Family history- Psychosomatics	0.10	0.13	0.75	0.45	***
Circle of friends- Psychosomatics	0.08	0.13	0.59	0.55	***

Table (2) reveals no differences according to the demographic variables (marital status, place of residence, educational level, income level, family history, and circle of friends). But there are differences according to the variables (gender, age, suicide attempts). For gender, the differences were in favor of females and the age group of 21-30 years. The study sample may lack future planning and vision, especially after the suicide attempt. Concerning the number

of suicide attempts, the differences came in favor of one suicide attempt. That means individuals who have survived suicide have encountered a range of life stresses.

**Third question:** *What are the characteristics of suicide survivors in Palestine?*

**Table 3. Means and standard deviations for the characteristics of the survivors of suicide.**

Domain	$\mu$	Median	SD	R	t-value
<b>Emotional balance</b>	1.64	1.71	0.36	-0.37	0.17
<b>Self-esteem</b>	1.94	1.86	0.49	-0.26	0.28
<b>Religious respect</b>	2.05	2.13	0.57	-0.06	-0.30
<b>Social respect</b>	1.94	1.86	0.54	-0.75	0.26
<b>Family respect</b>	1.95	1.86	0.55	-0.84	0.05
<b>Total score</b>	<b>1.90</b>	<b>1.88</b>	<b>0.50</b>	<b>-0.66</b>	<b>0.09</b>

Table (3) suggests that the total score of the characteristics of individuals who survived suicide attempts in Palestine was moderate, the mean was (1.90), and the standard deviation was (0.50). The means of the response ranged between low (1.64) for the first domain (emotional balance) and moderate (2.05) for the third domain (religious respect). The results express a set of personality traits and characteristics, in a low degree of emotional balance and a level of self-esteem, family, social, and religious respects.

**Forth question:** *Are there statistically significant differences in the degree of characteristics among individuals who have survived suicide based on the independent variables in the study?*

**Table 4. Results of Path Coefficients to identify the differences significance based on the independent variables.**

Demographic variables* Characteristics	(B)	(SD)	(t-Value)	Sig.	T/LSD
<b>Gender -&gt; Characteristics</b>	0.56	0.43	1.30	0.20	***
<b>Age -&gt; Characteristics</b>	0.15	0.26	4.86	0.00	In favor of (21-30)
<b>Marital status -&gt; Characteristics</b>	0.13	0.35	3.39	0.02	In favor of widow/widowed
<b>Place of residence -&gt; Characteristics</b>	0.32	0.31	1.03	0.31	***
<b>Educational level -&gt; Characteristics</b>	0.17	0.23	2.16-	0.03	In favor of B.A. and above

<b>Income level</b>	->					***
<b>Characteristics</b>		0.26	0.28	0.91	0.36	
<b>Number suicide attempts</b>						In favor of one
<b>-&gt; Characteristics</b>		-0.29	0.24	7.21	0.01	time
<b>Family history</b>	->					***
<b>Characteristics</b>		0.04	0.25	0.16	0.87	
<b>Circle of friends</b>	->					***
<b>Characteristics</b>		0.00	0.19	0.02	0.99	

Table (4) reveals no differences according to demographic variables (gender, place of residence, income level, family history, and circle of friends). In contrast, there are differences according to demographic variables (age, marital status, and educational level, number of suicide attempts). The results of the age variable were in favor of (21-30), which is an age group at which the individuals begin to develop themselves and prove themselves in working life. The marital status variable results were for the widow/widower, who has many characteristics that differ from other individuals' characteristics, especially when a person misses his/her partner and has poor social relationships, neglect feelings, and a psychological loneliness sense. The results of the educational qualification variable were in favor of the academic level (AB.) or above. This category has a set of family, social, religious, and emotional characteristics. Finally, the suicide attempts number variable results were in favor of (one time). The difference in self-acceptance and orientation towards religion is a defensive mechanism to reduce anxiety and project hurt feelings.

**Fifth question:** *Is there a relationship between psychosomatic disorders and the characteristics of suicide survivors in Palestine?*

The researcher used Pearson Correlation Coefficient to check this question.

**Table 5. Results of Pearson Correlation Coefficient**

<b>Variables</b>	<b>Psychosomatic disorders</b>
<b>Characteristics</b>	<b>.102</b>
	<b>.205</b>

Table (5) shows that the relationship between the characteristics of suicide survivors and psychosomatic disorders is weak and not statistically significant. This result reflects the mean of self-harm and attempted suicide.

**Discussion:**

This study aimed to identify the level of psychosomatic disorders and their relationship to the characteristics of suicide survivors in Palestine. The results showed a moderate total degree of psychosomatic disorders of suicide survivors in Palestine; the results were as follow: a low degree for psychosomatic disorders of the skin and a moderate degree for psychosomatic disorders of the muscular system. The results of this study are consistent with the study of Molnar and his colleagues (Molna et. al., 2017) but they are inconsistent with Yeshua and his

colleagues (Yeshua et al., 2019), Badawi (2018), and Gordon and his colleagues (Gordon et al., 2012).

The results of the study sample associated with psychosomatic disorders were moderate. The respondents encounter this due to their exposure to unbearable psychological pressures, their association with a non-adaptive lifestyle, or the possession of certain personality traits due to the individual's exposure to some crises that he constantly coexists with and struggles within life. Failure may accompany individuals in facing the daily events and challenges associated with the strategies of individuals in dealing with problems. As a result, individuals suffer psychological exhaustion, making them victims of psychosomatic disorders reflected in the body parts, which may lead to some physical diseases among individuals.

The results showed that Palestinian women could suffer and be more vulnerable to psychosomatic disorders than men. Social and family pressure and crises for suicide survivors may cause a negative aspect in perception and emotions that appears on the individual's abilities and capabilities which are essential in facing these challenges. They may have a psychosomatic impact, specifically on the family level and the Palestinian woman, in favor of the age group of 21-30 years, which reflects a stage of adulthood or maturity that characterized by intellect and awareness of the individual and his awareness of planning for his future and social and psychological stability. The study sample may lack future planning and vision, especially after attempting suicide after exposure to many problems and pressures in their lives, especially at the beginning of social or professional life. They appear as psychosomatic disorders stemming from anxiety and daily fears, which they face through their awareness of problems and the method of solving problems, which affect the physiological aspect and bodily functions in general.

The results express a set of personal characteristics and characteristics of the survivors of suicide attempts, including a low degree of emotional stability, a medium degree of self-esteem, and the family, social, and religious side. There are differences in age in favor of (21-30) years, marital status in favor of the widow, The educational level in favor of the bachelor's level of education or more, and the number of suicide attempts (one attempt to commit suicide). We can explain this by the age group (21-30) is the age at which individuals begin to develop and prove themselves in practical life. The social situation which has a set of characteristics different from the rest of the individuals, especially when the person lacks his life partner and, there is weakness in social relations, feelings of lack of interest, and a feeling of psychological loneliness, who have a bachelor's level of education or more, this category has a set of family, social, religious and emotional characteristics. There is a difference in self-acceptance and orientation towards religion as a defensive mechanism to reduce anxiety and project feelings of pain. There is a difference in self-acceptance and tending towards religions as a defensive mechanism to reduce anxiety and project hurt feelings. The decline in these scores may refer to several factors: including the family and social aspects, which constitute the external factors of the individual, which in turn determine the individual behavior and the way of he deals with the surrounding environment. As for the other side, the internal aspect of the suicide survivors, the picture showed a decline in self-esteem and the negative view of individuals of themselves and their negative emotions unbalanced with life situations.

The results also showed a moderate religious respect, which can be a spiritual aspect, especially in Arab societies that give religion great importance in shaping the behavior of the individual and developing societal values when there are strong emotions, which constitute societal rejection, feelings of self-compression, individuals' reluctance to move towards establishing new social relationships, and a general decline in their behavioral traits and characteristics. This is why the study indicated that the relationship between the characteristics of suicide survivors and psychosomatic disorders is weak and not statistically significant.

### **Recommendations:**

- 1) Developing family coordination within the Palestinian environment because of its role in limiting suicide attempts.
- 2) Establishing specialized centers for treating individuals who have attempted suicide and working with them within the individual and family framework.
- 3) Focusing on the category of youth in Palestinian society within educational frameworks and public institutions to give awareness lectures and workshops on the dangers of suicide and its negative impact on the individual and the family within Palestinian societies.
- 4) Applying treatment programs for individuals who have attempted suicide within private and governmental psychological entities by assessing and evaluating programs through employees within the institutions from time to time.
- 5) Considering the media aspect in all its forms, discussing the seriousness of the phenomenon of suicide, and providing preventive measures that deal with the individual and social aspects.
- 6) Guiding parents to take care of their children's mental health within families, especially during childhood and adolescence.
- 7) Detecting individuals, especially adolescents, who may have suicidal tendencies or thoughts, especially individuals who have gone through similar circumstances.

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