

Concept of Family among Schizophrenic Patients: A Clinical Study of Three Cases at the Youcef Medjdoub Mental Health Hospital, Mostaganem

Dr. Safa Amina¹.

¹Professor Lecturer A, University Abdelhamid ibn Badis Mostaganem, Research laboratory in psychology and education sciences(Algeria).

The E-mail Author: aminamosta@gmail.com

Received: 04/2024

Published: 10/2024

Abstract

This study aims to explore the concept of family as perceived by individuals with schizophrenia. We have formulated several clinical inquiries, including: How do patients with schizophrenia perceive their families? Are these perceptions consistent across different patients? Our investigation is guided by the following hypotheses: patients with schizophrenia have predominantly negative perceptions of their families; conversely, some may hold positive perceptions; and these perceptions vary among patients within the mental health hospital setting. To examine these propositions, we utilized a clinical approach based on case studies at the Youcef Medjdoub Mental Health Hospital in Mostaganem. Our methodology incorporated both observation and clinical interviews, supplemented by the Family Perception Test (FAT).

Keywords: Perception, Schizophrenia, Family, Test, Family Perception

Introduction

Mental disorders account for some of the most profound disruptions within society, causing significant disability and disorder across physical, psychological, personality, and social relational dimensions. Affected individuals often lose the capacity to interact with their external environment and become oblivious to their conditions.

Schizophrenia, notably one of the most severe and widespread mental disorders globally, affects approximately 1 to 1.7% of the population worldwide, without discrimination based on gender or ethnicity (Benharrats, 2020, p72). This disorder is defined as a complex syndrome that encompasses a spectrum of psychotic and neurotic disturbances, leading to a decline in emotional, affective, and cognitive functioning, and marked challenges in social adaptation due to functional impairments.

Characteristic symptoms include delusional thinking and perceptual anomalies, such as various hallucinations often stemming from a failure of defense mechanisms to resolve conflicts, especially with external reality. Patients frequently retreat into isolation, severing ties with the tangible world and retreating into a fabricated reality as a means of maintaining equilibrium, since actuality presents a perceived threat.

Typically manifesting in early adulthood, a phase characterized by significant psychological shifts and development, the etiology of schizophrenia involves an interplay of biological, psychological, social, and familial factors. The latter is particularly significant in precipitating the onset of the condition within a family member. Perception, as a mental process, requires a tangible basis for the comprehension and interpretation of behaviors that emanate from an individual, often shaped by societal interactions and personal experiences of various events and incidents.

This study, therefore, explores the nuanced perceptions of schizophrenic patients regarding their families, aiming to provide a deeper understanding of how these perceptions influence their conceptualization of family.

Problem Statement

Psychotic disorders encompass a spectrum of mental conditions that profoundly affect personality, behavior, and social interaction, characterized primarily by a disconnection from or distortion of reality. Schizophrenia, a chronic psychosis, is notably prevalent within mental health facilities.

The family unit is frequently cited across various disciplines as fundamental in the context of schizophrenia. It represents the primary societal structure where children develop initial competencies, fulfilling their psychological and material needs. Consequently, the family's influence is prominently observed in disorders that may manifest as the child progresses into adulthood.

Extensive research has been conducted to investigate the dynamics between schizophrenia and familial environments, including the impacts of a family member's diagnosis on both the individual and the family unit, as well as familial factors contributing to the development of schizophrenia.

For example, a study by Abu Aql (2016) entitled "Family Support and its Relationship to Hospitalization among a Sample of Schizophrenic Patients Frequenting Psychiatric Clinics in Gaza Strip" highlighted the pivotal role of family support in influencing hospitalization outcomes. This study reported significant statistical findings, with family support showing a relative weight of 69.5 in correlation to hospitalization outcomes at 71.3.

Further, research by Asmaa Ghorab (2020) titled "The Reality of Psychological Stress among Wives of Schizophrenic Patients Frequenting the Sorani Government Clinic in Gaza" employed case study methodologies, clinical interviews, and observations to explore stress factors.

The study found that economic pressures were most acute, assigned a relative weight of 89.3, followed by familial pressures at 83.3, psychological stresses at 82.7, and social pressures at 74.7. It was also noted that the wives of schizophrenic patients were either aware of their husbands' condition from the onset or became informed after some duration of marriage, showcasing the profound personal and communal impact of schizophrenia within family settings.

Local research within Algeria has similarly addressed the complexities of schizophrenia. One such study, "The Effectiveness of Emotional Therapy in Reducing Psychological Stress and Modifying Irrational Thoughts Among Mothers of Schizophrenic Patients," conducted by Radia Lakhel (2018), draws upon the principles of Rational Emotive Behavior Therapy.

This study revealed significant statistical differences in follow-up measurements within the same cohort, demonstrating that mothers of schizophrenic patients experienced considerable psychological stress and harbored irrational beliefs about the illness. Many associated the disease with witchcraft, a misperception stemming largely from their insufficient understanding of schizophrenia.

In another insightful study, "The Impact of Parental Mistreatment in Adolescence on Schizophrenia: A Study of Three Cases in Batna State" by Taher Giroud (2022), clinical interviews, observations, and a parental mistreatment scale were employed. The findings indicated that parental mistreatment during adolescence significantly influenced the development of schizophrenia, with high levels of mistreatment correlated with the emergence of the disorder among the study participants.

These studies suggest that the family not only affects but is also affected by their schizophrenic member, holding specific perceptions about them. Consequently, this current study hypothesizes that schizophrenic patients similarly hold distinct perceptions of their families. Given the limited research from this perspective, this investigation seeks to address the following pivotal questions: What are the perceptions that schizophrenic patients hold about their families? Do these perceptions vary among patients within the same clinical setting?

Motivations for Choosing the Topic:

- The observation of diminished familial roles in the lives of schizophrenic patients within mental health institutions.

- The recurrent pattern of relapse among schizophrenic patients shortly after hospital discharge, followed by their return to family environments.
- A scientific drive to explore and understand the types of perceptions that schizophrenic individuals have about their families, aiming to bridge gaps in current psychiatric research and therapy approaches.

Study Objectives

- To explore and understand the perceptions that individuals diagnosed with schizophrenia have regarding their families.
- To underscore the pivotal role and significance of the family in the lives of persons with schizophrenia.

Study Significance

- This research enriches the existing body of psychological studies, especially those focused on mental disorders, thereby broadening the scope of psychological literature.
- It aims to raise awareness among families about their influential role, empowering them to adapt parenting strategies that may mitigate the risk of mental and psychological disorders in their children.
- Additionally, the study illuminates the complex dynamics of familial relationships in the lives of individuals with schizophrenia and underscores their importance.

Conceptual Framework

1. Concept of Schizophrenia:

1.1 Etymology:

The term 'schizophrenia' originates from the Arabic root "فصم: يفصم، فصما," which means to break without separation, indicating a fracture or split without complete disunion (Louis Malouf, 1930, p586).

1.2 Terminologically:

Schizophrenia is recognized for causing a progressive disintegration of personality and is characterized by the patient's detachment from reality and most of their psychological connections (Amro Abu Aql, 2016, p54).

Defined in psychological dictionaries as a psychosis primarily characterized by delusions, including those of grandeur and persecution, it also involves hallucinations of auditory, olfactory, sensory, and motor varieties, introversion, regression to earlier childhood stages, mood-thought dissonance, emotional bluntness, and affective disorders (Mounir Al-Khazen, n.d, p131).

Symptoms include social functional impairment, behavioral disturbances, and negative symptoms such as isolation and loss of volition (Taher Giroud, 2022, p51). The World Health Organization defines schizophrenia as a psychiatric condition accompanied by significant personality and thought disorders, evidenced by delusions, perceptual disturbances manifested as hallucinations, and affective disorders that are inappropriate relative to the surrounding events.

In this study, it refers to individuals formally diagnosed with schizophrenia by a psychiatrist at the Mental Health Hospital in Mostaganem.

2. Concept of Family:

2.1 Etymology:

The term 'family' derives from the word 'أسر', implying strength and cohesion, suggesting that family members support and protect each other (Jawida Assoulat, 2022, p525).

2.2 Terminologically:

The family is recognized as the primary nucleus of society and the first institution where an individual acquires knowledge and social relations, shaping various inclinations and emotions (Fouzia Mohamdi, Amal Bouaicha, 2013, pX).

Defined by Burgess and Locke, the family consists of individuals linked by marriage or blood, characterized by interaction within defined roles such as spouse, father, etc., prevalent within the unit (Yasmina Ait Mouloud, Nasreddine Ben Haboush, 2013, p4). The stability and balance of a family are dependent on the equilibrium between rights and duties (Maliha Aliwat, 2023, p1047).

Families of Individuals with Schizophrenia:

A considerable body of research on families, particularly those involving individuals with schizophrenia, suggests significant dysfunction in family roles. These studies commonly find that within such families, the father's role is often passive, and the mother's role is dominant and aggressive.

It is frequently observed that fathers are notably absent during critical stages of child development, engaging in family decisions only when directly impacted, while mothers may display their aggression in various ways, rationalizing it as acting in the best interests of the family and the child.

Such family dynamics are often marked by complex interactions involving double binds, divisions, and a failure to foster independence in children (Alaa Kfafi, 1999, pp. 167-175). In the context of this study, the family unit is composed of the parents and their children, one of whom has been diagnosed with schizophrenia and is currently receiving treatment at a mental health hospital.

Concept of Perception

1.1 Language:

As defined in Al-Munjid, in Arabic, the concept of forming or shaping—"صور الشيء"—encompasses the actions to form, to shape, to outline, and to engrave. It references Allah as 'Al-Musawwir', the shaper of all beings, who organizes and gives each entity a unique form and constitution, highlighting the diversity and multitude among beings.

The term is also used in the context of the essence and quality of a thing or an act, often in phrases like 'صورة الفعل', which translates to the quality of the act, representing it in its finest form as narrated in various texts (Ibn Manzur, n.d., p2523).

2.1 In Psychology:

In the realm of psychology, perception pertains to the conceived ideas that manifest through behaviors and sensory content associated with cognitive processes, especially in relation to recalling prior perceptions (Sonya Ashouri, 2017, p231). In the framework of this research, perception refers to the array of ideas and beliefs that patients with schizophrenia hold regarding their families. These perceptions are gleaned from the expressions and behaviors of the individuals with schizophrenia, as analyzed through the Family Perception Test.

Practical Aspect

Pilot Study:

The pilot study was conducted at the Mental Health Hospital in Mostaganem from November 12, 2023, to December 9, 2023. The primary objectives of this preliminary phase were to familiarize ourselves with the study population, define the research sample, and assess the feasibility of interacting with cases while gathering the necessary data, all within the framework of controlling the variables and testing the hypotheses.

During this pilot phase, interviews were carried out with psychologists specializing in the free treatment service, focusing particularly on the suitability of various psychological tests for patients with schizophrenia. These patients often exhibit unique symptoms such as hallucinations and delusions, which

can complicate effective communication and interaction. Additionally, during this phase, we engaged with two specific cases in the free treatment service for men, identified as B.A (aged 21) and A.M (aged 27). Insights gained from these interactions were instrumental in precisely defining the study sample, fine-tuning the control over study variables and hypotheses, and selecting the appropriate methodologies and tools for subsequent phases.

Main Study:

The main study, conducted from December 19, 2023, to April 18, 2024, at the Mental Health Hospital in Mostaganem, involved selecting and defining cases for the application of chosen research tools aimed at achieving accurate and objective results that would contribute significantly to the overarching study.

We employed a clinical method, deemed most appropriate for investigating the deep-seated perceptions held by schizophrenic patients concerning their families. This method allowed for an in-depth exploration of the subjective and nuanced views of patients.

Research Tools:

- **Clinical Observation:**

During the main study, we observed the behaviors and reactions of the schizophrenia cases under scrutiny. These observations during interviews helped uncover the patients' reactions to the questions posed, their manner of engagement with these questions, and any behavioral changes that occurred.

- **Clinical Interview:**

Semi-structured interviews were conducted with selected cases of schizophrenia to collect detailed information. The interview guide, crafted by the researcher, comprised several key axes:

- **First Axis:** Basic Information.
- **Second Axis:** Medical History.
- **Third Axis:** Family Relationships of Schizophrenia Patients.
- **Fourth Axis:** Perceptions of Schizophrenic Patients About Their Family Members.

Family Apperception Test (FAT):

The Family Apperception Test, crafted by Wayne M., Alexander Julian, Susanna Henry, and Dana Castro, was initially introduced in English in 1988. It underwent translation into French in 1999 by the Center for Applied Psychology, and later, Nasser Mezab and his team adapted it for the Algerian community, as part of a research initiative under the auspices of the National Committee for the Promotion of University Research.

The FAT is underpinned by systems theory, which interprets an individual's behavior within the familial context as influenced by interactions with other family members (Naïma Ghazli, Amal Bouaicha, 2020, p107). The creators of the test have developed a model that focuses on detailing the ongoing interactions among family members depicted in each image of the test, assigning each image a distinctive name.

Psychometric Properties of the Family Apperception Test:

The validity of the Family Apperception Test was ascertained through comparative analysis between control and experimental groups utilizing Cohen's Kappa (K). Variance analysis was employed both between and within all test categories, which demonstrated a higher mean in the experimental group relative to the control, with significance levels ranging from 0.05 to 0.01.

Reliability assessments, conducted by Eaton using Cohen's Kappa based on a test-retest approach in both control and experimental groups, revealed higher reliability in the experimental group. This indicates the test's considerable stability, although additional studies are required to confirm its reliability within the Algerian context.

5. Case Studies:

Selection of study cases was predicated on their appropriateness for the study's methodology and thematic focus, potential for communication, and the precision and ease of applying the Family Apperception Test, particularly given the schizophrenia diagnoses of the sample cases.

Presentation of Case Studies:

Case A Presentation:

The first case involves A.B., a 33-year-old male from Mascara province. He holds an educational attainment of up to the eighth grade in middle school and works as a jewelry trader. A.B. is divorced with one child and is part of a family that includes a 65-year-old father, a 60-year-old mother, four brothers, and three sisters. His initial admission to the mental health hospital occurred in September 2023, following reports of destructive behavior at home by his father.

Characteristically, A.B. displays aggressive behaviors and harbors delusional persecutory thoughts particularly towards his father. He is described as tall, with fair skin and a neat appearance. A.B. communicates effectively, demonstrates acceptable attention levels, and possesses a good memory, though he experiences persecutory disturbances. He shows no hallucinations, is physically active, maintains a good appetite, and has disrupted sleep patterns, notably excessive sleeping.

His mood is generally elevated, often characterized by frequent laughter. Familial relationships are positive with his mother and sisters but are strained with his father, brothers, and his ex-wife. A.B. uses cannabis and tobacco, with prominent symptoms including delusional persecutory thoughts, aggression, and addictive behaviors. His current medication regimen includes Haldol and Tegritol.

Table (1) Interview Schedule for Case A:

| Interview | Date | Duration | Objective |
|-----------|------------|-----------------------------|--|
| 1 | 06/02/2024 | 25 minutes (10:40-11:05) | To get acquainted with the case and gather preliminary data. |
| 2 | 18/02/2024 | 40 minutes | To explore the relational aspects of the case. |
| 3 | 26/02/2024 | 30 minutes | To explore the relational aspects of the case and uncover perceptions of their family. |
| 4 | 04/03/2024 | 30 minutes (13:20-13:50) | To administer the Family Apperception Test (FAT). |

General Summary for Case A:

From the semi-structured clinical interviews and the results of the Family Apperception Test (FAT) with Case A, it was determined that the interview findings closely align with the FAT outcomes.

This individual is part of a dysfunctional family system rife with conflicts, as evidenced by a general employment rate of conflicts at $n=76$, direct conflicts observed at $n=23$, and specific tensions in relationships, particularly with the father, who emerged as a significant source of stress, noted at $n=6$. The clinical interviews further revealed that the individual tends to employ negative coping mechanisms in response to these familial conflicts, predominantly characterized by feelings of sadness and anger.

Additionally, the interviews brought to light the individual's emotional deprivation, stemming from being raised by his grandfather and largely absent from his nuclear family, which corroborates the FAT findings

of neglect, scored at $n=3$, and stress at $n=6$. The conclusion drawn from these insights is that the individual harbors negative perceptions of his family, especially towards his father. This finding aligns with prior research indicating that the families of individuals with schizophrenia often exhibit patterns of negativity or are dominated by one parent.

Case B Presentation:

Case (S.M), a 28-year-old female from Mostaganem with secondary school education, is unmarried and unemployed. She resides with a foster family that includes an 80-year-old father, a 60-year-old mother, and four siblings, with her being the youngest. Her initial admission to the hospital in January 2024 was precipitated by her fleeing from home, a situation triggered by conflicts with her siblings concerning care responsibilities.

This reveals her reluctance and discomfort with her living situation. S.M.A. is described as short, with dark skin and consistently neat attire. She is noted for her clear communication skills which facilitate easy interaction, though she presents with perceptual and memory disturbances while maintaining adequate attention.

Her level of physical activity is very low (lethargic), yet she has a good appetite and her sleep is disturbed, exhibiting a moderate mood with infrequent laughter. Her familial relations are described as positive with her parents but troubled with her siblings, reflecting a complex dynamic within her foster family environment.

Table (2) Interview Schedule for Case B:

| Interview | Date | Duration | Objective |
|-----------|------------------|--------------------------|--|
| 1 | 20 February 2024 | 27 minutes (09:15-09:42) | To get acquainted with the case and gather preliminary data. |
| 2 | 27 February 2024 | 30 minutes (10:15-10:45) | To explore the relational aspects of the case and uncover perceptions of her family. |
| 3 | 03 April 2024 | 26 minutes (13:52-14:18) | To administer the Family Apperception Test (FAT). |

Summary for Case B:

The clinical interviews with Case (S.M.A) reveal that she resides in a disturbed familial atmosphere within a foster family, characterized by ongoing conflicts with her siblings primarily over care responsibilities. This environment lacks effective communication among family members.

Notably, her decision-making, especially regarding significant life choices, tends to defer to her biological father, who is physically distant. This dynamic has led to her decision to escape from home to avoid these conflicts. The results from the Family Apperception Test corroborate these observations, indicating a general indicator of poor familial functioning at $N=65$, visible conflicts at $N=21$, and stress impacted by each family member scoring at $N=4$.

Additionally, there is a tendency to employ negative solutions over positive ones when addressing familial conflicts. Through the clinical interviews and FAT results, it is concluded that S.M.A harbors negative perceptions of her family, especially towards her foster siblings.

Case C Presentation:

Case C (K.R) is a 28-year-old single male living in Mostaganem Province, Algeria. He has only completed the first year of middle school and is currently unemployed. K.R resides with his family, which includes an 80-year-old father, a 65-year-old mother, and three brothers.

His physical and mental health profile includes an average height, slim build, and dark complexion, with his appearance consistently noted as neat and clean. He communicates clearly, which aids significantly in

his interactions despite having a poor memory and confused perceptions, along with the presence of hallucinations and disordered thinking. There are no apparent mood disturbances.

K.R was first admitted to a mental health hospital in December 2023 following a suicide attempt and an incident where he set fire to his family's home. In terms of family dynamics, he generally maintains good relationships with his parents and siblings, with the exception of conflicts with his eldest brother.

The prominent symptoms he exhibits include hallucinations, delusions, addictive behaviors, and further suicidal attempts. His current medication regimen includes Anafraline, Tegretol, and Novazi.

The case highlights the complex interplay between familial relationships and mental health, illustrating how dynamics within a family can both influence and be influenced by an individual's psychiatric condition. The focus of his treatment is not only on medication but also on enhancing family communication and support structures, aiming to provide a more stable and supportive environment to mitigate the severity of his symptoms.

Table (3) Interview Schedule for Case C:

| Interview No. | Date | Time | Duration | Objective |
|---------------|------------|------------------|----------|---|
| 1 | 06/02/2024 | 9:30 - 10:05 AM | 30 mins | To get acquainted with the case and gather initial data. |
| 2 | 21/03/2024 | 10:30 - 11:00 AM | 30 mins | To explore relational aspects and uncover perceptions about his family. |
| 3 | 04/04/2024 | 2:20 - 2:50 PM | 30 mins | To administer the Family Apperception Test (FAT). |

General Summary for Case C:

Interviews with Case C reveal a deeply troubled family environment characterized by frequent conflicts between parents, a marked lack of nurturing communication, warmth, and compassion. This environment has contributed to Case C's experiences of neglect and emotional deprivation, compounded by continuous exposure to abuse since childhood.

These distressing conditions are corroborated by the results from the Family Apperception Test, where Case C scored a high general maladjustment score of 82, indicating significant familial dysfunction. Conflicts within the family were pronounced, and both parents were identified as major sources of stress, with scores of N=7 for maltreatment and N=2 for neglect. Consequently, it is concluded that Case C harbors profoundly negative perceptions of his family, particularly towards his parents.

General Conclusion:

Across all interviews and results from the Family Apperception Test for the three cases, it is apparent that, despite differences in gender and background, these individuals share a commonality in their diverse and overwhelmingly negative perceptions of their families. They consistently feel uncomfortable and disconnected within their family environments, primarily due to persistent conflicts, this was clearly reflected in the high scores for general familial maladjustment in the FAT results. However, the focus of these negative perceptions varies:

- **Case A** expresses negative feelings particularly towards his father and brother.
- **Case B** directs her negative perceptions towards her foster siblings.
- **Case C** initially targeted his negative perceptions towards his parents, which later extended to include his siblings.

Despite these predominantly negative views, it is noted that there are some positive perceptions held about certain family members, illustrating a complex and nuanced family dynamic among the individuals with schizophrenia.

Discussion of Study Hypotheses:

Hypothesis 1: "Schizophrenic individuals harbor negative perceptions about the concept of family."

This hypothesis has been fully confirmed. The results from the Family Apperception Test (FAT) and clinical interviews with the three cases clearly demonstrate that all individuals harbor negative perceptions of their families. These negative perceptions transcend gender distinctions and may be partly attributed to the hallucinations characteristic of schizophrenia.

Moreover, these individuals also suffer from relational issues such as emotional deprivation, neglect, and abandonment, which further contribute to the formation of such perceptions. This study's findings are consistent with research by Sousa and Naidu (2009) in "Family in Schizophrenia," which observed that schizophrenia patients often view family members as oppressive and unsupportive.

Patients frequently feel rejected, alienated, and isolated, with a diminished sense of self. By using projection as a primary defense mechanism, they often construct a negative image of their families, reinforcing the cycle of adverse familial perceptions and interactions.

Hypothesis 2: "Schizophrenic individuals harbor positive perceptions about the concept of family."

The data collected from clinical interviews and tests across the three cases reveal that while all cases predominantly harbor negative perceptions about the concept of their families, they also hold interspersed positive perceptions about specific individual family members. For example, Case A (A) holds positive perceptions exclusively about his mother and married sisters.

Case B (S) views her foster mother, sisters, and biological father positively. Case C (K) maintains positive perceptions towards his eldest brother, his brother's wife, and their daughter. This mixed presence of perceptions confirms the hypothesis, illustrating that while overarching family views may be negative, particular relations can still be positively valued.

Hypothesis 3: "Perceptions about the family vary among schizophrenic patients in the mental health hospital depending on the individual's background."

Analysis from the three case studies highlights that although all individuals bear negative perceptions about the family concept, these perceptions target different family members. Case A directs his negativity towards his father, brother, and ex-wife.

Case B harbors negative views towards her siblings while maintaining positive perceptions of her parents. Case C's negative views initially focused on his parents but expanded to include his siblings influenced by their treatment by the mother. This hypothesis was not entirely confirmed as while negative perceptions were universally present, they varied in their specific focus within the family.

Conclusion:

Given that the family is the closest social unit to an individual, it often plays a critical role that could potentially contribute to the development of schizophrenia in a family member. This study delved deep into the perceptions that schizophrenic patients hold about their families, especially in the context of frequent relapses immediately after discharge from the hospital.

The findings indicate that while schizophrenic patients generally harbor negative perceptions towards the family concept, they simultaneously hold positive perceptions towards some family members. The negativity varies depending on the targeted family member, underscoring a complex and nuanced dynamic.

The study concluded with several suggestions:

- ✓ There is a critical need to ensure correct upbringing and socialization methods from childhood to foster psychological and social balance.

- ✓ Families must be educated about the nature of schizophrenia and effective strategies for managing relationships with their schizophrenic family member.
- ✓ The role of the family in providing consistent support to the patient should be emphasized to aid in their overall treatment and rehabilitation.
- ✓ It is essential to improve family communication strategies to alter and possibly improve the negative perceptions that schizophrenic patients have about their families, promoting more positive interactions and outcomes.

Reference:

- Alaa El Din Kfayy (1999). *Counseling and Family Psychotherapy*, Cairo, Dar al-Fikr al-Arabi.
- Amro Sami Abu Aql (2016). *Family Support and its Relation to Hospitalization among a Sample of Schizophrenic Patients Frequenting Mental Health Clinics in Gaza Strip*, PhD Thesis, Faculty of Education, Islamic University.
- Asmaa Abdel Kader Ghorab (2015). *The Effectiveness of Cognitive Behavioral Therapy using the Problem-Solving Approach in Reducing Psychological Stress among Wives of Schizophrenic Patients*, Master's Thesis, Faculty of Education, Islamic University.
- Benharrats. S (2020). *Resilience and Schizophrenia*, *Psychisme et Anthropos*, 2(4), pp. 71-79.
- Ibn Manzour (n.d.). *Lisan al-Arab*, Beirut, Dar al-Ma'arif.
- Jawida Assoulat (2022). *The Role of Family Socialization in Controlling Adolescent Behavior*, *Journal of Social Sciences*, 11(2), pp. 223-237.
- Khalida Milyouh (2014). *The Effectiveness of Clinical Projection and Objective Examination Techniques in Diagnosing Schizophrenia in the Algerian Society*, PhD Thesis, Faculty of Human and Social Sciences, Mohammed Khider University of Biskra.
- Louis Maalouf (1930). *Al-Munjid in the Language*, Beirut, Catholic.
- Maliha Aliouat (2023). *The Family and the Academically Successful Adolescent: Challenges, Difficulties, Solutions*, *Ma'arif Journal*, 18(1), pp. 1044-1063.
- Mounir Wahiba al-Khazen (n.d.). *A Dictionary of Psychology Terms, the First of Its Kind in Arabic*.
- Muhammad Nabil Judeh (2008). *Parental Attitudes among Mental Schizophrenia Patients in Gaza Sector in Light of Some Variables*, Master's Thesis, Faculty of Education, Islamic University.
- Naïma Ghazli, Amal Bouaicha (2020). *The Employment of the Family System among Fourth-Year Middle School Students (Adolescent Stage)*, *Journal of Human Studies and Research*, 5(4), pp. 16-102.
- Radia Lakhaj Haj (2018). *The Effectiveness of Rational Emotional Therapy in Reducing Psychological Stress and Modifying Irrational Thoughts among Mothers of Schizophrenic Patients*, PhD Thesis, Faculty of Social Sciences, University of Algiers 2.
- Taher Giroud (2022). *The Impact of Parental Mistreatment in Adolescence on Schizophrenia*, *Al-Rawaz Magazine*, 6, pp. 58-9.
- Yasmina Ait Mouloud, Nasr el Din Ben Haboush (2013). *The Perceived Family System among Alcohol Addicts*, *Second Symposium, Communication and Quality of Family Life*, University of Algiers, Faculty of Social Sciences.