The family climate and its relationship to aggressive behavior of children with psychosomatic disorders.

Benaissa Elhouari [1*] , izidi Karima[2]

[1]University of Oran 02 Mohamed Ben Ahmed (Algeria), **e-mail** hbenaissa31000@gmail.com
[2] University of Oran 02 Mohamed Ben Ahmed (Algeria), **e-mail** karimaizidi@gmail.com

Received: 10 / 05 /2021 **Accepted:** 23 / 09 /2021 **Published:** 30 /09 /2021

Abstract: The current study to investigate the issue of family climate and its relationship to aggressive behavior among children with psychosomatic disorders.

1- the purpose of the research role of the family in influencing the health of children (Is there a relationship between the family climate and the aggressive behavior of children psychosomatics?),
2- relied on the descriptive approach and the study sample included 142 children suffering from psychosomatic disorder with a mean age of 14.09 and a standard deviation of 02,808. The study relied on two questionnaires "family climate and aggressive behavior" to collect data, and the statistical treatment was done by relying on SPSS-23 and statistical methods.
3- The results showed that the family climate of the children psychosomatics is characterized by conflict and disintegration in its various manifestations,, and that there is a negative correlation between the dimensions of the family climate and the dimensions of aggressive behavior among the study sample.

Keywords: The family; Aggressive behavior; Psychosomatics children

*** Corresponding author**.

I- Introduction :

. The family is the main source of health and disease, and it is the most important factor in determining the personality of children. **Minuchin's (1975)** argues that sick children with psychosomatic disorders are characterized by solidity, seduction, over-protection, lack of conflict resolution and conflict, severity of boundaries within them, as well as poor adaptability.**(Vertommen H, Vandereycken W, 1987: 53)**

According to the clinical experience of **YUJIRO lKEMI, MD (1972)**, the pathological history of psychosomatic children is full of familial conflicts, violence, oppression of feelings, torture and strong hostility. Early childhood experiences cause the absorption of bad parenting images, so that this leads to self-confidence,lack anger, destruction and the persistence of these psychological symptoms predispose An abnormal aggressive situation resulting from bad childhood experiences. **(YUJIRO lKEMI, M.D, 1972: 155)**

Salvador Minuchin (1978) noted during his clinical work in the Children's Hospital that the nature of the family climate for children who suffer from anorexia, asthma and diabetes is characterized by being from family interactions, excessive protection, rigidity, and frequent conflicts or their continuation. Clinical embodiment of parental conflict, or Aleatoire family annoyance, the atmosphere of a family with a member suffering from psychosomatic disorder is characterized by difficulty in expressing feelings within the family, anger, depression, lack of emotional communication and language is primarily realistic. **(Luigi Onnis, 02/05/2008)**

Elly, Kog & al (1983) also sees that the psychosomatic family climate is characterized by four specific features: **(Elly Koag & al, 1983: 32-33)**

a) The severity of the strictness of boundaries within the family pattern.
b) Difficulty in communicating, and the inability of family members to adapt to situations.
c) The emergence of constantly fabricated family conflicts.
d) Family mistakes in how they deal with the solution of these family conflicts.

The modern view of psychosomatics goes beyond the concept of health and disease, the physical reflection of the spiritual life is based on an imbalance in the physical manifestations, reactions and emotions (psychosomatic disorders). From the screen that works on symbolic messages from our expected unconscious, as all subconscious appearances become conscious or at least they get a potential opportunity, and any psychological problems that children face within the family will negatively affect their health, such as internal conscious and unconscious conflict, family conflicts, absolute commitment to the family, etc. The catastrophic deterioration of children's health is evidence of an increase in tension in family relations, thus determining the relative ease of occurrence of physical psychological disorders for children in an obligatory arrangement of the social and economic conditions experienced by the family. **(Svetlana Aleksandrovna M, 2016: 270-274)**

We also find that the entirety of psychological studies confirm that children who grow up in a turbulent family climate saturated with quarrels, conflicts, suspicion, and a lack of responsibility and belonging affect their health and their mental, physical, emotional and social development, but what these studies did not interest in determining the relationship between the family climate and aggressive behavior With regard to infecting children with explicit symptoms of psychosomatic disorders, from here, the study problem was identified in: Is there a relationship between family climate and aggressive behavior among children with psychosomatic disorders?

Hypothesis testing: The hypothesis states that there is a statistically significant correlation between the scores of psychosomatic children in aggressive behavior and their scores in the family climate.

Procedural terminology:

A- The family climate: it means the vessel that contains the family in its normal or satisfactory form, and includes the human relationships and interactions between its members, based on that the behaviors are determined and through which the health or satisfactory personality features of children are formed, which is what the family climate measures in family cohesion, freedom Opinion and expression in the family, family interaction struggle, independence, orientation

towards achievement, cultural mental orientation, orientation towards recreational activities, emphasis on moral and religious values, family planning, family control.

B- Aggressive behavior: It is an emotional response that aims to harm oneself or others and occurs as an inevitable result of situations of frustration and emotional deprivation or for self-defense or a desire for revenge that results in psychological or physical harm. Aggressive acts include physical and verbal behaviors expressed in the aggressive behavior scale of During physical aggression. Verbal aggression. Anger. Enmity.

C- Psychosomatic disorders: They are chronic diseases that are due to a clinical relationship between psychological factors and organic injury due to emotional reasons. To give the true meaning of the term psychosomatics, the results of psychological and behavioral diseases that have a direct or indirect relationship to the health of the individual we have be study.

1.2. Research design: This study includes two main variables:

A. Independent variable: The independent variable in this study in the family climate.

B- The dependent variable: The dependent variable in this study is the aggressive behavior.

II– Methods and Materials:

In this study, the descriptive and analytical approach was used, because it allows to depict the current situation of psychosomatically children and determines the nature of family relationships between the phenomena and behavioral trends of individuals that may be the cause of their affliction with these disorders and study them as they are in reality and describe them through measurement tools for the two climate variables Family and aggressive behavior, which allows data collection and analysis based on the conversion of qualitative data into quantitative data.

2.1. Geographical scope for conducting the basic study:

Since the current study requires psychosomatic cases, it was carried out in the health sector at the level of the multi-service clinic Belkaid affiliated with the General Organization for the Health of the Slave girls Siddiqia in central Oran state, and at the level of the multi-service clinic in Qadil belonging to the General Organization for Female Slave Health in Arzew, east of the state Oran.

2.2. Time range for the basic study:

During the month of May of 2016, it took about a month and a half for the forms to be distributed and collected.

2.3. The sample of the basic study and the sampling method:

The examination was intentional, and in this study it was based on clinical cases that were submitted for medical examination and that were diagnosed by general practitioners and specialists as cases with psychosomatically disorders or chronic conditions. As for the sample specifications, the basic study sample consisted of 142 psychosomatic subjects (74 male - 68 female) from non-adults aged between 8-19 years with an average age of 14.09 and a standard deviation of 02,808.

Table (01): shows the specifications of the study sample in terms of size.

Institution	Male	Female	Sample Size	Percentage
Multi-service clinic Belgaid (EPSP-Esaddikia oran)	**32**	**30**	**62**	**43.70%**
Multi-service clinic gdyel (EPSP-Arzew oran)	**42**	**38**	**80**	**56.30%**
Total :	**74**	**68**	**142**	**100%**

2.4. Basic study tools: To achieve the study objectives, two measurement tools were required to be used:

A- Family Climate Scale: It is a scale designed by **Rudolph Moss & Bernice; Moos(1984)** The researcher **Anouar Riad Abdel Rahim (1985)** translated it and used it in **(1991)** in his study on the impact of school, family and psychological variables on school achievement in his study sample. Ten sub-dimensions that represent the family climate that prevails in the family relationship.

B- The aggressive behavior scale: It is a scale prepared by **Bachir Maamria and Mahi Ibrahim (2003)** according to **Arnold Ibish Bus A, H; Buss (1961)** for aggressive behavior includes four (04) dimensions, and after reviewing the previous references, the two researchers formulated ten (10) phrases for each dimension, i.e. the scale included a total of forty (40) statements, including twenty (20) phrases from the Arnold Ibsch Bus questionnaire**. Arnod H. Buss (1961)**

Table (02): shows the pearson Bravais correlation coefficients between the aggressive behavior and the family climate of the psychosomatic children in the study sample.

Agressive behavior: / **The family climate:**	**Physical aggression**	**Verbal aggression**	**Anger**	**Enmity**	**The total degree of A. b**
Family cohesion.	**** 0.47-**	**** 0.63-**	**** 0.68-**	**** 0.65-**	**** 0.69-**
Freedom of expression in the family .	**** 0.52-**	**** 0.58-**	**** 0.62-**	**** 0.62-**	**** 0.66-**
Family interaction conflict.	**** 0.30-**	**** 0.26-**	**** 0.23-**	**** 0.25-**	**** 0.28-**
Independence in the family.	**** 0.54-**	**** 0.67-**	**** 0.73-**	**** 0.69-**	**** 0.75-**
Orientation towards achievement.	**** 0.48-**	**** 0.52-**	**** 0.59-**	**** 0.54-**	**** 0.61-**
Cultural mental orientation.	**** 0.43-**	**** 0.51-**	**** 0.57-**	**** 0.61-**	**** 0.60-**
Going towards recreational activities.	**** 0.47-**	**** 0.58-**	**** 0.62-**	**** 0.63-**	**** 0.65-**
Emphasizing moral and religious values.	**** 0.56-**	**** 0.55-**	**** 0.64-**	**** 0.62-**	**** 0.67-**
Family planning.	**** 0.58-**	**** 0.65-**	**** 0.65-**	**** 0.64-**	**** 0.71-**
Family control.	**** 0.49-**	**** 0.60-**	**** 0.63-**	**** 0.61-**	**** 0.66-**

- (**): at the significance level of 0.01.
- (*): at the significance level of 0.05.

III- Results and discussion :

It becomes clear from Table No. (02) that there is a statistically significant and negative correlation between the degrees of children on the dimensions of aggressive behavior and their degrees on the dimensions of the family climate:

A. The correlation coefficient between family cohesion and aggressive behavior as a whole = 0.69- and it indicates the existence of an inverse correlation between them, meaning that the higher the family cohesion, the lower the level of aggressive behavior among the psychosomatic children.

B. The correlation coefficient between freedom of expression in the family and aggressive behavior as a whole = 0.66 - and it indicates a strong inverse correlation between them, meaning that the greater the freedom of expression in the family, the lower the level of aggressive behavior among psychosomatic children.

C. The correlation coefficient between family conflict and aggressive behavior as a whole = 0.28- and it indicates a weak inverse correlation between them, meaning that the greater the family conflict, the lower the level of aggressive behavior slightly among the psychosomatic children.

D. The correlation coefficient between independence in the family and aggressive behavior as a whole = 0.75- and it indicates an inverse correlation between them, meaning that the greater the independence in the family, the lower the level of aggressive behavior among the psychosomatic children.

E. The correlation coefficient between the tendency towards achievement and the aggressive behavior as a whole = 0.61- which indicates the existence of an inverse correlation between them, meaning that the greater the tendency towards achievement, the lower the level of aggressive behavior among psychosomatic children.

F. The correlation coefficient between the cultural mental orientation and the aggressive behavior as a whole = 0.60- and it indicates the existence of an inverse correlation between them in the sense that the higher the cultural mental orientation, the lower the level of aggressive behavior among the psychosomatic children.

G. The correlation coefficient between the orientation towards recreational activities and the aggressive behavior as a whole = 0.65- and it indicates the existence of an inverse correlation between them, meaning that the greater the trend towards recreational activities, the lower the level of aggressive behavior among psychosomatic children.

H. The correlation coefficient between the emphasis on moral and religious values and the aggressive behavior as a whole = 0,67 - and it indicates the existence of an inverse correlation between them, meaning that the greater the emphasis on moral and religious values, the lower the level of aggressive behavior among psychosomatic children.

I. The correlation coefficient between family planning and aggressive behavior as a whole = 0,71- and it indicates the existence of an inverse correlation between them, meaning that the higher the family organization, the lower the level of aggressive behavior among psychosomatic children.

The correlation coefficient between family control and aggressive behavior as a whole = 0.66- and it indicates the existence of an inverse correlation between them, meaning that the greater the family control, the lower the level of aggressive behavior among psychosomatic children.

The results of the study indicated a statistically significant negative correlation between the children's degrees of aggressive behavior and their degrees in the family climate, as the data obtained showed that there is a negative (reverse) correlation between each of the dimensions of the family climate and the dimensions of aggressive behavior of the children's psychosomatic. That is, the higher the level of the family climate, the lower the level of aggressive behavior of psychosomatic children, and vice versa, which means that the first research hypothesis has been fulfilled, i.e. that:

✓ There is a strong inverse correlation between family cohesion and aggressive behavior as a whole, meaning that the greater the family cohesion, the lower the level of aggressive behavior among the psychosomatic children.

This finding is consistent with the results of the descriptive research of **Fereshteh, M & al (2015)** in terms of the role of family cohesion in predicting aggressive behavior among children. The study population consisted of all female primary school students who were studying in schools in the city of Sari, the sample consisted of 254 students who were selected using the multi-stage cluster random sampling method. Shahim The results showed a large negative relationship between family cohesion with the dimensions of physical aggression, relationship aggression, reactive

aggression and total aggression, and the results of regression analysis showed that 17% of the variance in aggression can be explained by family cohesion. **(Fereshteh, Mizaei & al, 2015: 73-84)**

This result also agrees with the results of **Kia Elham (2016)** research on the relationship between identity patterns and family cohesion with the tendency to aggressive behaviors among boys in secondary schools for boys in the city of Qazvin (two secondary schools) and their number was 1500 people, 306 of whom were chosen from the sample size. Using the stratified random sampling method that with a proportional allocation regarding the return of questionnaires from the intended sample number, 282 subjects were tested and the true number of sample. The methodology in the form of a descriptive survey, and the data collection tool are also questionnaires of identity patterns, family cohesion, regression with reliability in the order of 0.768, 0.809 and 0.834 and the method of analysis in two forms of descriptive statistics, including the study of the status of research variables and inferential statistics, and the use of Kolmogorov-Smirnov tests, Pearson correlation coefficient and multiple regression with the help of the program "SPSS-22" to study the method of distributing research variables and responding to them to research hypotheses. The result indicated that there is a positive and meaningful relationship between identity patterns (informational, normative and commitment) and family cohesion. Significance between the widespread identity style and family cohesion, and that there is a meaningful negative relationship between identity patterns (informational, normative and commitment), the tendency to aggressive behaviors, and that there is a meaningful negative relationship between the widespread identity style and the tendency to aggressive behaviors, and the existence of a meaningful negative relationship between Family cohesion and the tendency to aggressive behaviors, and that there is a relationship between identity pattern and family cohesion with the tendency to aggressive behaviors. **(Kia Elham, 05/04/2016)**

In addition, the children's loss of feelings of love, affection and affection on the part of parents leads to cutting and shattering bridges of communication between family members, which leads to the deterioration of the health status of children and the rest of the family.

- ✓ There is a strong inverse association between freedom of expression in the family and aggressive behavior as a whole, meaning that the greater the freedom of expression in the family, the lower the level of aggressive behavior among psychosomatic children.

The researchers explains this because freedom of expression is crucial in the family, as it may lead to the search for greater equality between family members, which can correct inequality and the natural and healthy inequality of psychosomal children. Wrong verbal communication is one of the most important factors that help in the imbalance of their psychological balance.

Gabrielle, Radica (2014) explains that, that the decisions made by the family are fairly clear, some are repugnant and illegal, and others are considered more legitimate, necessary or inevitable, such as control, tyranny and blackmail by some members: parents, sons, brothers and sisters; Family restrictions determine duties, and prohibitions related to marital and parental relations. The family is considered a different place for freedom claims, which can relate to different aspects of family life through education, distribution of resources, care, tasks and decisions while ensuring some family freedoms for members and loosening the various restrictions and forces that prevent this. Freedom of expression for children can be claimed, because the family is an institution shaped to a large extent by general norms and the freedom resulting from it as a whole is unevenly paid for by its various members. The patriarchal structure of the family denounces and subjugates the mother and the children, and leads to the removal of their work for the sole benefit of the head of the family. **(Gabrielle Radica, 2014: 153-165)**

- ✓ There is an inverse association between family conflict and aggressive behavior as a whole, and this means that the greater the family conflict, the lower the level of aggressive behavior among psychosomatic children.

The explanation for this is that family conflict is considered a natural process in family life because of the problems, obstacles and challenges it faces in society, and therefore family conflict is nothing but a product of those problems. Conflict within its natural limits leads to confronting family conflicts and finding solutions to them. What is understood here is that the meaning The real family conflict may include lowering or raising the level of aggressive behavior of psychosomal children, that is, it is either a constructive conflict of the family relationship and includes the reconstruction of expectations, which usually leads to revealing the strength of relationships between family members, or it may be a destructive and destructive conflict according to its degree and intensity And it usually leads to self-damaging and offending the other person. It is also noticeable that the family conflict of psychosomatic children is an excitatory incentive for their frustrated emotions and feelings.

Zainab KaderI; & Prof. Nicolette V. RomanII (2018), that the family plays an important role in the development of individuals. Experiences that occur in the family can enhance or hinder their development. Their study aims to determine the effects of family conflict on adolescents' basic psychological needs and external behavior, using the Family Environment Scale (FES), the Basic Psychological Needs Scale (BPNS), Youth Self Report (YSR), and **the Buss Perry** Aggression Scale (BPAQ) , A quantitative cross-correlation design was used. The sample consisted of 128 pre-adolescent individuals (average age = 11.15), and the results indicated that there was a significant positive relationship between family conflict and the psychological needs and external behavior of adolescent children. **(Zainab, KaderI & Nicolette, V. RomanII, 2018: 613)**

But the nature of this result was not fully explored, as **Akiho, Tanaka & al (2010)** found it on the role of anxiety in managing the relationship between family conflict and children's aggression, specifically for 50 children between the ages of 7-13 years, and the study suggested that In the family, the conflict will be positively correlated with aggression in its context of high levels of anxiety for children, and the results of the hypothesis were partly supportive, and family conflict was associated with a proactive increase, but this increase in reactive aggression was not for children who suffer from high levels of anxiety, but there were effects This resulted in family conflict **(Akiho, Tanaka & al, 2010: 2127-2143)**.

✓ There is a strong inverse association between independence in the family and aggressive behavior as a whole, meaning that the greater the degree of independence in the family, the lower the level of aggressive behavior among psychosomatic children.

This is because the methods of family protection that parents apply in caring for their children are among the necessary things that must be done, but the limit does not reach fathers to the degree of excessive protection, so that protection takes dangerous dimensions on the health of the children, such as intense attachment and indulgence and not giving children freedom in the independence of behavior, This leads to disastrous consequences that negatively affect their health, which causes social maladjustment and the inability to assume responsibility, and the failure to form relationships with others among the psychosomatic children who have been exposed to excessive protection, where their behavior is predominantly aggressive tendency directed towards self or others, and lack of Their ability to adapt to their family environment.

Jim, Taylor (2010) believes that independent children differ from conditional children in several basic ways. Independent children are equipped with the belief that they are competent and able to take care of themselves and have the necessary instructions in order to find meaningful and satisfying activities. Their families have given them the freedom to fully experience life and learn its many important lessons. Independent children are also intrinsically motivated because in the family they are allowed to find their own reasons for achieving them**. (Jim, Taylor, 17/11/2010)**

✓ There is a strong inverse association between achievement orientation and aggressive behavior as a whole, meaning that the greater the achievement orientation, the lower the level of aggressive behavior among psychosomatic children.

This result can be explained by the fact that the drive towards achievement is influenced by the family situation and the psychological state of the children. It is assumed that the opportunity is given towards direction to explore the achievement activities chosen by the children through the support and direction of their parents so that they make their own decisions, because it is in fact a cooperative relationship and not a control in it. Children's ideas and desires, allowing them to study different options.

This finding is partly consistent with the longitudinal study of **Deborah, Stipek** and **Sarah, Miles (2008)**, in which various interpretations of negative associations between aggression and academic achievement were examined using data collected from 403 children from low-income families, followed by kindergarten. Or first grade (ages 6-7), up to fifth grade (ages 10-11). Most of the results of growth curve analyzes examining change over time and path analyzes that examine correlations between variables in scores were consistent with the hypothesis that the effect of aggression on achievement is partly mediated by the opposing relationships that more relatively aggressive children tend to develop with their teachers, Reductions are associated with completing academic assignments. However, evidence indicates that the relationship between aggression and motivation for academic achievement is complex and reciprocal, and differences between the sexes have been observed. **(Deborah, S & Sarah, M, 2008: 1721-1735)**

There is a strong inverse correlation between the cultural mental orientation and the aggressive behavior as a whole, meaning that the higher the cultural mental orientation, the lower the level of aggressive behavior among the psychosomatic children.

It is noticeable here that the cultural, intellectual, and anthropological aspect of the family has an important role in the behavior of children, because of its impact on their psychological health, because the relationship between family performance and the level of aggressive behavior of children remains well established, but if these relationships are different according to culture, each family or tribe Or a country, this may lead to a reconsideration of the term aggression. The relationship between cultural intellectual orientation and family aggression has received less attention from researchers. These cultural differences may be very important for targeting preventive and curative programs for psychosomatic children and their families.

The result of this study is consistent with that of **Shannon M. Varga& al (2016)**, which examined the longitudinal relationship between family cohesion, parental control, and physical aggression using data from the MPVP sample of at-risk children (high aggression). The participants were 1,232 high-risk middle school students (65% male, 70% African American, 15% Hispanic). Meaningful demographic and cultural differences were identified, after controlling for the intervention status and location of the study, and family cohesion was negatively related. With aggressive behavior, and even more so for Hispanic youth, parental control was also negatively associated with aggression for African American youths only. The researchers' findings indicate the importance of developing culturally sensitive family interventions to prevent physical assault in middle schools and curb their aggressive behaviors. **(Shannon, M. Varga & al, 2016: 145-155)**

✓ There is a strong inverse correlation between the orientation towards recreational activities and the aggressive behavior as a whole, meaning that the greater the orientation towards recreational activities, the lower the level of aggressive behavior among the psychosomatic children.

This finding is consistent with the study of **Sanghyun Park &al (2017),** which aimed to investigate the longitudinal effect of physical education lessons, extracurricular sports activities, and recreational satisfaction on aggressive behavior among adolescents in South Korea. Data were

extracted from a Korean youth team survey. The researchers used latent growth curve modeling to explain the path of growth of aggressive behaviors in adolescents and a multi-group analysis to investigate the gender differences in the level of aggressive behavior, and the results showed that the aggressive behavior of adolescents changed significantly with age, and the results indicated large differences between the sexes in the level of changes. In aggressive behavior over time, both extracurricular sports activities and leisure satisfaction had a significant effect on changes in aggressive behavior with age, whereas physical education classes did not.**(Sanghyun Park &al, 04/14/2017)**

✓ There is a strong inverse correlation between the emphasis on moral and religious values and the aggressive behavior as a whole, in the sense that the greater the emphasis on moral and religious values, the lower the level of aggressive behavior among psychosomatic children.

This result confirms the importance of the educational and spiritual role of the family in inculcating religious and moral values in the souls of its children, according to cultural variables. Which reduces or increases the level of aggressive behavior that causes psychosomatic disorder, and from it, the strength of religious faith has a clear effect on the mental health of children, and gives more understanding of their health and spiritual status, depending on the degree of their understanding of moral and religious rules.

Moral and religious education in the family helps children to acquire a set of beliefs and values regarding right and wrong. This set of beliefs directs their intentions, attitudes, and behaviors toward others and their environment. Moral and religious education also helps in developing children's behavior according to these beliefs and values. Most importantly, moral and religious education in the family encourages children to think about the way they should behave and what kind of personality they should be, which is related to religious belief, but moral education programs treat religion and morals as distinct in theory. Educators also believe that many children living in contemporary families can become morally disoriented due to exposure to factors that may destabilize their moral values, including television, print media, the Internet, social changes in family structures, weak role models in family life and prioritization. For economic values and the persistence of gender and ethnicity. **(J Mark Halstead, 11/03/2015)**

✓ There is a strong inverse correlation between family planning and aggressive behavior as a whole, meaning that the greater the family planning in the family, the lower the level of aggressive behavior among psychosomatic children.

The results of this study are somewhat consistent with the results of **Barrett, Rapee, Dadds, and Ryan (1996),** which dealt with family planning that deals with the state of anxiety and aggression for children, through the method of family discussions to solve the problem of children in a distinctive way for their own clinical diagnosis so that children become anxious more In order to avoid, aggressive sons are more aggressive and uninterested children are more generally, after discussing ambiguous hypothetical situations with their parents, and specific sequences of mutual organizational communication between parents and the presumed children behind this family exacerbation have been studied to find out their family organization. The results revealed differences between groups of parents in the frequency of consenting to their children being heard and the frequency of indicating positive consequences. Conditional probability analyzes showed that parents of anxious children were more likely to experience such reciprocity, while fathers of non-clinical children were more likely to agree with and listen to their children's social plans. The results also support a model of anxiety and aggression that focuses on the interaction of family organizational processes and social and cognitive development. For children**. (Mark, R & al, 1996: 715-734)**

Family planning is the civilized behavior that provides parents with the appropriate option to control children's behavior and ensure a healthy framework based on the health of children together.

✓ There is a strong inverse correlation between family control and aggressive behavior as a whole, meaning that the more family control, the lower the level of aggressive behavior among psychosomatic children.

According to the results of the hypothesis, families must encourage their children to think about the results of their behavior and work to understand the true meaning of the motives for aggressive behavior and to stand against it in the calm, understanding position as behavioral control of psychosomatic children requires parents with a great deal of psychological control, and as a result these parents need opportunities Frequent and adequate energy supplies to reduce the level of tension, anxiety, excitement, anger and frustration of children, and to control their behavior within the family, in order to reduce their aggressive impulses, and it is important that the family give priority to controlling the behavior and behavior of its children according to the cultural, social and religious norms and values of the society to which it belongs.

Using the chi-square test, the results of a study conducted by Jacinthe, I. Rihan and Hend, M. Diab (2016) showed that there is a relationship between most family characteristics and the informal social control mechanisms adopted by the family in controlling the behavior of its children. **(Jacinthe I. Rihan and Hend M. Diab, 2016: 977-984)**

IV- Conclusion:

Based on the findings of the current study, we find that the family climate is related to the level of aggressive behavior of psychosomatic children. When the family climate is healthy, full of warmth, love, harmony, security and respect, this leads to the disappearance of behavioral disorders, including aggressive behavior, and also leads to the disappearance of symptoms and psychological and physical disturbances. The family entity is subject to cracking and collapse, and conflicts, psychological and health problems, and behavioral deviations among children are exacerbated. Accordingly, we can include some recommendations that help improve the family climate within the family, reduce the intensity of aggressive behavior, and prevent psychosomatic diseases, through:

1. Reducing the incidence of psychosomatic symptoms, by means of urgent medical measures in order to control them and reduce their incidence, as a primary prevention through the development of mental health programs.
2. The family must be protected, by adopting the principle of preventive programs and family psychoeducation during the parenting process of children. With the urgent need to support parents.
3. Immediate prevention of diseases, by using immediate measures to control mental disorders resulting from psychological stress, emotions and anxiety states, and to prevent the deterioration of the health situation, with the help of the patient and his family, with appropriate psychological rehabilitation.

Referrals and references:

1- Akiho Tanaka, Natoshia Raishevich, & Angela Scarpa. (2010). Family Conflict and Childhood Aggression: The Role of Child Anxiety. *Journal of Interpersonal Violence* , Vol 25 (No 11),pp. 2127-2143.

2- Deborah, Stipek & Sarah, Miles. (2008). Effects of Aggression on Achievement: Does Conflict with the Teacher Make It Worse*? Journal Article of Child Development* , Vol 79 (No 06),pp. 1721-1735.

3- Kog E, Vertommen H, Vandereycken W. (1987, Jun 26). , Minuchin's psychosomatic family model revised: a concept-validation study using a multitrait-multimethod approach. Consulté le 12 28, 2019, sur . Fam Process.: https://www.ncbi.nlm.nih.gov

4- Ikemi, Yujiro. (1972). M.D. A Psychosomatic Approach to Aggressive Patients. official Journal of the academy of Psychosomatic Midicine , Vol XIII (3),pp. 155-157.

5- Luigi, Onnis. (2008, 05 02). Troubles psychosomatiques au regard de l'approche systémique. Consulté le 03 18, 2019, sur Espace d'échanges du site IDRES sur la systémique: https://www.systemique.be,article416

6- Elly, Kog; Wandereycken & Hans, Vertomment. (1983). The psychosomatic family model. A critical analysis. Journal of Family Therapy , Vol 07, 31-44.

7- Svetlana, Aleksandarovna. Mugal. (2016). The Influence of the Family on the Development of Psychosomatic Disorders in Preschool Children With. *Journal of Psychology Research* , Vol 06 (05),pp. 270-274.

8- Fereshteh Mirzaei, Abbas Ali Hossein Khanzadeh, Farhad Asghari, Iraj Shakerinia. (2015). The Role of Family Cohesion in Prediction of Aggressive Behaviors of Children. *Journal of Cheld Mental Health*, Vol 02 (02),pp.73-84.

9- Elham, Kia. (2016). The Relation Between Identity Styles and Family Cohesion with Tendency to the Aggressive Behaviors in Students of Boys High School in Qazvin City. *Biomedical & Pharmacology journal* , Vol 09 (No 02),pp. 800-808.

10- Gabrielle, Radica. (2015). Libertés et pouvoirs : le rôle de l'égalité dans la famille,. (D. L. 2014/2, Éd.) Mis en ligne sur Cairn.info (No 46), pp.153-165.

11- Sanghyun Park, Weisheng Chiu, Doyeon Won. (2017). Effects of physical education, extracurricular sports activities, and leisure satisfaction on adolescent aggressive behavior: A latent growth modeling approach. PMC Journal.

12- Halstead, J. Mark. (2015, 03 11). Moral Education. Consulté le 12 23, 2019, sur Encyclopedia of Cross-Cultural School Psychology: https://translate.google.com

13- Jacinthe, I. Rihan and Hend, M. Diab. (2016). Analysis of the Informal Social Control Mechanisms in Rural Families of New Valley Governorate. J. Agric. Econom. and Social Sci., Mansoura Univ , Vol 07 (No 10),pp.977-984.

14- Shannon M. Varga, Alyssa Moudy, and Patrick H. Tolan. (2016). Family Functioning and High Risk Adolescents' Aggressive Behavior: Examining Effects by Ethnicity. J Youth Adolesc. Author manuscript; available in PMC , 45 (01), pp.145-155.

15- Taylor, Jim. (2010, 11 17). Parenting: Raise Independent Children - Are you raising responsible or contingent children? Consulté le 12 26, 2019, sur psychologytoday: https://www.psychologytoday.com

16- Zainab, KaderI & Nicolette,V. RomanII. (2018). The effects of family conflict on the psychological needs and externalising behaviour of preadolescents. Journal of Social work , Vol 54 (No 01),p.613.