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## Introduction

Many people experience physical symptoms during their lives, including pain in their organs, leading to failure in medical examinations, diagnosis, and treatment and affecting a person's thoughts, feelings,

# Living with Emotional Deprivation: Investigating the Primary Representations of Mother/child Interaction in Female Patients with Psychosomatic Disorders

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## ABSTRACT

**Objective:** The present study sought to examine the relationship of primary representations of mother and child in female patients with psychosomatic disorders.

**Methods and Materials:** The present study adopted a qualitative and descriptive phenomenological method. The participants were people who visited psychiatric offices in Tehran in 2023 and were selected through purposive sampling. The data were collected using in-depth semi-structured interviews. The sampling process continued until the data were saturated through interviews with 16 participants. The collected data were analyzed using Collaizzi's seven-step content analysis method.

**Findings:** Analysis of interview data revealed five main themes that were extracted from 32 sub-themes, including: "regret for lost dreams", "living with humiliation, fear, and feeling of abandonment", "experiencing emotional deprivation", "the mother's ineffective parenting", and "changing the child's and mother's roles".

**Conclusion:** The findings from this study revealed the need to take care of the early toxic relationship for every person by raising the awareness of mothers about meeting the needs of the infant/child on time while creating a sense of security and self-worth in the child. The insights from this study can contribute to further investigation of mother/child relationships in psychosomatic patients.

**Keywords:** psychosomatic disorders, mother/child relationships/ Emotional disturbance/ Female

emotions, and performance (Bulut et al., 2024; Saadati et al., 2024). Such indications are considered somatic symptoms and related disorders, which include illness anxiety disorder, conversion disorder (functional neurological symptom disorder), and factitious disorder (American Psychiatric Association, 2013).

Currently, several diagnostic terms and labels are used to refer to somatic symptom disorders (SDD) in different healthcare sectors (World Health Organization, 2024). The term still often used in primary care is “medically unexplained symptoms”, while most physical therapists prefer to use the term “functional symptoms” or “functional syndromes” such as chronic fatigue syndrome, fibromyalgia, and irritable bowel syndrome. Recent diagnostic guidelines for mental disorders introduced the diagnostic labels “somatic symptom disorders” and “bodily distress disorder” (Doustkam et al., 2021; Seyed Alitabar & Goli, 2024; World Health Organization, 2024).

According to the World Health Organization (WHO), more than 40% of all patients admitted to medical hospitals suffer from SDD. In other words, the number of psychosomatic patients is not less than that of acute respiratory patients. Furthermore, WHO has reported that every person has experienced depression at least once in their life in the form of minor somatic disorders (World Health Organization, 2024).

According to Winnicott, raising the mother’s awareness and taking into account her ideas about psychosomatic disorders play a vital role in the emergence of new perspectives and theories and the progress of research into this disorder (Ogden, 2023). Focusing on how the infant internalizes the psyche of the other, he explained the trauma (Abram, 2021). Early trauma is developed by psychological transfers that are created through the mother’s emotional state towards the infant. The earlier the psychological damage occurs in the infant’s psyche, the more severe mental health consequences will be experienced by the infant. This is why Winnicott refers to psychosis as a disease of environmental deficiency distinct from psychological defenses. Gaddini, influenced by Mahler, further developed Winnicott’s ideas by describing the role of “phantasies in the body”. Describing several psychosomatic symptoms, such as infantile colic and asthma attacks, he emphasized their role as a defense against the sudden initial loss of the mother and a way to reconnect with her (Gaddini, 1978).

The child begins to differentiate between himself/herself and the mother by gradually internalizing the maternal environment, and when the infant needs his/her mother’s presence due to physical or mental pain, he/she has more hope for her to come

and take care of him/her, but if the mother is unable to protect her child from too much traumatic stimulation or provide him/her with less motivation than he needs, the infant will likely run into problems in the process of distinguishing between the representation of himself/herself and the representation of others. This, in turn, can cause the appearance of an old body representation in which body boundaries, sexual areas, and the distinction between the body of the mother and the child remain unclear (McDougall, 1989).

Kelly et al. (2010) showed that complaints related to psychosomatic disorders are quite common among children and adolescents (Kelly et al., 2010) and have had a growing rate in recent years (Augustijn, 2023; Hjern, 2006; Ottova-Jordan et al., 2015). Accordingly, a cross-cultural study by Seiffge-Krenke et al., with hierarchical multilevel models, conducted on 2415 adolescents from eight countries (Argentina, France, Germany, Greece, Pakistan, Peru, Poland, and Turkey), showed the negative effect of mothers’ psychological control and their anxious monitoring of their children’s health and physical complaints (Seiffge-Krenke et al., 2021). In addition, Xu et al. (2021) examined the mediating role of mother-child relationship quality in the relationship between the mother’s psychological control and adolescent internalizing problems in a sample of 938 Chinese adolescents. They considered psychological control-related factors to include the induction of guilt, shame, and withdrawal from love, and the internalized problems of depression and loneliness among adolescents. The findings showed that reducing the mother’s psychological control improves the relationship between adolescents and their mothers and in turn, reduces the internalization problems faced by adolescents (Xu et al., 2021). Furthermore, an epidemiological quartet study by Schmid (2011) examined the long-term effect of the mother’s action and reaction during the initial mother-child interaction on the psychopathology of depression until adulthood and showed that children of less communicative mothers showed more depressive symptoms at 19 years of age and more anxiety and depression symptoms at 4.5 to 15 years of age (Schmid et al., 2011).

A study examined the supportive and caring role of divorced parents in inducing psychosomatic problems in a sample of 473 children who were under the custody of one parent or both parents jointly. The findings

confirmed the emergence and continuation of this disorder when the mother took custody of the child alone compared to the joint custody, while the father-child relationship was not significantly associated with the children's psychosomatic complaints (Augustijn, 2023). In contrast, Khodabakhshi-Koolaei examined the role of early toxic interaction with fathers in males with bipolar spectrum disorder and showed three main factors in inducing bipolar spectrum in their sons, including the experience of living in constant neglect and rejection, living with fear and abandonment, and the reflection of the father's past interactive patterns in the son's life (Khodabakhshi-Koolaei, 2023).

Highlighting the role of object relations in the emergence and persistence of mental disorders in children, Yürümez et al. examined mothers' alexithymia, depression, and anxiety levels and their association with the quality of mother-infant relationships. The study was conducted on 50 children aged 18 to 48 months. The results showed a negative correlation between the evaluated scores of mothers' alexithymia and the quality of their relationships with their infants, to the extent that even controlling the levels of anxiety and depression of mothers with alexithymia did not have a significant change in predicting a weak, disturbed, and dysfunctional relationship (Yürümez et al., 2014). Moreover, following Petersen et al. (2016), showed that people with borderline personality disorder due to disturbed attachment in childhood have a type of mistrust that prevents constructive social interactions, leading to social incompetence and alienation in social interactions (Petersen et al., 2016).

Many studies have highlighted the significance of the mother's role as the first object in the mental health of infants and their future adulthood and showed the importance of the quality of communication and interactions between the two. For this reason, the dyad of mother and infant is the most important concept in the psychoanalysis of object relations. In their systematic study, Rocha et al. (2020) reviewed 21 articles on the effect of mother-infant interaction on the development of infants. Most studies showed a significant relationship between mother-infant interaction and language, cognitive, motor, and social development in the first year of life. The findings also showed prematurity, infant age, multiple births, mother's anxiety, mother's opioid exposure, family care history, and criminal history act as

mediating variables in mother-infant interaction and social, cognitive, and language development (Rocha et al., 2020).

In addition, the findings confirmed the effect of Mother-child pairs in the skin-to-skin contact (SSC) on children's willingness to involve their mothers in conversations related to emotional events in their lives, maternal support, and the use of their guidance (Bigelow & Power, 2020; Fonagy et al., 2018; Shibata et al., 2020).

Numerous studies have confirmed the role of parenting styles in promoting the mental health of infants and children and consequently in their adulthood. Studies have reported a significantly higher frequency of ineffective parenting styles among patients with chronic pain than patients without pain. These findings indicate that low parental care and excessive parental protection during childhood lead to chronic pains and adults will need psychosomatic treatments. Furthermore, Grigorian et al. (2023) investigated the relationship between parenting practices, including parental support, awareness and regulation of educational rules, and psychosomatic complaints among adolescents. The analysis of the data from a Swedish national group with 3678 adolescents showed that parental support has the strongest and most consistent inverse cross-sectional relationship with psychosomatic complaints in middle and late adolescence. In addition, the increase in parental support and knowledge was associated with a decrease in adolescent psychosomatic complaints (Grigorian et al., 2023). Mugal (2016) examined the influence of the family on the development and progress of psychosomatic disorders in mentally retarded preschool children and showed that conflicts between spouses and their parental attitudes toward the child's personality and illness are one of the factors contributing to the occurrence of psychosomatic diseases. The findings also indicated the factors that have the greatest impact on the development of this disorder in children were the projection of parents' psychosomatic symptoms onto children, ineffective levels of emotional attachment, and anxiety and depression caused by parents' psychosomatics (Mugal, 2016).

Furthermore, Mak et al. (2020) examined the direct relationship between parenting stress, parenting styles, and perceived child behavior problems. The findings showed the mediating role of negative parenting styles

(authoritarian and permissive) on the relationship between parental stress and perceived child behavior problems in China. The results also showed that a higher level of parental stress is associated with a higher level of child behavior problems. Parenting stress had a positive relationship with negative parenting styles, and negative parenting styles partially mediated the relationship between parental stress and child behavior problems. The findings of this study indicated that reducing parenting stress, improving parenting behaviors such as parenting styles, and strengthening the parent-child relationship through early support (such as parenting skills training) are of critical importance (Mak et al., 2020).

Regardless of the analysis of psychological dynamics formed after applying parenting styles, and a one-dimensional look at positive and negative behavioral symptoms in children, such studies do not justify the depth of fundamental conflicts established in the psyche of a mother and her child. Thus, the application of such classified educational styles to prevent a person from suffering from psychosomatic spectrum disorders is ineffective. As Berezowski et al. (2022) suggested, innovative therapeutic approaches should be developed and tailored to at-risk or newly injured populations, transcending the boundaries of medical specialties and diagnostic constructs and focusing attention on mechanisms (Berezowski et al., 2022). Concerning psychosomatic disorders, it is essential to identify the mother-child conflicts and the mechanisms formed in the affected person's psyche in the treatment and even the educational aspects of parenting styles. As Kirillov (2020) pointed out, the systematic discovery and description of the key conflict leads to a better understanding of new psychological dynamics of the process of transforming intrapsychic stress into psychosomatic symptoms (Kirillov, 2020).

The studies reviewed above confirmed the role of the primary parent/child relationship in the occurrence of psychotic diseases, especially schizophrenia and bipolar disorder. However, a few studies have addressed the mother's role in the occurrence of psychosomatic disorders and its impact on the child's future and his/her psychological functioning. Thus, using a qualitative phenomenological approach, the present study performed an in-depth analysis of the deep and lived experience of psychosomatic female patients undergoing

medication to present new insights into the primary representations of mother/child interactions. The findings from qualitative studies will help researchers, psychologists, family counselors, psychiatrists, and the whole health system of human societies to come up with a deeper understanding of the impact of the early childhood years on children's personalities in the future. Furthermore, the findings of the present study can contribute to the treatment and consequently the improvement of the lost abilities, social functions, and responsibility, higher adaptability to the community, reducing patients' distress and confusion, and decreasing their treatment costs. As such, the present study aimed to investigate the relationship of primary representations of mother-child interactions in female patients with psychosomatic disorders.

## Methods and Materials

### *Study Design and Participants*

This study adopted a qualitative and descriptive phenomenology. A phenomenological study explores first-hand experiences to reveal respondents' meanings and lived experiences. The respondents in this study were selected through purposive sampling from people who visited two psychiatric offices in Tehran and met the diagnostic criteria for psychosomatic disorders. The data were collected and saturated through interviews with 16 participants. The inclusion criteria were the definite diagnosis of the individual's disorder by a psychiatrist and confirmed using the Psychosomatic Symptoms Questionnaire-39 (Lacourt et al., 2013).

### *Data Collection Tools*

Psychosomatic Symptoms Questionnaire-39: This questionnaire made by Lacourt et al., 2013. The questionnaire contains 39 items arranged in 7 subscales (cardio-respiratory, muscular-skeletal, mental, digestive, and general disorders, body balance, and globus hystericus. The symptoms are measured on a Likert scale. The questionnaire was validated for use in Iran by Heidari et al. (2021). The minimum and maximum scores on the questionnaire are 39 and 195 with a cut-off score of 64.5 (Heidari et al., 2021). The researcher provided some instructions to the respondents about the objectives of the study and the

research procedure. Informed consent was also obtained from the respondents. The respondent's scores indicated that all of them were suffering from psychosomatic disorders.

Semi-structured interview: The data in this study were collected using In-depth, semi-structured interviews. The interview questions were developed based on a review of the literature and the researcher's assumptions as follows:

1. What does the word mother evoke for you when you were a child and now?
2. What was the role of your mother in your life?
3. How do you feel when you see your mother or talk about her?

The interviews were conducted in the Safe Family Psychology Clinic. Before each interview, the researcher introduced herself and the subject. Then, the respondent's demographic data including age, marital status, number of children, occupation, education, birth order, parents' life or death, number of siblings, history of mental disorders, and drug use were recorded. In the next step, the main questions were asked. After completing each interview, its content was transcribed for simultaneous coding and analysis.

### Data analysis

The collected data were analyzed using Colaizzi's seven-step content analysis method (Morrow et al., 2015). In the first step, all recorded interviews were transcribed on paper. In the second step, significant

statements expressing the themes of "psychosomatic" and "mother" were identified and underlined. In the third step, significant statements were formulated with a specific code that expressed the intended meanings of the interviewees. In the fourth step, the formulated meanings and themes were merged into thematic clusters based on their similarities. In the fifth step, the themes were condensed into more general clusters to obtain an exhaustive description of the phenomenon in question. In the sixth step, inaccurate or overestimated descriptions were removed. In the seventh step, the data were reviewed by the participants and the findings were revised based on their feedback. Finally, Lincoln and Guba's criteria were used to check the credibility and trustworthiness of the findings (Lincoln et al., 2011). The findings were reviewed by three psychiatrists and two psychologists to determine if they matched the previous studies on the mother's role in psychosomatic disorders.

### Findings and Results

The patients' demographic characteristics including age, marital status, number of children, occupation, education, birth order, parents' life or death, number of siblings, history of mental disorders, and history of drug use as well as the most important indicators from among the subscales of psychosomatic spectrum disorders based on Psychosomatic Symptoms Questionnaire by Lacourt were reported. Table 1 presents the participants' demographic characteristics:

**Table 1**

*The Female Patients' with Psychosomatic Disorders demographic characteristics*

Participant code	Age	Marital status	Number of children	Occupation	Education	Father	Mother	Birth order	Sister(s)	Brother(s)	History of mental disorders	History of drug/alcohol use
1	39	Separated	0	Teacher	Bachelor in painting	Alive	Alive	Second child	1	2	OCD	0
2	36	Single	0	Employee	Master of management	Alive	Alive	Second child	1	2	0	Smoking/alcohol
3	37	Married	0	Salesperson	Bachelor in Accounting	Alive	Alive	Single child	0	0	0	Smoking
4	30	Married	0	Self-employed	Bachelor in psychology	Alive	Alive	First child	0	1	Bipolar disorder	0
5	35	Married	2	Housewife	Bachelor in Nutrition	Alive	Alive	Third child	2	0	Depression/panic disorder	Smoking
6	30	Single	0	Medical technician	Master of Nuclear Medicine	Alive	Alive	Second child	0	1	Depression	0
7	43	Single	0	Accountant	Bachelor in Accounting	Alive	Alive	First child	1	1	Depression/OCD/panic disorder	Smoking

8	27	Single	0	Accountant	Bachelor in Accounting	Alive	Alive	Second child	1	1	0	0
9	27	Single	0	Unemployed	Bachelor's degree	Alive	Alive	Second child	1	0	0	0
10	41	Separated	1	Employee	Bachelor in management	Alive	Alive	First child	0	2	0	Smoking
11	36	Separated	0	Barber	Associate's degree	Alive	Alive	Second child	3	1	Bipolar disorder	Smoking
12	35	Single	0	Accountant	Bachelor in Accounting	Died	Alive	Last child	1	2	0	0
13	37	Separated	1	Software technician	Master of IT	Alive	Alive	Second child	1	0	0	Smoking
14	44	Separated	2	Employee	Bachelor in Management	Died	Alive	Second child	1	1	0	0
15	45	Married	1	Housewife	Bachelor's degree	Died	Alive	Second child	1	2	Depression	0
16	26	Single	0	Barista	Diploma	Alive	Alive	First child	1	0	0	Smoking/drug abuse

Table 2 shows the participants' scores on the Psychosomatic Symptoms Questionnaire (PSQ-39) and its subscales:

**Table 2**

*The data from the Psychosomatic Symptoms Questionnaire (PSQ-39) in Female Patients with Psychosomatic Disorders*

Participant code	Subscales							Total score
	Cardiovascular	Musculoskeletal	Mental	Gastrointestinal	General	Body balance	Globus hystericus	
	8-40	6-30	7-35	4-20	5-25	6-30	3-15	
1	24	29	30	19	19	15	8	144
2	25	22	29	13	12	13	7	121
3	24	26	23	9	14	16	8	120
4	18	19	29	13	15	16	4	114
5	31	25	31	18	20	20	8	153
6	22	16	23	17	11	12	3	114
7	27	16	30	8	24	19	4	128
8	23	16	28	4	17	15	7	110
9	21	17	22	6	15	13	10	104
10	29	19	13	14	8	14	9	106
11	18	17	24	18	8	18	8	111
12	26	22	34	10	16	20	5	133
13	29	17	22	12	16	19	11	126
14	22	24	20	14	16	13	7	116
15	23	24	23	11	14	15	8	118
16	24	23	26	13	15	14	10	125

The analysis of the data from the interviews with people with psychosomatic spectrum disorders revealed 5 main themes and 32 subthemes: "regret for lost dreams", "living with humiliation, fear, and feeling of

abandonment", "experiencing emotional deprivation", "the mother's ineffective parenting" and "changing the child's and mother's roles" as displayed in Table 3:

**Table 3**

*The main themes and subthemes extracted in the study from interview with Female Patients with Psychosomatic Disorders*

Main themes	Subthemes
Regret for lost dreams	Having a kind mother
Living with humiliation, fear, and feeling of abandonment	Being hugged by the mother
	The right to choose and decide
	Opening one's heart to the mother
	Expressing one's emotions and feelings
	Anger towards the mother
	Fear of abandonment
	Being blamed by the mother
	The feeling of not being loved
	Fear of making mistakes
	Fear of parents
Experiencing emotional deprivation	Feeling inferior
	Feeling guilty about the mother's suffering
	No intimacy between the mother and child
	Lack of support
	The mother's emotional inhibition
	A heartless and cold mother
	Giving no credit to emotions
The mother's ineffective parenting	Lack of the mother's physical and emotional support
	Perfectionist expectations from the child
	Extreme sacrifice and selflessness
	Strict restrictions
	Extreme emphasis on the performance of religious rules
	Long sulks
	Extreme control
	Disclosure of the child's secrets to the father
	Harsh physical punishment
	Changing the child's and mother's roles
Taking on the responsibility of adults	
Giving priority to others' needs	
Loneliness in childhood	
Fighting the blaming parent inside	

### **Theme 1: Regret for lost dreams**

The participants reported that they regretted having a kind mother, being hugged by a mother, having the right to choose and make decisions, opening their hearts to the mother, and sharing their emotions and feelings with the mother. The participants talked about their regrets, hopes, and dreams. They also reported that their perceived image of the mother was far from reality.

- **Having a kind mother:** *“When I was a child, I thought that my mother should be much kinder than she is. I felt that the mothers of other children are much kinder”* (Participant #11).
- **Being hugged by a mother:** *“I didn't have my mother when I was a child. I wanted to hug her,*

*and let her be with me, but I couldn't help it”* (Participant #15).

- **The right to choose and make decisions:** The participants stated that their mothers did not allow them to make decisions for their personal lives even when they were adults and their mothers decided instead of them: *“For example, when my dad's grandmother would get sick, my mother asked me to go the hospital and take care of her as her great-grandchild. She also asked me to do things that bothered me but I had to do. If I didn't do it, we would argue at night and she would be angry with me because I didn't listen to her”* (Participant #7).

- **Opening one’s heart to the mother:** *“I talked to her less about my problems, but when I grew up I listened to her more”* (Participant #7).
- **Sharing emotions and feelings:** *“Now I pay more attention to my parents. They are very comfortable and relaxed. They say that I have my own life now, but I don’t talk to them about my problems and pretend that everything is great and I never tell them anything about my troubles”* (Participant #3).

## Theme 2: Living with humiliation, fear, and feelings of abandonment

Many participants reported that they were living with humiliation, fear, and a sense of abandonment. They stated that they had suffered from different types of emotions in childhood and their effects were still visible. Examples of these emotions were feeling angry towards the mother, fear of being abandoned, being blamed by the mother, feeling unloved, fear of making mistakes, fear of parents, feeling inferior, and feeling guilty about the mother’s suffering.

- **Feeling of anger towards the mother:** The participants reported that they were angry with their mothers and they felt guilty about expressing it. Hence, they tried to suppress their anger, but it often manifested itself in the form of physical pain: *“Now I’m feeling angry with my mother. When I want to improve my relationship with her, she has more expectations and my problems worsen”* (Participant #12).
- **Fear of being abandoned:** *“I hurt my mom and I had an intense feeling of rejection with a little bit of fear. I had a lot of fear of being abandoned and that she doesn’t like me and leaves me”* (Participant #12).
- **Being blamed by the mother:** A majority of the participants reported that they were often blamed by their mothers. Even in adulthood, this sense of blame was with them. *“My mother always blamed and criticized me a lot, and her criticisms are still echoing in my mind and ears since I was a child until now”* (Participant #13).
- **The feeling of not being loved:** The participants stated that another unpleasant belief and emotion was the feeling of being inadequate and not being loved: *“I always felt that my mother did not consider me to be a good*

*person so I always tried to be like a man”* (Participant #11).

- **Fear of making mistakes:** *“Even now, if my mother learns that I have done something wrong, she will get angry. So I try not to disturb her and not to do something wrong”* (Participant #3).
- **Feeling of humiliation:** *“I felt humiliated when my mother asked me not to lie down in front of my grandfather. I used to get annoyed at that moment as a child and asked why she was humiliating me in front of others. If I did not listen to her, I would not have many problems now”* (Participant #7).
- **Feeling guilty about the mother’s suffering:** The participants reported that they felt guilty when seeing their mothers’ suffering and the deprivations caused by the mother. Thus, they did their best to heal their mother’s pain and suffering: *“My parents are very important to me. When my mother is complaining about her pain I stay awake the whole night taking care of her until the morning. I grease her feet or many times I take her to the bathroom, bathe her, and wash her whole body”* (Participant #12).

## Theme 3: Experiencing emotional deprivation

The participants in this study reported that they experienced some emotional deprivations such as lack of intimacy between the child and mother, lack of support, heartless and cold mother, not giving credit to the child’s emotions, and the absence of physical and emotional support from the mother.

- **Lack of intimacy between the mother and child:** *“I liked to have intimacy with my mom, but the fear of my dad destructed our confidence”* (Participant #9).
- **Lack of the mother’s protection and support:** The participants stated that they were deprived of maternal support during childhood: *“When I was a child, my mom used to give me breakfast, and helped me eat food. She helped me with my school assignments but now that I think she did not support me when others offended or blamed me”* (Participant #2).
- **A heartless and cold mother:** *“My mom always looked serious. My friends always thought that my mom was very serious and bad-tempered. She wasn’t very bad-tempered, but she wasn’t good-*



natured either. On the whole, she provided little support to me" (Participant #16).

- **Giving no credit to emotions:** "For example, when I went to my room and started crying, she would not come to talk to me and calm me" (Participant #6).
- **Poor physical and emotional support from the mother:** The participants stated that their mothers were absent in important moments of their lives and they did not receive adequate care and support from their mothers: "My mom is a good person. She did not bother me when I was a child and didn't punish me. She tried to support me in many situations but she did not know how to do it" (Participant #8).

#### Theme 4: The mother's ineffective parenting

A majority of the participants pointed to their mothers' ineffective parenting practices when dealing with their children and their problems. Such ineffective practices included perfectionist expectations from the child, extreme sacrifice and selflessness, strict restrictions, extreme emphasis on the performance of religious rules, long sulks, extreme control, and disclosure of the child's secrets to the father.

- **Perfectionist expectations from the child:** "My mother expected me to get good grades at school for every sacrifice she did and she expected mutual sacrifice from me from childhood until now" (Participant #9).
- **Extreme sacrifice and selflessness:** "I get sad when I see my mother is working selflessly for her children and does not care for herself. I wish she had given me normal love and support but took care of herself too. I'm worried too much about her old age and am afraid of losing her" (Participant #4).
- **Strict restrictions:** Most of the participants stated that their mothers did not allow them to have relationships with the opposite sex: "My mom always advised me to be a good girl and not spend time with boys. She always blamed me for playing with my male cousins" (Participant #5).
- **Extreme emphasis on the performance of religious rules:** "For example, my mother once made a fuss when she realized that I prayed with nail polish. Now I know many girls who always say their prayers with nail polish. It does not

matter if it is right or wrong at all, I want just to show my mother's excessive control over me" (Participant #6).

- **Long sulks:** The data in this study indicated that sulks and silence are other ineffective parenting strategies reported by the participants: "She used to have long sulks with us and at the same time she quarreled with us again. She offended us and kept doing it for so long" (Participant #8).
- **Extreme control:** "My mom restricted me. For example, I went to a birthday party once, but she controlled everything I did. She asked my cousin about the things we did. She inspected everything. She was more like a detective because she knew everything" (Participant #3).
- **Disclosing the child's secrets to the father:** The participants in this study stated that their mothers used to threaten them to disclose the things they did to their fathers: "I was very afraid of my father. I didn't talk to him much and I couldn't establish an intimate relationship with him. I knew that if I told something to my mom, she would immediately disclose it to my father and I had to explain why I had done it" (Participant #7).
- **Harsh physical punishments:** "I said something which I don't remember. My mother threatened me to hit me with a hot spoon. I raised my hand to stop her, but my fingers touched the spoon and burned. The burn scar is still on my hand" (Participant #15).

#### Theme 5: Changing the child's and mother's roles

The participants reported that they shifted their roles with their mothers by mothering for the mother, taking on responsibility for adults, giving priority to others' needs, loneliness in childhood, and fighting the blaming parent inside.

- **Mothering for the mother:** "I took the responsibility for caring for my mom and decided for her. I used to tell my mom what to do and what not to do as if I were her mother" (Participant #8).
- **Giving priority to others' needs:** "My mother always gives priority to others. This is very bad. Others were always the priority for my mom even at the cost of hurting her children and herself" (Participant # 15).

- **Loneliness in childhood:** *“No, my mom didn't have any role in my life. I have been independent since I was a child. I don't remember anyone giving me dictation. I memorized my book and wrote a dictation and I scored it myself. I mean nobody did anything for me”* (Participant #12).

**Fighting the blaming parent inside:** *“There is a blaming parent inside us who tells us what to do and what not to do. For instance, we should not lie down in front of others, say hello to them, and wear a scarf”* (Participant #16).

## Discussion and Conclusion

The aim of present study sought to examine the relationship of primary representations of mother and child in female patients with psychosomatic disorders. An analysis of the mother's relationship with people suffering from psychosomatic spectrum disorders revealed five main themes: regret for lost dreams, living with humiliation, fear, and feeling of abandonment, experiencing emotional deprivation, the mother's ineffective parenting, and changing the child's and mother's roles. The results showed a direct connection between the relationship with the mother as the first care object of the infant and the development of psychosomatic disorders. Similarly, Rozina (2020) highlighted the role of the child's relationship with parents in the occurrence of psychosomatic disorders (Rozina, 2020). A similar study conducted on 136 married people with psychosomatic skin disorders showed that factors such as gender (being female), low education level, immigrating (being an immigrant), marital conflict, high perfectionism, low levels of self-forgiveness, and low levels of gratitude were possible risk factors for somatization (Taşçıoğlu et al., 2021). In addition, Noack and Linden (2020) showed “humiliation” as one of the effective factors in psychosomatic reactions (Noack & Linden, 2020).

In line with the findings of this study, a study on neuropsychology by Chystovska et al. (2022) examined the effect of the mutual relationship between psychological factors with the ineffective emotional response to chronic environmental stress on the individual and showed some aspects of the mechanism of emotional exhaustion are the cause of a set of psychosomatic symptoms (Chystovska et al., 2022).

A longitudinal and prospective study by Glaus et al. (2022) investigated the intergenerational transmission of somatization in the context of family violence on 64 mother-child pairs at two points in time with an average age of 2.5 and 7 years of children and mothers with and without a history of interpersonal, physical, sexual, and domestic violence. The findings indicated intergenerational transmission of somatization is formed in the context of interpersonal violence and post-traumatic stress experienced by the mother herself during early growth. The data also confirmed the higher rate and severity of somatization in posttraumatic stress in mothers themselves as an increased risk of mothers' bias in identifying physical rather than psychological distress in their children, as they may have such bias in themselves (Glaus et al., 2022).

Abused mothers consciously or unconsciously project their injuries and pave the way for somatization. Thus, such mothers play a significant role in the emergence and development of psychosomatic disorders in their children. Accordingly, in a systematic review of 28 studies, Polese et al. (2022) investigated psychological disorders, adverse childhood experiences, and parental psychiatric disorders in children with headaches. The results showed parental factors, including their conflicts, as well as parental depression, especially for the mother, affect childhood headaches (Polese et al., 2022).

Given the significance of psychosomatic disorders, many studies have addressed the effectiveness of different treatments for such disorders. For instance, Orzechowska et al. (2021) stated that in the process of cognitive behavioral therapy, the patient draws attention to a new interpretation of their situation by consciously processing information and modifying behavior. For this reason, the patient has an opportunity to achieve emotional balance and well-being, which results from correcting the patient's views and goals, as well as through empathic listening to the patient and empowering them to express their feelings and relieve stress (Orzechowska et al., 2021).

Abbass et al. (2021), in a meta-analysis study on 37 trials of short-term psychodynamic psychotherapy (STPP) on functional somatic disorders (FSD), showed that short-term psychodynamic psychotherapy (STPP) results in significant reductions in somatic symptoms after treatment, as well as moderate or large improvements in most other secondary outcomes,

including depression, anxiety, general psychiatric symptoms, disability, and physical functioning. The findings also showed that these effects are durable and last for more than six months without any signs of symptoms returning. Thus, the authors considered STPP as an effective treatment option for patients with functional somatic disorders, and they suggested that STPP be incorporated into treatment guidelines (Abbass et al., 2021).

Further, Olenichenko (2024) suggested that one of the powerful tools utilized in the positive and transcultural psychotherapy system is the use of projection techniques. Projective psychotherapies are methods used to reveal hidden aspects of the personality, assuming that the individual projects his or her inner conflicts, motivations, feelings, and attitudes onto obscure or ambiguous external stimuli and reveals aspects of his/her personality. The author also suggested how projective methods can be used effectively to help patients with psychosomatic disorders. These techniques allow the exploration of emotional factors associated with psychosomatic symptoms (Olenichenko, 2024). The goal of all different psychotherapies for psychosomatic disorders is to finally reach emotional balance by opening conflicts and draining psychological-emotional complexes in different ways, but not having the underlying factors that generate these conflicts can slow down the course of treatment or the abandonment of the treatment by the patient and will end in its failure. Hence, having unique information about the underlying factors can contribute to developing new analytical treatment protocols, obtaining a new perspective, correcting interpretations in the cognitive-behavioral approach, hastening catharsis in analytical schools, or even paving the way for active listening in projective therapies by expressing from the therapist's side and projecting the patient's feelings. The child's relationship with the mother's breast is fundamental and serves as the prototype for subsequent relationships. Children's initial tendency to relate to imperfect objects gives their experiences an unrealistic or fanciful quality that affects their entire interpersonal relationships. Children's identity can be understood based on a three-stage relationship with their mother. Children need their mothers to take care of them. Then, they establish a secure symbiotic relationship with the almighty mother. Finally, they break out of the mother's protective circle

and form their separate individuality. Further, Otto F. Kernberg assumed that such a relationship would allow the child to develop a stable self-concept and satisfactory interpersonal relationships (Kernberg, 2005).

Other studies have highlighted the need for a healthy and conflict-free relationship between mother and infant/child, and any damage to such relationship can lead to inefficiency and other mental/personality disorders, as confirmed by Voestermans et al. (2021) who examined the role of attachment styles and childhood traumas in people suffering from personality disorders (Voestermans et al., 2021). Furthermore, some studies on schizophrenia disorder have shown the positive and negative effects of mother-child relationships, the amount of love, and at the same time, the child's hatred for the mother. Sometimes, the isolation of the mother to have a child with a special disorder or to have a healthy child but with significant behavioral characteristics, at the same time with unreserved love causes positive and negative schizophrenia symptoms in the patient (Khoshgofar et al., 2022). This study was conducted with some limitations. The first, The researchers did not have access to the participants' mother, father, or sibling. The second, the participants in the family history do not recall the mental disorders of the mother and other family members. The third, the researchers did not have access to the mother's genetic information or history of mental disorder. In future studies, interviews with husband, father, mother, and siblings will provide researchers with more comprehensive information about the pathology of psychosomatic disorders and environmental and developmental factors affecting this disorder.

An analysis of the early mother-child relationship in patients with psychosomatic disorders revealed five main themes: Regret for lost dreams, living with humiliation, fear and feeling of abandonment, the experience of emotional deprivation, the mother's ineffective parenting, and changing the role of the child with the mother. The findings from this study provide valuable theoretical and practical data to child specialists and psychologists to gain more knowledge to educate mothers on effective parenting practices in the first months and years of their child's life. The insights from this study also help clinical specialists develop effective treatment protocols for adult patients.

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## Declaration of Interest

The authors of this article declared no conflict of interest.

## Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. The data and findings were also reviewed by the participants to confirm their accuracy. To comply with ethical protocols, the participants' data were kept anonymous and confidential and their informed consent was obtained before conducting the interviews. The article was registered in the Iran National Committee for Ethics in Biomedical Research (IR.IAU.TNB.REC.1401.007).

## Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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## Authors' Contributions

All authors equally contributed to this study.

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