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The Psychological Reflections of Elderly Mistreatment: A Clinical Psychological Study

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Abstract:

The current study aims to uncover the level of elder abuse experienced by the elderly and identify the significant psychological and psychosomatic disorders that manifest in abused elderly individuals. To achieve this objective, a clinical approach was utilized, along with a set of tools including clinical interviews and the Elder Abuse Patterns Scale developed by Hanaa Al-Nabulsi and Hanin Al-Awamleh in 2013. The study was conducted on four cases (2 females and 2 males) residing in an elderly care center in Oran, ranging in age from 64 to 85 years. The study concluded that the level of abuse experienced by the elderly is high, resulting in the emergence of psychological disorders such as anxiety and depression, as well as psychosomatic illnesses.

Keywords: Aging, elderly, elder abuse, abuse patterns, psychological disorders, psychosomatic illnesses.

1- Problem Statement:

The topic of aging is one of the psychological and health-related subjects that has been receiving increasing attention in societies. It represents a stage in a person's life and the final chapter of their existence. Aging is characterized by manifestations of weakness and deterioration that affect the elderly in general, encompassing various organic and mental capacities. It impacts their psychological balance and social adaptation. Due to the increasing deterioration, the elderly develop psychological and social needs, such as a sense of self-respect, regaining self-confidence, feeling secure and stable, and the need for presence within a community for integration and continuation of life. These needs can only be fulfilled through their presence in a safe familial and social environment that guarantees a dignified life in their later years.

However, with the changes that have affected societies in various domains, the elderly now face certain problems and life pressures, primarily including mistreatment, whether within or outside the family. Statistics on elder abuse in 2010 indicated that 20% of elderly individuals have been subjected to violence and mistreatment, either within or outside their families. This percentage has risen to 60% according to statistics from 2014. Some of them even resort to suicide due to the lack of consideration and care from their families (Baddawi, 2015, p. 175).

Referring back to psychological literature, studies that have addressed the issue of elder abuse suggest that most perpetrators of violence are actually close relatives, such as spouses, children, and other relatives (Leonardo Aparecida, 2008).

According to the study by Al-Nawafleh (2011) and Ajdukovic et al. (2009), the types of abuse experienced by the elderly include neglect, psychological abuse, physical abuse, financial exploitation, and sexual assault. In the study by Al-Nabulsi, Hanaa, and Al-Awamleh, Hanin (2013), the most common social abuse patterns experienced by the elderly from their families were: not feeling comfortable living with their families, not feeling satisfied with their children's treatment towards them, and not feeling respected and valued within the family. Regarding health-related abuse patterns, they included: not being cared for in terms of following appropriate dietary restrictions, not providing proper healthy food, not ensuring regular meals, neglecting personal hygiene, and not consistently providing necessary medications. Psychological abuse patterns consisted of not feeling satisfied with how family members treated them and not respecting the elderly person's desire to spend time with their old friends.

Studies conducted by Leonardo Aparecida (2008) and Midori (2003) have shown that women are more vulnerable to abuse compared to men, with percentages of 44% and 35% respectively. However, a study by Leonardo Aparecida (2008) in Brazil revealed a higher occurrence of abuse towards men, with percentages of 58.6% and 47.1% of them being attacked by family members. The types of injuries indicated that 33.5% suffered from shoulder and arm injuries. Elderly individuals were found to be more susceptible to familial mistreatment and mental health issues. Under these circumstances, the elderly experience psychological and physical deterioration. Mei-Chen-Len (2018) argues that such conflicts have significant detrimental effects on the health of the elderly, often leading to a shortened lifespan, longer hospital stays, diminished mental and physical capacities, and increased rates of depression and anxiety.

According to Al-Aboudi (2021, p. 38), exposure of the elderly to abuse by their children leads to a sense of psychological isolation. On the other hand, Jamila (2018) believes that the physical weakness of the elderly is more closely associated with inappropriate psychological and social pressures, such as isolation, economic constraints, neglect, and difficulties in adapting to life's changes. Maamari (2009, p. 75) further asserts that these factors contribute to the deterioration of the elderly's physical, physiological, and psychological functions.

Furthermore, a study by Pilar and Juan (2004) revealed that women who experience symptoms of severe depression, anxiety, physical symptoms, and social disturbances have gone through more significant life events and have low social support. On the other hand, Zagar (2016) indicates that accumulated life pressures in previous years manifest in various psychosomatic diseases that are not always understood by those surrounding the elderly. Psychosomatic illness may sometimes be the only way for the elderly to draw attention and care from those around them, as they feel marginalized and have a diminished sense of self-worth. There are direct psychological repercussions on the elderly's life due to their suffering from physical, organic, or mental injuries, which further complicate their lives. Psychological deterioration occurs alongside organic disturbances (Zagar, 2016, pp. 80-81).

The current study aims to shed light on the issue of elder abuse within a social context that has its cultural and social characteristics, which call for giving the elderly a significant status and treating them with respect and compassion. The study aims to determine the level of elder abuse they experience and the psychological and psychosomatic disorders that result from it.

2- The Theoretical Framework of the Study:

1. Definition of Elder Abuse:

Elder abuse is considered one of the complex social problems that can manifest in various domains and due to different reasons. It can be affirmed that elder abuse does not only occur within homes or different levels of social and economic settings but can also happen within elder care institutions themselves, which are entrusted with providing security and alternative care for this population primarily (Sulaiman, 2006, p. 55).

Elder abuse is defined as the infliction of harm and injury on an elderly person repeatedly. It can take various forms, including physical abuse such as hitting and kicking, psychological abuse such as humiliation and ridicule, social abuse such as isolation and abandonment in a secluded place, and neglect of their healthcare needs. Elder abuse can also involve any action that causes harm, disruption, or disturbance to the well-being and happiness of the elderly person, intentionally or unintentionally, including the deprivation of basic necessities of life such as food and medication. This includes the intentional failure to provide necessary medical and physical care and the failure to assist in accessing healthcare and social services (Al-Aboudi, 2021, p. 38).

In this study, elder abuse is defined based on the scores obtained from the Patterns of Elder Mistreatment Scale developed by Nabilsi and Al-Awamleh (2013), which includes dimensions of psychological abuse, healthcare abuse, and social abuse.

2. Patterns of Elder Abuse

The patterns of elder abuse can be categorized as follows:

A. **Psychological Abuse**: This involves causing psychological and emotional harm to the elderly by those around them. It includes using methods that cause psychological pain, such as mocking and ridiculing their actions, rejecting them, threatening or intimidating them, using hurtful language, depriving them of love, affection, and tenderness, forcing them to engage in unrealistic activities, coercing and humiliating them, and threatening them with abandonment or eviction from their home or care facility (Ma'an Khalil Omar, 2009).
B. **Social Abuse**: Violation of rights or social abuse is a common form of elder abuse. This pattern of abuse includes forcing the elderly person to leave their home, denying their right to participate in social activities and exercise their rights like others, compelling them to reside in care institutions, depriving them of using their own money, and preventing them from getting married in order to exert greater control over them (Medhat Fouad, 1996). Social abuse is also evident through neglecting the elderly person, abandoning them, and not caring about their social life, leaving them isolated from the rest of the family, not engaging in conversations with them, not dedicating time to check on their well-being and understand their needs. This can be observed when elderly individuals are left in hospitals or nursing homes without visits (Ben Abed, 2008, p. 116).
C. **Healthcare and Physical Abuse**: This refers to intentional physical neglect, such as withholding medication, food, and clothing from the elderly person, failing to provide necessary physical and healthcare treatment, neglecting their environmental hygiene and personal cleanliness. It also includes inflicting physical harm on them, such as biting, punching, slapping, kicking, choking, restraining, cutting, burning, or depriving them of basic necessities. This type of abuse is often more easily identifiable as its visible consequences are

apparent. It can have severe consequences, including disability or even the death of the elderly person (Boubarka, 2018).

D. **Financial and Economic Abuse:** This pattern of abuse involves mismanaging the financial resources of the elderly without their knowledge, such as stealing their money, depriving them of their financial rights, misusing their money and assets in exchange for providing care, forging the elderly person's signature on checks or other documents (Gobert, 2004). It also includes not allowing the elderly person to have control over their own finances or retirement funds, not spending money on their needs, engaging in financial manipulation, or forcing the elderly person to relinquish their property by taking advantage of their health condition and their inability to make decisions.

E. **Sexual Abuse**: This form of abuse includes any actual or potential form of sexual exploitation that results from threats and the use of force. It involves assault, rape, and sexual harassment (Ben Abed, 2018, p. 117).

F. **Neglect**: Neglect refers to persistent, intermittent, or inadequate protection from potential harm that an elderly person may be exposed to. Types of neglect include deprivation of necessities, medical neglect, and emotional neglect. It involves the negligence of the family or the caregiver responsible for the elderly person, failing to supervise and care for them, resulting in their harm. Some researchers argue that there is a distinction between the concept of abuse and the concept of neglect when it comes to elder abuse. They further categorize the types of neglect that elderly individuals may experience in the following aspects:
    - Passive Neglect: It refers to the inability of the family to meet the elderly person's health, psychological, social, and economic needs due to the family's economic conditions or the family dynamics, as well as the lack of awareness associated with caring for the elderly.
    - Unintentional Neglect: This occurs when the elderly person experiences unclear neglect or due to the absence of someone to care for them, and often the elderly person does not perceive this neglect, believing that it is not possible to obtain more.
    - Intentional Neglect: It involves the deliberate neglect of the elderly person's needs by the family, such as lack of concern for their health and treatment, neglecting medication schedules, disregarding their nutrition, housing, clothing, and cleanliness.

The consequences and effects of elder abuse vary depending on its severity, type, and the methods used to perpetrate it. Due to the physical frailty and diminished resistance of the elderly, as well as their psychological state that characterizes this stage of life, such mistreatment can have highly negative outcomes for them. Among the effects of elder abuse, we can mention:

3- The Effects of Mistreatment on the Elderly:

A. Effects Resulting from Physical Harm and Neglect: Physical harm to the elderly results in their suffering from bodily pains, leading to aches, loss of bodily functions, and appearing in the form of bruises, joint sprains, bone fractures, internal pains, skin cracking, dryness, or internal bleeding. Blood clots have a painful impact on vital body organs. It is worth noting that injuries to the elderly are slow to heal and require substantial costs for treatment, especially considering the elderly's inability to afford the expenses for treatment and care (Maan Khalil Omar, 2010).

B. Effects Resulting from Neglect and Psychological Abuse: This type of violence, especially in the case of verbal or symbolic violence, leads the elderly to feel worry, distress, and a sense of inferiority, causing them to complain about everything and everyone. Often, family members or

society label the elderly with various derogatory terms such as crazy, demented, senile, foolish, and other hurtful and detestable labels. Therefore, it can be said that the effects of this violence surpass the effects of physical harm. All of this makes the elderly feel humiliated, degraded, and miserable.

C. Effects Resulting from Financial Abuse: Financial abuse of the elderly occurs when they possess a certain amount of wealth, which becomes desirable to their children, grandchildren, and those responsible for their care in general. This is because they are easy prey due to their advanced age, social isolation, diminished cognitive abilities, and detachment from contemporary life and rapid technological changes. This makes them susceptible to being deceived, manipulated, and convinced to sign legal documents that do not serve their interests, or to have some or all of their funds withdrawn from banks, thus depriving them of their assets without their knowledge. This is achieved through deception, fraud, impersonation, or false claims by one of their children, grandchildren, personal physician, lawyer, or any individual involved in their daily life. They become lucrative and easy targets because of their cognitive weakness and limited knowledge of rapid changes in banking transactions, property registration, or transfer to another owner (Baddawi, 2015, p. 175).

3- Methodological Procedures of the Study

The current study relied on the clinical approach as the most suitable method for identifying elder abuse. This involved in-depth examination of cases with the aim of uncovering the level of mistreatment experienced by the elderly, as well as understanding the most significant psychological and psychosomatic disturbances manifested in mistreated elderly individuals. The study utilized a set of tools including clinical interviews, observation, and the Elder Abuse Typologies Scale.

3.1. Clinical Interview

Hamed Abdul Salam Zahran defines the clinical interview as a dynamic professional social relationship, conducted face-to-face, between the clinical specialist and the patient in a secure environment characterized by mutual trust between the parties. It is a sensitive technical relationship that involves purposeful social interaction for the exchange of expertise, information, and attitudes. The interview aims to understand the patient's condition, gain their trust, identify their problems and suffering. It takes place in a suitable location for a specific duration, typically averaging 45 minutes to an hour, although the duration may vary based on the defined objective and the specific case. (Zahran, 1998, p. 235).

3.2 Elder Abuse Typologies Scale

This scale, developed by Hanaa Hassani Al-Nabulsi and Hanin Ali Al-Awamleh in 2013, consists of 37 statements distributed across 3 dimensions that collectively measure the types of abuse experienced by the elderly, namely: psychological abuse, physical abuse, and social abuse. Respondents answer the scale items using 5 alternatives: Never - Rarely - Sometimes - Often - Always. Scores are given according to a five-point scale (0-1-2-3-4-5) respectively. Consequently, the total score on the scale ranges from 0 to 148. The levels of abuse are represented as follows:

- Low level (0 - 49)
- Moderate level (50 - 99)
- High level (100 - 149)"

3.4. Study Sample:

The study sample consisted of 4 elderly individuals residing in the elderly care home in Oran. They were selected purposively according to the following criteria:

- Age 60 years and above

- Residency in the elderly care home

- Absence of mental disorders.

4. Results and Discussion

4.1. Presentation of Results (Case Study)

4. 1.1 First Case Study

Mohammed, aged 78, of average height, frail build, with fair skin, showing signs of aging such as gray hair and beard, slow movement, and diminished hearing and vision. His attire is clean but old. He appears sad and melancholic, isolated from others and constantly seated in one place. His language is clear and articulate, spoken at a slow pace and in a low voice. His thoughts are logical, organized, and coherent in time. His memory is strong for recent events but weak for distant ones. His attention and focus are good, and communication with him was very easy during all interviews. His social relationships with family (children and siblings) are poor, but his hospital environment relationships are good. Mohammed grew up in a family with parents and 4 siblings, occupying the last position among them. He learned Arabic, French, and the Quran in his childhood but stopped studying at the age of 9 to work after his father's death.

At the age of 14, his mother passed away, and his eldest brother took over the family's care. He worked in various trades such as commerce and construction, but was soon dismissed from work due to health conditions. However, this did not prevent him from occasional freelance work. He remained unmarried and continued to live under the care of his married siblings. Problems only arose after their deaths, as their children took control of everything. He began to receive all kinds of insults and verbal abuse from them, especially given his advanced age, diminished hearing, and vision. He was isolated in an uncomfortable room, deprived of basic necessities such as food, drink, and proper healthcare, and denied access to medication. This led to a deterioration in his health, with a significant increase in blood pressure, manifested through a range of symptoms including chest pain, persistent headaches, significant weight loss, insomnia, shortness of breath, constant weakness and fatigue, frequent fainting, joint pain, feelings of depression, loss of ability to walk normally, in addition to stomach pain, frequent diarrhea, and vomiting. In response to this situation, he left the family home and began staying in mosques and public baths, relying on people's charity and assistance. Eventually, he ended up in a care home for the underprivileged, where he received the necessary healthcare and psychological support. The Elder Abuse Typology Scale was applied to his case, and he scored 110, indicating a very high level of abuse across all dimensions of the scale.

4.1.2. Case Study 2

Hamid, an 83-year-old elderly individual, of average stature and frail build, exhibits signs of aging such as hair loss, graying mustache, slow movement, and difficulty walking. Additionally, he suffers from visible signs of leprosy on his hands, neck, and head. His attire is worn and mismatched in color, with an overall demeanor of sadness and despondency. While his language is coherent and understandable, his memory is strong for recent events but average for distant ones. His thoughts are

logical and coherent, and he demonstrates good attention and concentration. His social relationships with his siblings are very poor, but he maintains good relationships with the residents of the center. Born into a family of parents and 6 siblings, he held the first position among his siblings. Due to difficult living conditions, he did not receive sufficient education, leading him to enter the workforce at an early age. The situation worsened with his father's paralysis and the subsequent death of his parents, compelling him to take on various jobs to support his siblings. He married late in life, but the marriage was short-lived (four years) as his wife refused to live with his siblings in the same household. However, this did not deter him from continuing to care for his siblings (educating them, employing them, and arranging their marriages).

However, problems arose between him and his siblings after he stopped working due to his health conditions resulting from his old age. 'As I grew older, I couldn't work anymore. They wouldn't give me food, and sometimes they would leave me outside the door and ignore my pleas,' he expressed to his sisters, but he encountered the same mistreatment from their spouses. Eventually, his younger brother transferred him to a care facility, claiming that he would take him to the hospital for treatment. 'He told me he would take me to the doctor to get better, and that he and I would visit every Monday. He took me to this center, visited me twice, and then never came back,' he recounted. Faced with these circumstances, which caused a strong shock, he fell into deep sorrow coinciding with severe stomach pains accompanied by burning sensation, vomiting, chronic constipation, bloating, weight loss, extreme fatigue. Upon diagnosis by the center's physician, it was revealed that he was suffering from a stomach ulcer. 'My stomach used to bother me before, but it got worse when I entered the center. When the doctor saw me, he said your stomach is burned from the inside,' referring to the stomach ulcer. The case was assessed using the Elder Abuse Scale and scored 130, indicating a very high level of abuse across all dimensions (physical, psychological, and social).

4.1.3. Case Study Three

Fatima, a 76-year-old widow with one son, of medium height and build, with a dark complexion, exhibits signs of aging such as wrinkles, gray hair, visual impairment, and difficulty walking. She is well-dressed and tidy, with a sad expression, coherent speech, interconnected thoughts, and greatly prefers solitude, spending most of her days in her room without speaking to anyone.

The case lived in a family consisting of her parents, and she was their only child. 'I used to live well with my parents,' she expressed. She lived in good conditions, but her parents passed away when she was young, leading her uncle to take responsibility for her upbringing along with his children. However, his treatment towards her was extremely harsh. She got married at a young age to an older man who also treated her harshly. She bore a child from him, and after her husband's death, she started working to support herself and her son. She worked as a cleaner at a school but was forced to leave her job and retire early due to her health conditions (rheumatoid arthritis), which worsened the situation between her, her son, and his wife. She began to face all kinds of ridicule, insults, and humiliation, with remarks such as 'You look like a beggar and a freak' leading to tears. The treatment escalated to physical abuse and eviction from the house, causing her to move between relatives, friends, and even sleeping on the streets until she was eventually transferred to a nursing home by a charitable individual.

Through the galaxy interviews with the case, it became evident that she experiences frequent fainting and dizziness, suffers from severe headaches and head pains, difficulty sleeping, especially at night, breathing difficulties, ear ringing, visual disturbances, increased heart rate, psychological imbalance, feelings of depression and extreme sadness, frequent mood swings, limb numbness, intense joint and

bone pain, particularly in the neck, constant feelings of fatigue and exhaustion. Upon reviewing her medical file, it was revealed that she suffers from high blood pressure disorder.

The Elder Abuse Scale was applied, and she scored 90, indicating a high level of abuse, with high scores particularly in the psychological and social abuse dimensions.

4.1.4. Case Study Four

Badra, a 70-year-old widow and mother of a child, of medium height, frail build, with dark skin, showing signs of aging such as gray hair and facial wrinkles. She suffers from hemiplegia on the right side of her body due to high blood pressure. She has a very sad demeanor, often crying, withdrawn and isolated from the other residents in the center. Her memory is average for distant events, her language is intact and clear, and her thoughts are organized and logical.

The case was raised in a family consisting of parents and 5 siblings. She received education only up to the fifth year of primary school due to family and financial reasons, and entered the workforce in households to help support the family income. She married a very harsh man who caused her great suffering. 'My husband was despicable, he would beat me for no reason,' and her situation worsened with the significant shock of her parents' death in the same year, leading her to endure living with him because she knew none of her siblings would support her after their divorce. 'When my parents passed away, who would accept me from my siblings when I go to them divorced,' she cried. She gave birth to a child, but through the interviews, it became clear that she regretted his birth. 'When I got married, I was very happy to have a child, but now, with the passing of days, I regret it. If only I hadn't brought him into the misery he's exposed me to." After her husband's death, she returned to work as a domestic worker to support herself and her child, meeting all his demands that became unbearable, and his treatment of her, as she described it, 'He doesn't respect me, he's emotionally abusive, and he tells me not to interfere and humiliates me,' she cried. This was due to his association with bad companions, 'I've been serving him all my life, and when he grew up, he turned into a thug.' The situation worsened when she had to stop working due to a skin disease on her hands caused by constant use of cleaning materials, leading to further mistreatment where she endured all kinds of insults and verbal abuse, which escalated to him pushing and hitting her at one point, causing a significant increase in her blood pressure and resulting in hemiplegia on the right side of her body. This forced him to admit her to a senior care center as he was unable to care for her, especially after she became wheelchair-bound and unable to walk. 'When he admitted me to this center, he was lenient with me,' she cried bitterly.

The Elder Abuse Scale was applied, and she scored 120 points, indicating a very high level, with high scores in all dimensions."

Discussion of the Results

The current study yielded the following outcomes:

1. Elderly individuals are subjected to a high level of mistreatment.

2. Elderly individuals experiencing mistreatment exhibit psychological disturbances such as anxiety and depression, as well as somatic disorders including hypertension, peptic ulcers, and insomnia.

These results confirm that elder abuse has become a significant threat to the lives of the elderly on one hand, and to the stability of communities on the other. Through the clinical study conducted on the four cases and based on the results of clinical interviews and the Elder Abuse Scale, it became

evident that they had suffered abuse within their families before entering the senior care center, perpetrated by family members (siblings in the second case, children in the third and fourth cases, and nieces/nephews in the first case). The Elder Abuse Scale results presented high levels of abuse in the four cases, which were clearly manifested through the dimensions of the scale and the interview results. This abuse included neglect of health and physical well-being, such as withholding food, drink, and medication, as well as neglect of personal hygiene (first and second cases), and being subjected to physical violence (second, third, and fourth cases).

They also experienced psychological abuse, manifested in ridicule, humiliation, and verbal insults (all cases), as well as social abuse, represented by neglect, abandonment, and lack of attention to their social lives, leaving them isolated from the rest of the family, not speaking to them, and not allocating time to check on their well-being and understand their needs (first, second, and third cases). This included being evicted from the home (first, second, and third cases), and being forced to stay in care facilities and left there alone without visits (second and fourth cases). These results are consistent with the studies of Al-Ghareeb and Al-Awad (2008), Al-Qubsi (2006), Al-Zoubi (2000), Al-Harish and Al-Shaer (2013), Eisikovits et al. (2004), Reay and Browne (2001), Taylor-Del Grande (1999), Al-Faqih (2009), Al-Nawafleh (2011), Al-Nabulsi, Hanaa Hassani, and Al-Awamleh, Hanin Ali (2013), Leonardo Aparecida (2008), Ajdukovic et al. (2009), and Midori (2003), which confirmed that the elderly have been subjected to abuse by family members, including children, spouses, daughters-in-law, and siblings, and that women are more vulnerable to abuse compared to men.

The forms of abuse included: psychological and emotional abuse such as condescending looks, disdain, and verbal insults; physical and health abuse such as hitting, pushing, lack of necessary healthcare, failure to provide food, drink, and medication, and neglect of personal hygiene; social abuse such as neglect, threats, eviction from the home, and placement in care facilities; and financial abuse such as theft of money and financial control. Ortmann et al. (2001) in Germany also demonstrated that elderly individuals who had experienced violence had been dominant and had exerted violence on those around them in their early stages of life, leading to their children and spouses reacting with violence as a response to their treatment in their early stages. The study also indicated that most of those who exerted violence were primarily financially dependent on the victim, leading them to feel that the victims would abandon their support, resulting in varied reactions such as neglect, cruelty, and isolation (Al-Harish, 2013). This was clearly observed in the second, third, and fourth cases.

As a result of this treatment, the health and psychological conditions of the elderly deteriorated, leading to the manifestation of a range of psychosomatic symptoms. For the first, third, and fourth cases, this included symptoms such as persistent fatigue, chronic and severe headaches, long-lasting head pains, breathing difficulties and nocturnal respiratory incapacity, severe dizziness and occasional fainting, loss of balance and normal movement capability, visual disturbances, ear ringing, mental imbalance, feelings of depression, anxiety, and tension, constant mood swings, night sweats, limb numbness, elevated heart rate, severe joint and bone pain, particularly in the neck, and the development of stomach ulcers. In the first and second cases, symptoms included severe stomach pains accompanied by heartburn, indigestion, excessive gas and continuous bloating, chronic constipation, nausea, occasional vomiting, dizziness, weight loss, loss of appetite, constant fatigue, and breathing difficulties.

Based on the aforementioned, we can assert that the exposure of the elderly to abuse in all its psychological, physical, health, and financial forms has led to the emergence of psychological

disorders (anxiety and depression) and psychosomatic diseases (high blood pressure, stomach ulcers). This result is consistent with the study by Harrell et al. (2002), which confirmed that elderly individuals exposed to mistreatment experience feelings of rejection, neglect, anxiety, and depression, which evolve into chronic physical illnesses. It also aligns with the study by Bruno, Booth, & Marin (1996), which suggests that mistreatment of the elderly leads to the emergence of depressive feelings, an inability to continue life, social isolation, fear of interacting with others, despair, and anxiety, all of which lead to the development of chronic diseases. Additionally, Saadik (2006) revealed through his study that mistreatment directed towards the elderly results in patterns of intentional and unintentional self-harm, attempts to convey their lack of desire to live to others, refusal to eat as an expression of their discontent, and avoidance of seeking medical help to exacerbate their illness as a means of escaping life.

Some of them admitted to attempting self-harm. The study also confirmed that the sample individuals acknowledged escaping from reality through isolation, withdrawal, feelings of frustration, and tension (Al-Harish, 2013). Meanwhile, Bashir Maamria (2009) suggests that the physical weakness in the elderly is more associated with inappropriate psychological and social pressures, such as isolation, economic hardship, and neglect, leading to difficulty in adapting to life changes as well as the deterioration of physical, physiological, and psychological functions in the elderly (Maamria, 2009, p. 75). Additionally, a study by Pilar & Juan (2004) revealed that women experiencing acute depression, anxiety, physical symptoms, and social dysfunction are those who have gone through more events in their lives (Rehani, 2010). Furthermore, Zakar (2016) indicates that the accumulation of life pressures in recent years manifests in various psychosomatic diseases that are not always understood by those surrounding the elderly. Sometimes, psychosomatic illness may be the only way for the elderly to make those around them pay attention to their condition and care for them after feeling marginalized and experiencing a decline in self-worth.

There are direct psychological repercussions on the life of the elderly due to their suffering from physical injury or organic or mental illness, which may further complicate their lives, leading to psychological deterioration alongside organic disturbance (Zakar, 2016, pp. 80-81). Mei-Chen-Len (2018) also observes that mistreatment and neglect cause significant damage and have a major negative impact on the health of the elderly, often leading to shortened lifespan and hospital stays, as well as mental and physical decline, and increased severity of depression and anxiety (Al-Aboudi, 2021, p. 38).

Conclusion and Recommendations:

The stage of old age is of utmost importance due to the crises and psychological, physical, and social changes that lead to difficulty in adapting to life changes, consequently resulting in psychological and social maladjustment. Often, old age is associated with illness resulting from the deterioration of physical, physiological, and psychological functions, as well as the accumulation of life pressures in recent years, manifesting in various psychosomatic diseases that are not always understood by those surrounding the elderly.

From this perspective, the current study aimed to investigate the topic of elderly mistreatment and its impact on the emergence of psychosomatic diseases, as well as to identify the most important psychosomatic disorders that appear in mistreated elderly individuals. To achieve this goal, a clinical study was conducted on four elderly individuals residing in a nursing home in Oran, ranging in age from 64 to 84 years. A set of tools was employed, including clinical interviews, clinical observation,

and the Elder Abuse Suspicion Index by Hanan Al-Nabulsi and Haneen Al-Awamleh (2013). The study ultimately concluded that:

- The elderly are exposed to high levels of mistreatment.
- This mistreatment manifests in the elderly through psychological disturbances and psychosomatic disorders.

In order to promote the mental and social well-being of the elderly, we have concluded our study with a set of recommendations and proposals summarized in the following points:

- Increased attention to the elderly population in general, and specifically to those who are mistreated, providing them with psychological, physical, and social support.

- Assisting family members in understanding the health, emotional, and psychological changes experienced by the elderly and how to deal with them.

- Provision of necessary medical and psychological care for the elderly in nursing homes.

- Conducting scientific studies and seminars to elucidate the methods of providing psychological, social, and medical care for mistreated elderly individuals.

REFRENCES

1. Oumoussa, Zahabiya (2007), Reasons for the presence of the elderly in nursing homes, Afak Journal of Sociology, Volume 1(1), pp. 298-325.
2. Badawi, Samira (2015), Violence against the elderly in social care centers, Hikmah Journal of Social Studies, Issue 6, pp. 170-184.
3. Ben Aabid, Jameela (2018), Elderly mistreatment and its relation to their psychological well-being, Ibrahimy Journal of Social and Human Sciences, Issue 3, pp. 109-130.
4. Boubarka, Mourad; Hamdawi, Mohamed (2018), The status and care of the elderly in modern Algerian families, Al-Maayar Journal, Volume 9(1), pp. 318-330.
5. Bourish, Mohamed (2021), The role of social work in elderly care, Rawafid Journal of Studies and Scientific Research in Social and Human Sciences, Volume 5(1), pp. 406-426.
6. Gaballah, Tayeb; Laamouri, Naseera; Batawi, Bahiyya (2021), Psychological and social problems among the elderly and mechanisms of care for them, Al-Jamee Journal of Psychological and Educational Studies, Volume 6(1), pp. 563-583.
7. Khalifa, Mahmoud Abdul Latif (1997), Studies in the psychology of the elderly, Cairo: Dar Al-Ghareeb.
8. Reihani, Zahra (2010), Domestic violence against women and its relation to the emergence of psychosomatic disorders, Master's thesis in social psychology, Mohamed Khider University, Biskra.
9. Zaqar, Fathi; Shiblly, Ibrahim (2017), The psychological and social repercussions of caring for the elderly in family and institutional settings, Haqaiq Journal of Psychological and Social Studies, Volume 2(7), pp. 62-72.
10. Zohran, Hamed Abdul Salam (1998), Psychological guidance and counseling. Cairo: Alam Al-Kotob.
11. Suleiman, Mahmoud Sadiq (2006), Society and mistreatment of the elderly, 1st ed., Abu Dhabi: Emirates Center for Strategic Studies and Research.
12. Shaham, Eid Al-Hameed (2015), Life stresses and psychosomatic disorders, Journal of Humanities Sciences, Issue 43, pp. 541-558.

13. Tarad, Nafisa; Abi Mouloud, Abdel Fattah (2018), Psychosomatic disorders among a sample of healthcare workers, Al-Bahith Journal of Humanities and Social Sciences, Issue 33.
14. Abdel Aziz, Saham (2019), The role of the family in social care for the elderly, Al-Midan Journal of Sports, Social, and Humanitarian Studies, Volume 2(6), pp. 128-139.
15. Al-Aboudi, Saleh (2021), Social attitudes towards aging and their impact on the social and psychological well-being of the elderly, Journal of Studies in Humanities and Social Sciences, Volume 21(1), pp. 20-52.
16. Ghannam, Salihah (2019), The reality of elderly care in nursing homes in Algeria, Al-Haqqiqa Journal of Social and Human Sciences, Volume 18(2), pp. 302-318.
17. Qasimi, Wafa; Belkhiri, Salima (2019), Aging and its relationship to chronic diseases in Algeria, Journal of Humanities Sciences, Volume 6(1), pp. 294-311.
18. Qurziz, Mahmoud (2015), The reality and manifestations of violence against the elderly in Algeria, Journal of Human and Social Sciences, Issue 17.
19. Maamria, Bashir; Khazzar, Abdelhamid (2009), Physical and psychological disorders among the elderly, Journal of the Arab Psychological Network, Issue 23, pp. 7-84.
20. Maan, Khalil Al-Omar (2009), The science of victims of crime, Jordan: Dar Al-Shorouq.
21. Al-Nabulsi, Hanaa Hassani; Al-Awamleh, Haneen Ali (2013), Patterns of social, health, and psychological mistreatment experienced by the elderly within their families, Arab Journal for Security and Training Studies, Volume 29, Issue 58, pp. 199-254.
22. Al-Harish, Khaled Mohammed; Jameel, Mohammed Al-Shaer (2012), Practiced violence against the elderly and their psychological and social reactions, Al-Quds Open University Journal for Research and Studies, Volume 29(1).