

Perceived Parental Characteristics in Social Phobia Compared with Other Neurotic Disorders

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This study was conducted with the aim of exploring parental characteristics or rearing attitudes as perceived by social phobic patients compared with patients suffering from other forms of neurotic disorder. A group of social phobic patients (N = 53) and a control group of patients with other neurotic disorders (N = 26) were subjected to a structured interview in which they were requested to rate their parents on a number of characteristics including severity, negligence, overprotection, overcriticism, conservatism and affection or love. Compared with the control group social phobic patients tended to rate their fathers significantly higher on conservatism and overcriticism, while ratings of mothers were not significantly different on any of the evaluated characteristics. On the other hand the comparison of fathers and mothers of social phobic patients indicated a significantly higher negative perception of fathers on most of the characteristics.

These results point to the possibility that overconservative and overcritical parental influences have a significant differential pathogenic impact in relation to social phobia. They also imply that paternal rather than maternal characteristics are probably more influential in the genesis of this disorder. The possible relation of these findings to certain sociocultural variables was discussed.

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Introduction

Experiences related to parent - child relationship have long been recognized as playing an aetiological role in relation to psychiatric disorder. Stimulated by Bowlby's attachment theory research in this area has, for sometime, been focused on the possible role of early experiences of separation and loss in the later development of psychiatric disorder. However, findings were generally inconsistent (Parker, 1984). This has led to a shift of focus to the "quality of parent - child relationship" itself rather than certain particular experiences such as separation or

loss (Rutter, 1972, Birtchnell, 1980). Studies became increasingly directed towards assessment of the possible impact of unfavorable or pathogenic parental characteristics or rearing attitudes. Although any number of parental characteristics might be studied, it has been found more useful to focus on a limited number of important dimensions along which relationships differ and assess their relevance or possible role (Parker, 1984). Reported studies have addressed such characteristics as neglect or lack of care, overprotection, severity, rejection, overcriticism, affection or emotional warmth ... etc (Parker, 1979, Arrindell et al. 1986, 1989). Among these characteristics Parker (1979, 1983) has suggested and demonstrated that care and overprotection are particularly fundamental or key dimensions. His PBI (Parental Bonding Instrument) this is a refined self-report measure of these two dimensions has been widely used in studies of perceived parental characteristics in different patient populations. Results have shown that a parental style characterized by lack of care coupled with overprotection is implicated in a wide range of psychiatric disorders including anxiety, phobic and depressive disorders (Parker, 1984), depression (Gottlib et al. 1988), panic disorder (Faravelli et al. 1991), borderline personality disorder (Paris & Frank, 1989, Frank & Paris 1991) and Schizophrenia (Warner & Atkinson, 1988). The apparently ubiquitous role of this parental style in relation to most categorized psychiatric disorders has led Parker (1984) to suggest that it represents a nonspecific risk factor that may have different impacts in relation to different disorders. In relation to some disorders (e.g. neurotic disorders) it may have a causal influence while in relation to others (e.g. schizophrenia) it may largely influence the course of the disorder.

Phobic disorders are among disorders in which the pathogenic role of atypical parental rearing characteristics has frequently been suggested. In some early studies a background of lack of parental affection, overprotection and overcriticism was described in phobic patients (Parker, 1979). From a controlled study in which parents of agoraphobic patients differed from parents of social phobic patients on a number of parental attitude scales Shaw (1976) felt that these different parental attitudes might account in part for the different expressions of phobia. By extending and further elaborating this study Parker (1979) found that, compared to a normal control group, social phobic patients scored both parents as low on care and high on overprotection while agoraphobics mainly differed in scoring lower maternal care. In another study by Arrindell et al. (1983) in which groups of social phobic, agoraphobic and simple phobic patients were compared with a control group of normal subjects it was noticed that both social and simple phobic patients rated both parents as rejective, overprotective and lacking affection while agoraphobic patients differed from the controls only in rating the mother as rejective and both parents as lacking affection. When compared to agoraphobics, social phobic patients showed higher ratings on paternal rejection. In a later study (Arrindell et al. 1989) similar findings were noticed on comparing social phobic and agoraphobic groups with a group of normal controls. However, on comparing the social phobic and agoraphobic patients it was observed that the social phobics had significantly higher ratings for paternal strictness and both paternal and maternal rejection while they showed significantly lower ratings for paternal and maternal affection. In their conclusions the authors see that there is some overlap in the perceived parental styles in the two

disorders and that it is not clear which dimensions of parental rearing are specific for each disorder.

In a study conducted by Chaleby (1990) in Saudi Arabia, a parental style characterized by a severe disciplinary attitude was emphasized by social phobic patients. Compared to a control group of patients with other anxiety disorders significantly more social phobic patients perceived their fathers as severe, harsh and punitive. A similar perception about the mother was reported less frequently by the social phobic patients but it was still significantly more frequent when compared to the control group.

The present study represents a preliminary attempt to assess perceived parental characteristics or rearing attitudes in patients with social phobia compared to patients suffering from other neurotic disorders as encountered in an Arab culture (Saudi Arabia). The aim was to explore possible differences that may characterize social phobia compared to other forms of neurotic expression.

Subjects and Method

This study was conducted on two groups of neurotic patients attending a psychiatric outpatient clinic in Riyadh*. The first group comprised 53 consecutive patients diagnosed as "social phobia". The second group, which served as a control group, comprised 26 patients presenting with other neurotic disorders including generalized anxiety disorder (4 patients), panic disorder (6 patients), agoraphobia (3 patients), obsessive compulsive disorder (5 patients) and neurotic depression or dysthymic disorder (8 patients). The diagnoses of all patients were established according to the criteria of DSM - III - R.

In addition to full psychobiograms all patients were subjected to a structured interview in which they were required to respond to a rating scale evaluating their

perception of parental characteristics or rearing attitudes as experienced or remembered, particularly during childhood and adolescence. On a 5 - point scale (0 = not present, 1 = mild, 2 = moderate, 3 = marked & 4 = very marked) every patient was asked to give a score for each of his parents on 6 possible characteristics or attitudes including:

- 1 - Severe (harsh, punitive)
- 2 - Overprotective (overcontrolling)
- 3 - Negligent (lacking care, indifferent)
- 4 - Overcritical
- 5 - Conservative (i.e. inflexible or rigid adherence to sociocultural norms, traditions, and code of behaviour and demanding similar conformity from others including his children)
- 6 - Affectionate (loving)

Characteristics were phrased and introduced to patients in a standard form.

Among the tested attitudes only affection and love was to be rated as a positive quality while all other attitudes were to be rated in terms of a negative quality as perceived by the patients.

Except for "conservatism" all the selected categories represent the main relevant parental characteristics are rearing attitudes usually studied in literature (Parker, 1979, 1984, Arrindell et al. 1986, 1989). Conservatism as used here is identified as a psychosocial phenomenon which involves an attitude of inflexible or rigid conformity to sociocultural pattern of norms, traditions, code of ethics and socially acceptable behaviours. Such a character or attitude when reflected in parental rearing practises plays a definite important role in the psychological moulding of the developing child. Based on our previous studies of social phobia in the Saudi culture (Arafa & Al - Khani, 1988, Arafa et al. 1992), we had a strong impression that sociocultural pat-

terns mediated through rigid parental conservative attitudes may have a significant impact contributing to the development and prevalence of social phobia. Introducing this parental characteristic or attitude in the present study represents a further attempt to test this hypothesis.

As indicated by Parker (1984) such assessments of parental characteristics are essentially phenomenological procedures that are concerned with the patients' subjectively experienced views rather than actual objectively measurable and verifiable data. Although we are aware of the presence of more structured and standardized measures of parental characteristics that have been developed and tested widely in the West (e.g. Parker's P.B.I) the above rather simple procedure was preferred in this study because we felt a need to obtain preliminary fresh phenomenological data from patients in our culture.

The structured rating interview was conducted with all patients by the same senior psychiatrist. For statistical purposes the t-test was used to evaluate differences among mean scores while chi-square analysis was used to evaluate differences among categorical data.

Results

As demonstrated in table (I) comparison of the basic demographic data of the two studied groups indicates that they are well matched. No statistically significant differences were found as regards age, sex, marital state, levels of education or occupation.

In an overall evaluation of results in table (II) which illustrates mean scores on the perceived parental characteristics it can be noticed that the relatively highest mean scores are seen in relation to affection are love, i.e. patients in both groups tended to see their parents, particularly the mothers, as fairly

Table I
Demographic Characteristics of the Social Phobia and Control
Group (Other Neurotic Disorders) Compared

	Social Phobia (N= 53)		Other Neurotic Disorders (N= 26)		P.
	No.	%.	No.	%.	
* Age Mean ($\pm$ SD)	28.2	($\pm$ 4.9)	29.6	($\pm$ 5.1)	N. S. *
* Sex					
Male	48	(90.6)	20	(76.9)	N. S. **
Female	5	(9.4)	6	(23.1)	
* Marital Status					
Married	32	(60.4)	18	(69.2)	N. S. **
Single	21	(39.6)	8	(30.8)	
* Education					
- Primary school	10	(18.9)	—	—	N. S. **
- Middle school	13	(24.5)	8	(30.8)	
- Secondary school	17	(32.1)	11	(42.3)	
- Higher	13	(24.5)	7	(27)	
* Occupation					
- Student	6	(11.3)	4	(15.4)	N. S. **
- Skilled labour	3	(5.6)	—	—	
- Semiprofessional	32	(60.4)	12	(46.1)	
- Professional	11	(20.8)	7	(27)	
- Home wife	1	(1.9)	3	(11.5)	

* T-test ** Chi-square test. N. S. = Nonsignificant.

affectionate and loving. Among the negatively evaluated characteristics, on the other hand, conservatism and overcriti-

Table 2
Mean Scores on Perceived Parental Characteristics
in the two Groups Compared

	Social Phobia (N= 53)		Other Neurotic Disorders (N= 26)	
	Fathers	Mothers	Fathers	Mothers
1- Severe, punitive	2.0 (± 1.3)	0.7 (± 1.1)	1.09 (± 1.3)	0.9 (± 1.3)
2- Over protective	1.4 (± 1.3)	1.6 (± 1.3)	0.9 (± 1.1)	1.8 (± 1.3)
3- Negligent, lacking care	0.9 (± 1.2)	0.3 (± 0.8)	0.6 (± 1.0)	0.3 (± 0.9)
4- Overcritical	2.1 (± 1.2)	0.8 (± 1.2)	1.4 (± 1.4)	1.0 (± 1.4)
5- Conservative (Adherence to Sociocultural norms)	2.8 (± 1.0)	1.7 (± 1.0)	2.2 (± 0.9)	1.5 (± 1.1)
6- Affectionate, loving	2.3 (± 0.8)	2.9 (± 0.8)	2.7 (± 0.8)	3.0 (± 1.0)

cism show the relatively highest mean scores especially in relation to fathers. Severity, also more prominent in relation to fathers, is next in rank. Overprotection is globally next, but this time the mean scores are relatively higher in relation to mothers rather than fathers in both groups.

Negligence or lack of care shows the relatively lowest mean scores in relation to parents of both groups.

Comparison of the perceived charac-

Table 3
Results of the t-test Comparing the mean Scores of
the two Groups on Different Parental Characteristics

Character of Parent	Fathers (S. P.) Vs Mothers (O. N. D.)	Fathers (S. P.) Vs Mothers (O. N. D.)	Fathers (S. P.) Vs Mothers (S. P.)	Fathers (O. N. D.) Vs Mothers (O. N. D.)
1- Severe	N. S.	N. S.	P< .001	P< .05
2- Overprotective	N. S.	N. S.	N. S.	P< .01
3- Negligent	N. S.	N. S.	P< .01	N. S.
4- Overcritical	P< .05	N. S.	P< .001	N. S.
5- Conservative	P< .05	N. S.	P< .001	P< .05
6- Affectionate	N. S.	N. S.	P< .001	N. S.

(S. P.= Social Phobia, O. N. D.= Other Neurotic Disorders and N. S.= Nonsignificant).

teristics among parents of the two groups (tables II & III) indicates the following:

1 - Compared to Fathers of the control group fathers of social phobic patients were perceived as significantly more conservative and overcritical. Differences on other characteristics were not significant.

2 - No significant difference was detected between mothers of the two groups any of the evaluated characteristics.

3 - In the comparison between fathers and mothers of social phobic patients

Table 4
Frequency of high scores on Parental Characteristics
(≥ 3) in the two Groups Compared

Trait	Scores Rated Marked or More (≥ 3)			
	Social Phobia (N=53)		Control Group (N=26)	
	Fathers	Mothers	Fathers	Mothers
	N	%	N	%
1-Severe	22	41.5	5	19.2
2-Overprotective	13	24.5	4	15.4
3-Negligent	8	15.1	1	3.8
4-Overcritical	24	45.3	9	34.6
5-Conservative	36	68.0	9	34.6
6-Affectionate, Loving	22	41.5	13	50.0

mean scores of fathers were significantly higher on most characteristics including severity, negligence, overcriticism and conservatism. Mothers mean scores were significantly higher only in relation to affection and love while differences on overprotection were not significant.

4 - In the comparison between fathers and mothers of patients with other neurotic disorders mean scores of fathers were significantly higher on severity and conservatism while mean score of mothers,

was significantly higher on overprotection. Differences on other characteristics were not statistically significant.

Table (IV) provides a further illustrative comparison between the two groups in terms of the frequency of scores rated as "marked" or "very marked" (i.e. ≥ 3) on the scale.

Statistical analysis (chi - square) of differences between the two groups indicates that significantly more social phobic patients tended to rate their fathers highly on severity ($P < .01$) while significantly more patients from the control group tended to rate their mothers highly on overprotection ($P < .05$). Other differences were consistent with those demonstrated in relation to mean scores (table III).

Discussion

As reviewed in the introduction most studies of neurotic disorders indicate that patients tend to perceive their parents negatively in terms of low care or affection coupled with overprotection. In the present study it is interesting to notice that parents in both groups were not viewed negatively as regards affection and basic care.

The relatively highest mean scores are seen in relation to positive affection or love while the relatively lowest negative scores are seen in relation to negligence or lack of care. Mean scores on overprotection, however, are moderate (particularly in relation to mothers). On the other hand, the relatively highest negative scores are seen on conservatism, overcriticism and severity (particularly in relation to fathers).

The findings as regards affection and care probably reflect cultural variables. Warm and open expression of affection and concern towards children is apparently a common and positively. Valued attitude in Arab cultures.

I. Comparison between the two groups.

In the comparison of mean scores on perceived characteristics of fathers of the two groups significant differences were only revealed in relation to two characteristics: overcriticism and conservatism. Although mean scores on severity were not statistically significant, significantly more social phobic patients tended to rate their fathers highly on this characteristic. This may be interpreted as indicating that severity is, to some extent, a third differentiating characteristic.

On the other hand, no significant differences were detected in the comparison between mean scores of mothers of the two groups on all characteristics. However, the finding that significantly more patients from the control group tended to rate their mothers highly on overprotection may imply that this characteristic has some possible differential value.

In other words, the picture portrayed from the results of this study indicate that social phobic patients differ from patients with other neurotic disorders in perceiving their fathers as more conservative, overcritical and probably also more severe and punitive.

On the other hand mothers of the two groups are not perceived differently except for a somewhat higher tendency on the part of other neurotic patients to view their mothers as overprotective.

The possibility that fathers of social phobic patients are particularly conservative and overcritical is probably meaningful. As pointed out by Nichols (1974) social anxiety is more likely to arise in people who are unduly sensitive to disapproval and criticism and who have inflexible ideas about social conventions which cause them to expect criticism unnecessarily. Such attributes can understandably be related to overcritical and overconservative parental rearing

attitudes and practices. In other words, overcritical and overconservative parental influences may have a significant pathogenic impact in relation to social phobia. Together with other factors they probably contribute to a vulnerable personality structure that favours the development of the disorder.

The impact of high conservatism and overcriticism in relation to social phobia may not be limited to the parent - child relationship context. Their relevance and significance may also be related or extended to the background sociocultural context. As suggested in previous studies on social phobia in Saudi patients (Arafa & Al - Khani, 1988, Arafa et al. 1992) sociocultural factors, including highly conservative and overcritical attitudes that characterize the cultural patterns, are probably partly related to the relative high prevalence of social phobia observed in that culture. As one of the traditional Arab cultures the Saudi culture is highly conservative. Such cultures are heavily disciplined with moral codes and highly valued traditions, customs and behavioural rituals. The collective attitude as regards such conventions is highly strict, inflexible and conformity demanding. Even small deviations from norms are unacceptable and individuals who do not conform are liable to harsh open criticism and condemnation. As noted by Chaleby (1987) the strong demand for conformity applies not only to general values and rules but extends to minor social rituals. These cultural patterns are transmitted and maintained through rearing practices of a strong and highly influential traditional family structure in which the father plays the key role (El. Islam, 1982, 1984). As simply stated by Sanua (1980) the basic rule which applies here is that "the culture moulds the family and the family moulds."

The individual as noticed in the re-

sults conservative and overcritical rearing attitudes, particularly in fathers, received the highest mean scores in both groups. This probably reflects the above portrayed sociocultural influences. Their being significantly higher in social phobic patients implies that, besides the general impact of the sociocultural milieu, such patients have been subjected to an even higher impact from fathers who are highly representative of these attitudes probably to a pathogenic degree. It is also understandable that such pathogenic paternal models are more likely to arise in such sociocultural background. This, in turn, may contribute to an explanation of the relatively high frequency of social phobia reported in that culture (Chaleby, 1987, Arafa & Al - Khani, 1988).

Though not sufficiently clear in this study the possibility that more social phobic patients tend to perceive their fathers as being severe and punitive compared to patients with other neurotic disorders is supported by the findings of Chaleby (1990) in his study on Saudi social phobic patients. Compared to patients with other anxiety disorders significantly more of his social phobic patients tended to view their fathers (and to a much less extent mothers) as severe, harsh and punitive. As reported by the patients this severe attitude was described as "a disciplinary practise characterized by severe physical punishments for minor violation of rules and values. They felt that their father was distant and uncaring and who would use public humiliation of his child as a means of discipline". However, this description apparently indicates a more global conception of severity which involves elements from other attitudes differentiated in this study in terms of negligence, overcriticism and possibly also the conservative overconcern about deviation from norms. A more delineated severe and punitive attitude may not be a clearly

differentiating factor. As noted by Chaleby himself a severe attitude is actually part of the traditional father figure in such societies and disciplinary practices in the Arab culture can easily be perceived as severe and harsh even by normals.

The fact that parental characteristics of negligence or low care and overprotection were not significantly different in the comparison of the two groups is consistent with results of many studies in literature indicating their ubiquitous presence in relation to various psychiatric disorders particularly neurotic disorders. To Parker (1979, 1984) this probably justifies their conception as a common rather than a differential risk factor.

As regards the perception of mothers the results of this study reveal no clear significant differences between mothers of the two groups (except for the limited index of some what higher overprotection in mothers of the control group). This probably indicates that differences in paternal than maternal characteristics are more rather influential in relation to social phobia as will be discussed next.

II. Perception of fathers compared to mothers

In the comparison of fathers and mothers of social phobic patients it can be observed that fathers were rated significantly higher on almost all negative characteristics including severity, negligence, overcriticism and conservatism while the difference on overprotection was not significant. On the other hand, mothers were rated significantly higher on the positive attitude of affection and love. Also, as noticed before, differences between social phobic and other neurotic disorder patients were only significant in relation to paternal characteristics (severity and conservatism) while mean scores of mothers of the two groups

were not significant on any of the characteristics. These results, when combined together, point to the possibility that negative paternal rather than maternal characteristics or rearing attitudes are more influential in relation to social phobia and that the pathogenic paternal role is more significant in the genesis of this disorder. Previous findings by Parker (1979) have indicated that maternal and not paternal characteristics are associated with intensity of agoraphobic and social phobic symptoms. Accordingly, he suggested a concentration of studies on aspects of the relationship between subjects and their mothers. Our findings clearly contradict such views at least as regards social phobia. They indicate that the pathogenic role of fathers may be more prominent in some disorders.

In patients with other neurotic disorders fathers were rated significantly higher on severity and conservatism and mothers were rated significantly higher on overprotection while no significant differences were demonstrated in relation to other characteristics. It is difficult to generalize from such results since this group is heterogeneous and includes different anxiety and depressive disorders. However, they may at least point to the possibility that variable negative characteristics in both and not only one parent are involved in the genesis of such disorders.

Conclusion and implications.

It is generally difficult to draw clear consistent conclusions from empirical studies concerned with the impact of parental characteristics or rearing styles in relation to psychiatric disorder. However, this study, in spite of its limitations, reasonably points to the possibility that social phobic patients differ from patients with other neurotic disorders as regards the probable pathogenic impact of certain parental characteristics. Compared to

fathers of patients with other neurotic disorders fathers of social phobic patients were perceived as highly conservative and overcritical while mothers were not perceived differently.

In addition, fathers of social phobic patients received significantly higher negative evaluations on most characteristics compared with mothers of the same group. This probably indicates that paternal rather than maternal pathogenic influences are more prominent in relation to this disorder. The relevance and validity of these results are probably enhanced by their meaningful relation to findings from our previous studies on social phobia in the Saudi culture. A relatively high frequency of social phobia observed in this culture could be related in part to the impact of sociocultural factors including cultural patterns characterized by highly conservative and overcritical attitudes. The fact that the impact of these same attitudes in relation to social phobia also operates in the parent-child relationship context probably enhances the validity of their pathogenic relation to this disorder in general. The underlying rule as pointed out by Arrindell et al. (1986), is that family factors, unquestionably influenced by sociocultural forces, are part of the background of many forms of psychiatric disorder.

Finally, two important points have to be emphasized in evaluating or drawing conclusions from the results of this study as well as other similar studies in this line of research:

1 - This line of research is essentially phenomenological, i.e. it evaluates parental characteristics as subjectively experienced or perceived by patients. As pointed out by Parker (1984), however, this is not considered as a defect or devaluating factor since it is the perception of a parent that is far more likely to influence child development than the pos-

sible actual parental characteristics.

2 - Attempts to consider the ways in which antecedent parental characteristics might influence the expression of a psychiatric disorder should not be seen as a unique or a linear causal postulate but as an attempt to consider one possible contributing factor (Parker, 1984). As it is becoming increasingly clear causality in relation to psychiatric phenomena is a complex issue that involves a non - linear, non - mechanistic interplay of a multitude of bio - psycho - social influences.

References

- Arafa, M. & Al - Khani, M. (1988) Social phobia in Saudi patients : a preliminary assessment of prevalence and demographic characteristics. *Egyptian Journal of Psychiatry*, 142: 174 - 179
- Arafa, M., Al - Khani, M., Hamdi, E., Amin, Y., El - Dafrawi, M.H. & Moussa, F. (1992) Social phobia in an Arab culture: the impact of sociocultural factors. (In Press).
- Arrindell, W.A., Monsoma, A., et al. (1983) The role of perceived parental rearing practices in the aetiology of phobic disorders: a controlled study. *British Journal of Psychiatry*, 143: 183 - 187.
- , Perris, H., et al. (1986) Cross - cultural invariance of dimensions of parental rearing behaviour : comparison of self - ratings of Swedish depressives and healthy subjects with Dutch target ratings on the EMBU. *British Journal of Psychiatry*, 148: 305 - 309.
- , Kwee, M.G., et al. (1989) Perceived parental rearing styles of agoraphobic and socially phobic inpatients. *British Journal of Psychiatry*, 155: 526 - 535 .
- Birtchnell, J. (1980) Women whose mothers died in childhood: an outcome study. *Psychol. Med.*, 10: 699 - 713.
- Chaleby, K. (1987) Social phobia in Saudis. *Social Psychiatry*, 22: 167 - 170.
- (1990) Perceived parental attitude in social phobia patients. *Arab Journal of Psychiatry*, Vol. 1, No. 2: 112 - 117.
- El - Islam, M.F. (1982) Arabic cultural psychiatry. *Transcultural Psychiatry Res. Rev.*, 19: 5 - 21.
- (1984) Cultural change and intergenerational relationship in Arab families. *International Journal of Family Psychiatry*, 4: 55 - 53.
- Faravelli, C., Panichi, C., Pallanti, S., Paterniti, S., Grecu, L. & Rivelli, S. (1991) Perception of early parenting in panic and agoraphobia. *Acta Psychiatr. Scand*, 84, No. 1: 9 - 11.
- Frank, H., Paris, J. (1991) Parents' emotional neglect and overprotection according to the recollection of patients with borderline personality disorder. *American Journal of Psychiatry*, 148: 648 - 651.
- Gotlib, I., Mount, J., Cordy, N. & Whiffen, V. (1988) Depression and perception of early parenting : a longitudinal investigation. *British Journal of Psychiatry*, 152: 24 - 27
- Nichols, K. A. (1974) Severe social anxiety. *British Journal of Medical Psychology*, 47: 301 - 306.
- Paris, J., Frank, H. (1989) Perceptions of parental bonding in borderline patients. *American Journal of Psychiatry*, 146: 1498 - 1499.
- Parker, G. (1979) Reported parental characteristics of agoraphobics and social phobics. *British Journal of Psychiatry*, 135: 555 - 560.
- (1983) Parental overprotection: a risk factor in psychosocial development. New York : Grune and Stratton.
- (1984) The measurement of pathogenic parental style and its relevance to psychiatric disorder, *Social*

- Psychiatry*, 19: 75 - 81.
- Rutter, M. (1972) Maternal deprivation reassessed. Penguin, Harmondsworth.
- Sanua, V.D. (1980) Familial and sociocultural antecedents of psychopathology. In *Handbook of cross cultural psychology*, Vol. 6., (eds H.C. Triandis & J.G. Draguns) Boston: Allyn & Bacon.
- Shaw, P. (1976) The nature of social phobia. Paper delivered at the Annual Conference of the British Psychological Society, York. (after Parker, 1979).
- Warner, R., Atkinson, M. (1988). The relationship between schizophrenic patients' perceptions of their parents and the course of their illness. *British Journal of Psychiatry*, 153: 344 - 353.

Caractéristiques Parentales Percues dans la Phobie Sociale Comparées avec d'Autres Troubles Névrotiques

Cette étude a été conduite dans le but d'explorer les caractéristiques parentales ou les attitudes éducatives percues par les patients souffrant de phobie sociale comparées avec des patients souffrant d'autres troubles névrotiques. Un groupe de patients souffrant de phobie sociale (N=53) et un groupe control de patient souffrant d'autres troubles névrotiques (N=26) ont passé un entretien structuré dans lequel il leurs a été demandé d'évaluer leurs parents sur un nombre de caractéristiques comprenant la sévérité, la négligence, la surprotection, l'excès de criticisme, le conservatisme, l'affection et l'amour. Comparé au groupe control, nos patients ont eu tendance à donner à leurs pères un score significativement plus élevé pour le conservatisme et l'excès de criticisme, le score donné aux mères n'a pas significativement différé sur aucune des caractéristiques évaluées. D'autre part, la comparaison entre les pères et les mères des patients souffrant de phobie sociale a indiqué une perception négative significativement plus élevée des pères sur la plupart des caractéristiques.

Ces résultats indiquent la possibilité que le conservatisme et l'excès de criticisme de la part des parents ont un impact pathogénique différentiel significatif relativement à la phobie sociale. Ils impliquent aussi que les caractéristiques paternelles plutôt que maternelles sont probablement plus influents dans la genèse de ce trouble. Les relations éventuelles de ces données avec certaines variables socioculturelles sont discutées.

الخصائص الوالدية كما يدركها مرضى الرهاب الاجتماعي بالمقارنة بالاضطرابات العصابية الأخرى

أجريت هذه الدراسة بهدف استكشاف الخصائص الوالدية لمرضى الرهاب الاجتماعي مقارنة بمرضى اضطرابات عصابية أخرى وذلك كما يدركها هؤلاء المرضى ذاتيا. وقد أجريت الدراسة على مجموعة من مرضى الرهاب الاجتماعي (٢٢ مريضا) ومجموعة ضابطة من المرضى باضطرابات عصابية أخرى (٢٦ مريضا) طبقت عليهم مقابلة الكينكية مقتننة قاموا خلالها بتقويم كل من الأب والأم على مقياس يتضمن عددا من الخصائص الوالدية تشمل القسوة والاهمال والحماية الزائدة والانتقاد الزائد والمحافظة (أو التقليدية) والحب. وقد بينت النتائج أن مرضى الرهاب الاجتماعي يختلفون عن مرضى المجموعة الضابطة بصورة ذات دلالة احصائية في اعطاء درجات عالية للأباء في خاصيتي المحافظة والانتقاد الزائد بينما لم تكن هناك اختلافات ذات دلالة بين المجموعتين في تقويم الامهات في أى من الخصائص. من ناحية أخرى أظهرت المقارنة بين خصائص آباء وأمّهات مرضى الرهاب الاجتماعي ميلا واضحا لتقويم الأب بصورة أكثر سلبية من الأم في معظم الخصائص محل الدراسة. وتشير هذه النتائج إلى احتمال أن الخصائص أو المواقف الوالدية التي تتسم بالمحافظة أو التقليدية الزائدة والانتقاد الزائد لها دور سببي متمايز في نشأة الرهاب الاجتماعي، كما تشير النتائج أيضا إلى أن الخصائص السلبية من جانب الآباء وليس الامهات قد تكون مسئولة بدرجة أكثر تأثيرا في نشأة هذا الاضطراب. وقد تمت مناقشة العلاقة المحتملة لهذه النتائج ببعض المتغيرات الاجتماعية - الثقافية.