The Concept of Schizophrenogenic Parents in Hebephrenic Schizophrenia

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The literature is contradictory regarding the parents of schizophrenics. This study is a trial to discuss the concept of schizophrenogenic parents in cases of hebephrenic type and their impact on different sex patients. From Benha hospital for mental health and Benha University hospital, fifty cases of hebephrenic schizophrenia, thirty cases of schizophrenia other types than hebephrenic, thirty cases of generalized anxiety disorder and thirty persons (volunteers) without psychiatric disorders (working at the same hospitals were selected according to inclusive criteria. Parents of all types were followed up over the period from 1992 till the end of 1994 in regular individual as well as family meetings. A semi-structured interview was performed and MMPI was applied to all parents. Comparison between results of the four groups as well as between results of male and female cases of hebephrenic schizophrenia proved some important findings. The study emphasized the important role of parents in unfolding the psychotic process in schizophrenia. The study proved that same sex parent has more important role in determining psychopathology. Personality of parents, parental interaction and parent-child relationship may determine the symptoms of schizophrenia and so its type. The authors recommended studying siblings also as parents represent only one aspect of family dynamics and considering genetic factors also in further study to determine what is inherited genetically and what is acquired (socially inherited) during upbringing of schizophrenic patient.

(Egypt.J. Psychiat.,1997, 20: 11-24).

Introduction

The literature is contradictory as regards personality of schizophrenogenic parents. The mothers of schizophrenics were reported to be rejecting and / or hostile (Tietze 1949), unstable (Gerard 1950), aggressive, rigid and domineering (Wahl 1956) overanxious, (Alanen 1959) and / or overprotective and overinvolved (Singhal 1991).

Fathers of schizophrenics were described as austere (Fridlander 1945), domineering, sadistic and rejecting (Reichard & Tillman 1950), passive (Lidz & Parker 1956) and / or severely cruel and rejecting (Kind 1966).

Various parental interactions were described in schizophrenic's families such as reversal of parental roles (Delay 1957), dominance submission pattern (Bowen 1959), emotional divorce (Bowen 1959) and symbiotic love (Wolman 1961).

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Different parent-child relationships were also described, some authors found it to be restrictive and domineering (Tietze 1949), others found it to be insecure, aggressive and unfriendly (Wahl 1956).

Herry (1982), stated that only recently have we come to see that the difficulties in functioning or the symptoms themselves can arise because of malfunctioning in relationship in a system and that the family can be the locus of investigations and intervention.

Family psychiatry has now matured into a field that has its unique set of theoretical constructs and clinical techniques (Howells 1963). Psychiatric symptoms are discussed as to be understood as manifestations of past or present family dysfunction or as result of both (Ethrenwald 1963).

Fleck (1967), stressed the role of the same sex parent, if failed to serve adequately as a gender model, in development of psychopathology. Reusch & Bateson (1951) and Doane (1981), discussed the faulty communications that results secondary to parental psychopathology, to affect young children, distorting their linguistic development, perception and concept formation. Lidz (1958), described schismatic family and skewed marital relationship to be much more pathogenic than actual parental separation.

Shulman (1968), stated that schizophrenics are made,not born, the making of schizophrenia begins in childhood. He stated also that the study of schizophrenic's childhood and family influence offer much information about those environmental influences which can be considered noxious and schizophrenic.

The marriage of parents and the family environment were seriously disturbed before the onset of schizophrenic disorder in an offspring (Lidze 1984).

Many authors in their studies didn't come to the same conclusion, like Hamilton (1948), Barry (1949). Ellison (1949). Lidz & Lidz (1949). Plank (1953), Nielsen (1954). Waht (1956) and Friedman (1962). All these authors agreed that schizophrenics do not come from disrupted families any more frequently than do other patients, but some differences between them and normal controls do exist. However, on the other hand, other authors described certain characters of schizophrenogenic parents and interactions that might play role in the pathogenesis of schizophrenia like Parker (1982) who confirmed a parental style characterized by low care (indifference and rejection) and overprotection (control, intrusion and infantilization among schizophrenics) and Goldstein (1985), who found high Communication deviance, negative affective style and high expressed emotion to be prevailing among parents of schizophrenics.

El-Sherbini et al (1975), found that mental illnesses are more frequent in same sex parents as the patients than in the opposite sex parent. They recommended further investigations in parents of schizophrenics.

Mikhael et al (1989), studied parents of hebephrenic and paranoid schizophrenics, they found significant correlations between characters of parents and types of schizophrenic disorder. They recommended further study of parents of different types of schizophrenic disorders separately as well as different sex patients.

Wichstroom (1991), found that parents of non paranoid schizophrenics revealed significantly more communication deviance than parents of paranoid type as well as control. King (1995) and Rosenfarb et al (1995), discussed high expressed emotion E.E. among families of schizophrenics as a predictor to relapse.

Subjects and Methods

The subjects of this study were selected from Benha hospital for mental health and Benha University hospital. The sample included families of the following groups

Fifty cases of hebephrenic schizophrenia.

Thirty cases of schizophrenia, other types than hebephrenic.

Thirty cases of generalized anxiety disorder.

Thirty persons without psychiatric disorders (volunteers), working at the same hospitals.

Inclusive criteria included the followings

Moderate socio-economic class.

Age ranged between 18-35 years.

Duration of illness from 2-5 years.

Confirming diagnosis according to I.C.D. 10

Both parents were available and accepting to cooperate.

Male to female ratio was 1:1. Some families were excluded as they didn't fulfill our inclusive criteria.

Over the period from 1992 till the end of 1994 regular meetings were arranged for each family, at hospital as well as at patients' homes. Patients and parents were interviewed first separately and then together. All subjects of the study were subjected to full psychiatric examination in individual interviews. A semistructured interview was performed, it emphasized the personality traits of parents, social relations, social adjustment, type of marital relation as well as emotional relation between parents, parents-patient interaction, stability of marital relation, conflicts in the families, parental attitude towards the patient as well as towards each others.

Written reports by patients and other family members were accepted and encouraged to support our informations regarding family dynamics and relations.

Regular family meetings for patient and his family allowed the psychiatric team to interpret some aspects of family dynamics, through interpreting the interactions between this important triad the father-mother patient.

Only families that attended at least 15 meetings were considered in the results of our clinical study, from which we selected the following samples to keep the male to female ratio 1:1 and to discuss their clinical assessment.

Thirty families (15 males and 15 females) of hebephrenic schizophrenics.

Twenty families (10 males and 10 females) of schizophrenics other than hebephrenic type.

Twenty families (10 males and ten females), of generalized anxiety disorder.

Twenty families of normal persons.

The Arabic version of M.M.P.I. was performed by all parents originally selected and results of those who proved valid were only considered.

Results of all parents of the four groups were compared to each other to detect any significant relation to psychopathology. This was followed by comparison between results of male and female cases of hebephrenic schizophrenia to detect any difference that may be of significant value in development of such disorder.

Aim of the work

This work aims at studying some aspects of family dynamics in cases of hebephrenic schizophrenia through studying the personalities of parents, the interparental relations as well as parent-patient relationship.

It aims also at finding out the impact of such results on male and female cases of hebephrenic schizophrenics through comparing parents, interparental relationship and parent-patient relation in male and female cases.

Results

This study is a trial to approach some aspects of family dynamics in schizophrenia through discussing parent's role in the pathogenesis of schizophrenia and unfolding its psychotic process.

As the literature is contradictory regarding parents in each subtype of schizophrenia separately (Leonhard 1986), the hebephrenic type was selected to clarify this aspect of family dynamics in this puzzling disorder. It is compared also to other subtypes of schizophrenia and to other psyhiatric disorders as well as to non psychiatric cases.

In our study we came to some important findings that proved how important is the family approach in studying the pathogenesis of schizophrenic disorder and in determining the specific symptoms and so the subtypes of schizophrenia and its treatment and prevention of its relapse.

Character traits of fathers differ in cases of schizophrenia, all types, when it was compared to other control group (table 1). Type C fathers (passive, inadequate, insecure, overindulgent, overprotective and / or overanxious) was found significantly prevailing among hebephrenic type A mothers (brutal, hostile, threatening, sadistic, austere, rigid and / or aggressive) was the most significantly prevailing type among the same type of schizophrenia (table 2) These results came in accordance with that of El-Sherbni et al (1975) and Mikhael et al (1989) who found similar results in cases of schizophrenia in general and hebephrenic type in particular. When we compared parents of male to female cases of hebephrenic schizophrenics, regarding character traits, we found type C fathers and types A & C mothers to be significantly more prevailing among cases of male patients (tab. 3 & 4). This results showed the prevalence of some parental traits like rejection, passivity and symbiosis among male. On the other hand other parental traits like passivity, inadequacy, insecurity, over-anxiety, overprotection, and over-indulgence or others like hostility, brutality, rigidity and aggressivenes were found prevailing among parents of female cases. Such results may explain the contradiction in literature regarding parents of schizophrenia, it stressed also the importance of studying family dynamics in each sex of schizophrenics separately.

Patterns of interaction between parents in our study proved much more communication deviance to be much more existing among parents of schizophrenics than control groups and more among hebephrenic type than other types, a result that came in accordance with that of Blakar (1986), Rund (1986) and Wichstroom (1991). We found that reversal of parental role was the most significantly prevailing among hebephrenic families (table 5), a result which was expected when we look at character traits of their fathers who were passive, inadequate and insecure (table 1). Regarding parental interaction in male and female cases of hebephrenic schizophrenics, we didn't find significant difference, we found that reversal of parental role, emotional divorce, conflictual relation and schizmatic marital relationship were the most prevailing patterns of interaction betwwen parents of both male and female cases of hebephrenic schizophrenics (table 6).

Coming to parent-patient interaction,

we found that passivity and inadequacy were significantly recorded by psychiatric team to be prevailing as pattern of interaction between fathers and their hebephrenic schizophrenic cases. On the other hand domination, rigidity, hostility and aggression were the most prevailing patterns of interaction between mothers and their hebephrenic schizophrenic cases. Regarding parent-patient interaction in different sex cases, we can observe the reflection of parent's traits and personality on their inter-relations with their sons and daughters. Fathers of female cases were symbiotic and overprotective, those of male cases were rejecting and creating atmosphere of tension in their relation with their sons. On the other hand, mothers of female cases were domineering and overprotecting, while those of male cases were symbiotic or expressing rigidity, hostility or even aggression. This results confirm the finding of Parker (1982) who proposed a parental style characterized by low care, indifference, rejection and overprotection to be existing among parents of schizophrenics.

Regarding personality disorders in parents, our results showed that personality disorders were much more prevailing among parents of schizophrenics than control groups (tabl 7-8), a result that came in accordance with that of Mc Keen (1994) and Berenbarnm et al (1994). Schizoid personality disorder was the most prevailing among fathers of hebephrenic schizophrenics, while paranoid type was the most prevailing among their mothers. Comparison between male and female cases of hebephrenic schizophrenics regarding personality and its disorders proved adequacy of opposite sex parents than same sex ones (tab. 9-10), a result that reflects the presence of primary pathology in same sex parent, who is considered also the figure of identification.

Regarding the results of neuropsychiatric disorders, we didn't find significant difference between parents of hebephrenic group and of control groups. We didn't find significant prevalence of schizophrenic disorder among parents of our sample. a result that came in accordance with that of Penros (1991), who found that schizophrenia is a rare diagnosis in fathers of schizophrenics. When we compared neuro-psychiatric disorders between male and female cases we found anxiety disorders to be much more and significantly prevailing among mothers of hebephrenic schizophrenics.

Apart from the previous finding no other important differences were found, the social adjustment of both parents of hebephrenic schizophrenies was found to be poor, both parents were found to be socially withdrawn, this could be explained by two facts, first their personality and their conflictual relation and second their shame of their psychotic son or daughter whom they considered stigmatic. This was explained also by Wynne (1994) who discuased the impact of schizophrenia on families. He stated that the patients disrupt the family life, require unexpected changes in family roles, drain financial resources, shatter plans and dreams for the future and generate escalating emotional lesion, despair and grief over what might have been. He stated also that there is often the additional burden of stigma and finally perplexity, guilt and shame of the parents who blame themselves. No significant difference was found between all groups regarding education, occupation, socioeconomic state (intentionally selected to fulfill the inclusive criteria) religiosity, type of marriage and substance use disordes among parents.

Coming to the results of M.M.P.I. (table 11-15), we found that all parents of hebephrenic schizophrenics gave high

Table 1
Character Traits of Fathers of Heb. Scizophrenia & Control Groups

Personality traits of fathers	Hebephrenic		Control											
			Non hebephrenic				Generalized anxiety				healthy			
	No	%	No	%	Z	P	No	%	Z	P	No	%	Z	P
Type A.	5	16.66	10	50	1.99	<0.05	1	5	1.96	<0.05	0	0	2.7	<0.01
Type B.	11	36.66	6	30	0.49	>0.05	3	15	1.98	<0.05	1	5	3.5	<0.01
Type C	14	46.66	4	20	1.97	<0.05	2	10	2.46	<0.05	1	5	3.7	<0.01
Total No	30	100	20	100			20	100			20	100		

Type A: Brutal, hostile, threatening, sadistic, austere, rigid, and / or aggressive.
Type B: Rejecting, possessive, symbiotic and / or restrictive.
Type C: Passive, inadequate, insecure, over-indulgent, over-protective and / or over-anxious.

Table 2
Character Traits of Mothers of Heb. Scizophrenia & Control Groups

Personality traits of mothers	Hebephrenic		Control											
			Non hebephrenic				Generalized anxiety				healthy			
	No	%	No	%	Z	P	No	%	Z	P	No	%	Z	P
Type A.	13	43.33	4	20	1.96	<0.05	1	5	3.7	<0.05	0	0	4.7	<0.01
Type B.	9	30	5	25	0.64	>0.05	2	10	1.98	<0.05	0	5	3.8	<0.05
Type C	8	26.66	10	50	1.96	<0.05	1	5	2.0	<0.05	1	5	2.01	<0.05
Total No	30	100	20	100			20	100			20	100		

Type A: Brutal, hostile, threatening, sadistic, austere, rigid, and / or aggressive.
Type B: Rejecting, possessive, symbiotic and / or restrictive.
Type C: Passive, inadequate, insecure, over-indulgent, over-protective and / or over-anxious.

Table 3
Character Traits of Fathers of Male & Female
Cases of Hebephrenic Schizophrenia

Character traits of fathers	Male		Female		Z	P
	No	%	No	%		
Type A.	3	20	2	13.33	0.92	>0.05
Type B.	7	46.66	4	26.67	0.38	>0.05
Type C.	5	33.33	9	59.96	1.96	<0.05
Total No.	15	100	15	100		

Type A: Brutal, hostile, threatening, sadistic, austere, rigid, and / or aggressive.
Type B: Rejecting, possessive, symbiotic and / or restrictive.
Type C: Passive, inadequate, insecure, over-indulgent, over-protective and / or over-anxious.

Table 4
Character Traits of Mothers of Male & Female Cases of Hebephrenic Schizophrenia

Character Traits of Mothers	Male		Female		Z	P
	No	%	No	%		
Type A.	6	40	7	46.67	0.36	>0.05
Type B.	7	46.67	2	13.33	2.01	<0.05
Type C.	2	13.33	6	40	2.15	<0.05
Total No.	15	100	15	100		

Type A: Brutal, hostile, threatening, sadistic, austere, rigid, and / or aggressive.
Type B: Rejecting, possessive, symbiotic and / or restrictive.
Type C: Passive, inadequate, insecure, over-indulgent, over-protective and / or over-anxious.

Table 5
Patterns of Father-Mother Interaction in Cases of Heb. Schizophrenics & Control Groups

Pattern of father-mother interaction	Hebephrenic		Control											
			Non hebephrenic				Generalized anxiety				Healthy			
	No	%	No	%	Z	P	No	%	Z	P	No	%	Z	P
Reversal of parental role	15	50	4	20	1.96	<0.05	2	10	23	<0.05	1	5	4.36	<0.01
Emotional divorce, conflictual relation & Schizmatic marital relationship	8	26.66	3	15	0.64	>0.05	0	0	2.46	<0.05	0	0	2.46	<0.05
Dominance-Submission pattern & skewed marital relationship	2	6.66	8	40	2.34	<0.05	1	5	0.68	>0.05	0	0	1.85	>0.05
Symbiotic love	1	3.33	1	5	0.96	>0.05	1	5	0.68	>0.05	0	0	1.85	>0.05
Healthy pattern & positive affective style	5	16.66	4	20	0.4	>0.05	16	80	<4.5	<0.01	19	95	8.5	<0.01
Total No.	30	100	20	100			20	100			20	100		

Table 6
Patterns of Father-Mother Interaction in Families of Male & Female Hebephrenic Schizophrenia

Patterns of father mother interaction	Male		Female		Z	P
	No	%	No	%		
Reversal of parental role	9	59.96	6	39.96	1.12	>0.05
Emotional divorce, conflictual relation & Schizmatic marital relationship	5	33.33	3	20	0.78	>0.05
Dominance-Submission pattern & skewed marital relationship	1	6.66	1	6.66	0.61	>0.05
Symbiotic love	1	6.66	0	0	0.61	>0.05
Healthy pattern & positive affective style	2	13.33	3	20	0.82	>0.05
Total No.	15	100	15	100		

Table 7
Personality Disorders in Fathers of Heb. schizophrenia & Control groups

Personality traits of fathers	Hebephrenic		Control											
			Non hebephrenic				Generalized anxiety				healthy			
	No	%	No	%	Z	P	No	%	Z	P	No	%	Z	P
Paranoid	3	10	6	30	2.1	<0.05	1	5	1.06	>0.05	0	0	2.15	<0.05
Schizoid	9	30	3	15	1.96	<0.05	1	5	2.5	<0.05	1	5	3.8	<0.01
Dependent	5	16.66	2	10	1.01	>0.05	1	5	2.7	<0.05	1	5	2.7	<0.05
Personality disorder unspecified	3	10	2	10	1.46	>0.05	1	5	1.06	>0.05	0	0	2.15	<0.05
Adequate	10	33.33	7	35	0.73	>0.05	16	80	2.1	<0.05	18	90	2.31	<0.05
Tota No.	30	100	20	100			20	100			20	100		

Table 8
Personality Disorders in Mothers of Heb. Schizophrenia & Control groups

Personality traits of of Mother	Hebephrenic		Control											
			Non hebephrenic				Generalized anxiety				healthy			
	No	%	No	%	Z	P	No	%	Z	P	No	%	Z	P
Paranoid	4	13.33	2	10	0.41	>0.05	0	0	0.24	<0.05	0	0	1.46	<0.05
Schizoid	2	6.66	2	10	0.41	>0.05	1	5	0.24	>0.05	0	0	1.46	>0.05
Borderline	3	10	1	5	0.68	>0.05	0	0	1.97	<0.05	0	0	1.97	<0.05
Dependent	2	6.66	5	25	1.96	<0.05	1	5	0.24	>0.05	1	5	1.46	>0.05
Passive Aggressive	3	10	2	10	0.41	>0.05	0	0	1.46	<0.05	0	0	1.46	<0.05
Personality disorders unspecified	4	13.33	2	10	0.36	>0.05	1	5	1.98	>0.05	0	0	2.15	<0.05
Adequate	12	40	6	30	0.41		17	85	1.98	<0.05	19	95	2.85	<0.05
Total No.	30	100	20	100			20	100			20	100		

Table 9
Personality Disorders in Fathers of Male & Female Cases of Hebephrenic Schizophrenia

Personality disorders in Fathers	Male		Female		Z	P
	No	%	No	%		
Paranoid	2	13.33	1	6.66	1.09	>0.05
Schizoid	5	33.33	4	26.66	1.05	>0.05
Dependent	3	20	2	13.33	0.92	>0.05
Personality disorder unspecified	1	6.66	2	13.33	1.09	>0.05
Adequate	4	26.66	6	40	1.99	<0.05
Total No.	15	100	15	100		

Table 10
Personality Disorders in Mothers of Male & Female Cases of Hebephrenic Schizophrenia

Personality disorders in Mothers	Male		Female		Z	P
	No	%	No	%		
Paranoid	2	13.33	2	13.33	0.0	>0.05
Schizoid	1	6.66	1	6.66	0.0	>0.05
Passive Aggressive	1	6.66	2	13.33	1.52	>0.05
Borderline	1	6.66	2	13.33	0.61	>0.05
Dependent	1	6.66	1	6.66	0.0	>0.05
Personality disorder unspecified	1	6.66	3	20	0.96	>0.05
Adequate	8	53.33	4	26.66	2.06	<0.05
Total No.	15	100	15	100		

Table 11
Results of MMPI for Fathers of Hebephrenic Schizophrenia and Control Group

Scale	Hebephrenic		Control								
			Non hebephrenic			Generalized anxiety			healthy		
	X	SD	X	SD	P	X	SD	P	X	SD	P
Hypochondriasis	17.612	4.243	14.292	4.903	>0.05	14.666	5.354	>0.05	13.05	5.134	<0.05
Depression	30.269	4.530	26.076	6.523	>0.05	27.666	5.912	>0.05	23.8	3.562	<0.05
Hysteria	29.038	5.473	25.615	7.663	>0.05	26.666	5.912	>0.05	23.5	5.375	<0.05
Psychopathic deviation	22.538	4.002	23.076	4.664	>0.05	22.666	3.638	>0.05	20.5	5.482	>0.05
Masculinity & femininity	28.384	4.01	25.076	3.948	>0.05	25.266	5.637	>0.05	28.05	5.443	>0.05
Paranoia	16.307	4.628	15.384	5.02	>0.05	14.466	3.270	>0.05	13.7	3.341	>0.05
Psychasthenia	23.230	9.162	21.692	6.938	>0.05	20.866	6.127	>0.05	18.75	8.626	>0.05
Schizophrenia	31.923	12.079	28.461	10.666	>0.05	28.066	8.180	>0.05	24.65	10.844	>0.05
Hypomania	21.633	5.549	21.038	5.141	>0.05	21.866	3.461	>0.05	19.65	5.677	>0.05
Social-Introversion	36.076	8.642	36.615	5.299	>0.05	33.950	8.271	>0.05	30.55	4.692	<0.05
Total No	26		26			15			20		

Table 12
Results of MMPI for Mothers of Hebephrenic Schizophrenia and Control Groups

Scale	Hebephrenic		Control								
			Non hebephrenic			Generalized anxiety			healthy		
	X	SD	X	SD	P	X	SD	P	X	SD	P
Hypochondriasis	19.217	5.518	16.00	6.708	>0.05	13.6	5.679	<0.05	14.35	3.977	<0.05
Depression	32.391	3.904	27.400	5.099	<0.05	27.00	4.855	<0.05	25.95	5.576	<0.05
Hysteria	28.103	8.469	28.12	5.710	>0.05	25.00	6.324	>0.05	25.85	5.565	>0.05
Psychopathic deviation	22.086	5.307	23.08	5.964	>0.05	20.8	5.942	>0.05	20.3	5.037	>0.05
Masculinity & femininity	28.566	4.143	29.12	2.788	>0.05	28.666	5.524	>0.05	30.15	4.451	>0.05
Paranoia	41.52	4.727	16.00	5.642	>0.05	13.6	4.154	>0.05	14.4	4.134	>0.05
Psychasthenia	22.608	6.726	21.92	9.282	>0.05	20.866	6.621	>0.05	20.7	5.351	>0.05
Schizophrenia	31.782	10.824	28.72	12.889	>0.05	27.533	10.702	>0.05	26.9	11.006	>0.05
Hypomania	21.308	5.337	20.24	5.246	>0.05	19.466	3.440	>0.05	19.8	5.053	>0.05
Social-Introversion	38.347	9.957	39.12	9.60	>0.05	36.4	4.56	>0.05	35.25	5.627	>0.05
Total No	23		25			15			20		

Table 13
Results of MMPI for Mothers of Hebephrenic and Control Groups

Scale	Hebephrenic		Control											
			Non hebephrenic				Generalized anxiety				Healthy			
	No	%	No	%	Z	P	No	%	Z	P	No	%	Z	P
Neurotic triad	11	47.8	5	20	1.96	<0.05	2	13.33	1.99	<0.05	0	0	2.41	<0.05
Psychotic triad	5	23.79	8	32	0.49	>0.05	1	6.66	1.42	<0.05	0	0	1.98	<0.05
Total No.	23	100	25	100			15	100			20	100		

Table 14
Results of MMPI for Fathers of Male & Female Cases of Hebephrenic Schizophrenia

Clinical Scales	Male		Female			
	X	SD	X	SD	Z	P
Hypochondriasis	18.00	3.582	17.231	4.936	0.230	>0.05
Depression	30.769	4.969	29.769	4.186	0.769	>0.05
Hysteria	28.846	5.383	29.231	5.776	0.256	>0.05
Psychopathic deviation	21.462	2.470	23.615	4.976	1.589	>0.05
Masculinity & femininity	27.923	3.861	28.846	4.259	0.230	>0.05
Paranoia	16.077	3.730	16.539	5.532	0.00	>0.05
Psychasthenia	20.692	7.910	25.615	10.063	1.435	>0.05
Schizophrenia	31.231	12.866	32.615	11.723	0.205	>0.05
Hypomania	21.692	5.282	21.615	6.021	0.102	>0.05
Social introversion	36.608	9.465	39.939	9.539	0.974	>0.05
Total No.	13		13			

Table 15
Results of MMPI for Mothers of Male & Female Cases of Hebephrenic Schizophrenia

Clinical Scales	Male		Female			
	X	SD	X	SD	Z	P
Hypochondriasis	18.916	5.853	19.545	5.391	0.123	>0.05
Depression	32.75	4.750	32.00	2.89	0.554	>0.05
Hysteria	29.583	5.728	30.00	7.085	0.307	>0.05
Psychopathic deviation	21.166	5.322	23.09	5.356	0.985	>0.05
Masculinity & femininity	28.33	3.393	28.81	4.996	0.584	>0.05
Paranoia	14.00	4.472	15.09	5.146	0.277	>0.05
Psychasthenia	20.58	6.156	24.81	6.896	1.508	>0.05
Schizophrenia	29.5	10.58	34.27	11.01	1.354	>0.05
Hypomania	21.25	5.327	21.363	5.608	0.123	>0.05
Social introversion	36.60	5.761	39.5	6.931	0.738	>0.05
Total No.	12		11			

scores on both the neurotic and psychotic triads with a statistical significant difference when compared to the other non schizophrenics groups. There was no statistical significant difference between the results of hebephrenics and non hebephrenics groups, exept for mothers of hebephrenic schizophrenics who gave a significantly higher score on neurotic triad (table 13). Parents of both sex gave almost the same results, they scored highly on neurotic as well as psychotic triads without statistical significant difference (table 14, 15)

Such results proved our previous finding of having most of the schizophrenics parents were potentially disturbed and so could be considered schizophrenogenic. We should say here that in such studies genetic factors should be considered to clarify what is exactly inherited and to reply the question of having schizophrenic opposite sex sib from the same parents and whether or not it will affect the differentiation of its subtypes. It seems that what is inherited is only the predisposition to psychotic process but family dynamics as a whole determine the symptom formation and so the subtype of schizophrenia.

Conclusion and Recommendations:

In this study we came to important findings, conclusions and recommendations

Parents in the families play important role in unfolding the psychotic process in schizophrenia.

Personality of parents, parental interaction and parent-child relationship could determine the symptoms of schizophrenia and so its type.

Parents represent only one aspect in family dynamics. Siblings should be considered in further study.

Same sex parent has more important role in determining psychopathology.

Socio-economic level may have different impact, so comparison between different social strata in such topic may show some difference or may allow generalization of our findings and so should be considered in further studies.

Genetic factors should be considered in further study together with studying family dynamics to determine what is inherited genetically and what is acquired (or socially inherited) from the parents during upbringing of the child.

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Le Concept des parents Schizophrénogeniques chez Les Malades Schizophrènes du type hebephrenique

La litterature sur les parents de schizophrènes est contradictoire.

Cette étude a essayé de discuter le concept de parents schizophrénogéniques en cas d'hebephrenie et leur impact sur les malades des sexes differents. A l'hôpital psychiatrique et l'hôpital univérsitaire de Banha, 50 cas de schizophrénie du type hebephrenique, 50 cas de schizophrénie d'autres types, 30 cas d'anxiété generale et 30 volontaires sans maladie psychiatrique ont été choisis. Leurs parents ont été suivis depuis 1992 jusqu'à la fin de 1994. Une interview semi-structuré et l'examen de MMPI ont été conduits. Cette étude a souligné le rôle important de parents dans la dévoilation du processus psychotique. Le parent du même sexe joue un rôle plus important dans la formation de psychopathologie. La personnalité des parents, leurs interactions, et le rapport entre les parents et leur élever détérminent les symptomes et, par conséquent, le type de schizophrenie. Les auteurs récommendent d'étudier aussi les frères et soeurs des malades et de considerer les facteurs génétiques pour détérminer ce qui est hérité et ce qui est acquis pendant le processus d'élèver le malade schizophrène.

مفهوم الوالدية المؤدية إلى فصام الأبناء فى اضطراب الفصام الهبفرينى

تختلف المراجع في وصف أباء وأمهات مرضى الفصام، من جهة الشخصية والتفاعلات الأسرية وعلاقتهما بالأبناء، وهذه الدراسة هى محاولة لمناقشة دور الوالدين فى إصابة الأبناء بالفصام الهبفرينى، وكذلك اختلاف هذا الدور فى حالة المرضى من الجنسين الذكور والإناث.

تم إختيار عينة البحث من مستشفى بنها للأمراض النفسية ومستشفى كلية طب بنها، وقد تم اختيار عدد خمسين حالة فصام هبفرينى وثلاثين حالة فصام من الأنواع الأخرى، وثلاثين حالة اضطراب قلق عام وثلاثين متطوعا من غير المرضى النفسيين، وذلك حسب معايير ثابتة وإشتراطات خاصة بحيث يكون نسبة الذكور للإناث متساوية وفى الفترة من عام ١٩٩٢ وحتى نهاية عام ١٩٩٤، وقام الباحثون بمتابعة الأباء والأمهات فى جلسات مقابلة فردية، وكذلك جماعية للأسرة كلها أو الأباء والأمهات معاً، وكانت الجلسات منتظمة بالمستشفيات وبمنازل المرضى، وقد أجرى اختبار مينسوتا متعدد الأوجه لكل الأباء والأمهات وبمقارنة النتائج إتضح وجود بعض الفروق الدالة بين المجموعات الأربعة، وكذلك بين أباء وأمهات الذكور عن الإناث، وأكدت الدراسة أهمية الدور الذى يلعبه الوالدين فى تكوين اضطراب الفصام فى الأبناء، وكذلك نوع الفصام وأعراضه، كذلك أكدت الدراسة على أهمية دور الأب فى حالة الذكور والأم فى حالة الإناث فى إصابة الأبناء بالمرض، كذلك شخصية الوالدين والعلاقة بينهما وعلاقتهما بالإبن والأبنة فى تكوين أعراض بعينها، وطالبت الدراسة بضرورة أخذ الأخوة أيضا فى الإعتبار لإستكمال دراسة الديناميات العائلية فى مرض الفصام، وكذلك دراسة العناصر الوراثية في نفس الوقت لمعرفة ماذا يورث، وماذا يكتسب خلال عملية تربية الأبناء المعرضين للإصابة بمرض الفصام.