

PARENTAL EDUCATIONAL PATTERNS IN ANXIOUS PATIENTS WITH ANANKAST PERSONALITY TRAITS OR ANANKAST PERSONALITY DISORDER

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ABSTRACT

Aim: Add evidence on the modality in which certain parental educational patterns influence the personality development and through this, the vulnerability towards anxiety disorders.

Method: 32 inpatients with generalized anxiety disorder, with or without panic attacks, agoraphobia and social phobia were assessed with Egnă Minnen Beträffande Uppfostran (EMBU) inventory, Personality Assessment Schedule (PAS), Hamilton Anxiety Rating Scale (HAMA) and Montgomery Asberg Depression Rating Scale (MADRS).

Results: high scores were obtained for the overprotective/overinvolved educational style that predominates among anxious patients regardless of their personality traits and could be responsible for their inner insecurity, which may predispose for anxiety rather than be a consequence of anxiety disorder.

Conclusions: between patients with anxiety disorders there are differences in parental educational patterns. Two types of educational patterns predominate.

Key Words: generalized anxiety disorder, panic disorder, agoraphobia, anankast/ obsessive-compulsive personality disorder, EMBU.

INTRODUCTION

The relationship between anxious disorders and personality disorders is at present a debated subject. Although it is generally admitted that cluster C personality disorders of the DSM IV (Diagnostic and Statistical Manual of Mental Disorders 4th Ed.): anxious/avoidant, dependent and anankast/obsessive-compulsive personality disorders, are more frequently observed in anxious patients, the etiologic connection is either debated or ignored. In this respect, cautious authors prefer the term of comorbidity. The stress-diathesis model in etiology of psychiatric disorders assumes that personality disorders or accentuated personality traits in conjunction with environmental stress can lead to psychiatric disorders. The personality is itself the product of the genetic heritage and social/familial modeling.¹ Studies made with anxious patients

tried to find a link either between certain personality traits or disorders and anxiety disorders,^{2,3} or certain parental rearing styles and anxiety disorders.^{4,5} The aim of this study is to find if there is a coherent connection between all three factors: parenting style, personality and anxiety disorders.

METHOD

The study included 32 patients admitted in Timisoara Psychiatric Clinic or Timisoara psychiatric day hospital between 2000-2002. The inclusion criteria were the following diagnoses: generalized anxiety disorder, panic disorder with or without agoraphobia and social phobia. DSM IV diagnostic criteria were used. The exclusion criteria were: depressive comorbidity of clinical significance (MADRS <15) and patients with monoparental families of origin who could not fill in the EMBU inventory. For comparison, we have used a group of 32 subjects, randomly selected from the general population. Exclusion criteria for the control group were: a history of psychiatric disorders and single-parental rearing. The subjects were assessed with the following instruments: Hamilton Anxiety Rating Scale (HAMA) which was > 18, Montgomery Asberg Depression Rating Scale (MADRS), Personality Assessment Schedule (PAS), and EMBU inventory for

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the family educational patterns (designed by Carlo Perris et al).⁶ The Romanian translation and validation on Romanian subjects was made by dr. Radu Vradi.⁷ The inventory has 81 questions, each of them rated from 1 to 4 (never=1, sometimes=2, often=3, always=4) and measures the perceived parental rearing through 14 subscales (Tab. 1).

Table 1. EMBU 14 subscales and their description

Subscale	Description
1. Abusive	Exaggerated, unmotivated punishments
2. Depriving	Depriving the child from food, gifts, necessary effects
3. Punitive	Parental rage, severity towards the child
4. Shaming	Punishment or comments in the presence of others
5. Rejecting	Parental lack of closeness, lack of consolation
6. Overprotective	Excessive parental worries concerning their children
7. Overinvolved	Parental interfering with child's autonomy and decisions
8. Tolerant	Respect for child's own and different opinions
9. Affectionate	Tenderness, warmth through words and behavior
10. Performance oriented	Good school results, professional orienting
11. Guilt engendering	Suggesting culpability through words and behavior
12. Stimulating	Parental encouraging, support and prizing
13. Favoring the others	Favoring subject's brothers or sisters
14. Favoring the subject	Favoring the subject

The last two subscales were not assessed because not all patients have brothers or sisters.

For each subscale and each patient a mean score was calculated for each parent (mother and father). This mean score was compared with the mean score normal for Romanian population (control group), using the Wilcoxon rank sum test.

RESULTS

Two educational patterns emerged from data analysis:

- a model consistent with the rearing pattern named in the literature "affectionless control"^{6,8} where overprotection is associated the lack of affection and
- a model consistent with the rearing pattern named "affectionate constraint"⁶ where overprotection is associated with high affection.

Among the 32 anxious patients, 13 had anankast (obsessive-compulsive) traits or personality disorder (Tab. 2).

Data collected from the study group, which are consistent with those found in psychiatric literature,^{2,3} showed that anankast traits (perfectionism) predominate among anxious patients. As a result, a subgroup made from anxious patients with anankast personality traits

was isolated and their EMBU means compared separately with the means of the control group (Fig. 1), using the Wilcoxon rank test sum.

Table 2. Personality accentuated traits among the study group

Accentuated personality traits	Assessed with PAS
Number of anxious patients	Total: 32
Anankast (perfectionism)	13
Avoidant	4
Histrionic	7
No accentuated personality traits	8

The anankast subgroup had high scores for both parents at the following subscales:

- Overprotective
- Stimulating
- Depriving
- Affectionate
- Tolerant
- Performance oriented

There were statistically significant differences between the anankast subgroup means and the means of the control group at the following items of the EMBU scale:

- stimulative father (higher means for the anankast subgroup, $Z = 5.24, p < 0.05$)
- guilt inducing mother (higher means in control group, $Z = 5.31, p < 0.05$)
- affectionate mother (higher means in anankast group, $Z = 5.11, p < 0.05$)
- affectionate father (higher means in anankast group, $Z = 5.09, p < 0.05$)
- tolerant mother (higher means in anankast group, $Z = 5.44, p < 0.05$)
- over-involved mother (higher means in control group, $Z = 5.22, p < 0.05$)
- over-protective mother (higher means in the anankast group, $Z = 5.71, p < 0.01$)
- rejective father (higher means in control group, $Z = 5.29, p < 0.05$)
- punitive mother and punitive father (higher means in control group, $p < 0.01$).

The anankasts seem to have benefited of an educational parental model different from normal, with a more affectionate and stimulative father, a more tolerant and over-protective mother (Fig. 1).

Data above mentioned suggested that there are differences between anxious patients not only regarding different nosologic entities (generalized anxiety disorders, panic disorder with or without agoraphobia, social phobia) or their personality traits but also regarding parenting styles. As a result, the anankast subgroup means for both parents were compared with the means of the whole study group (Fig. 2).

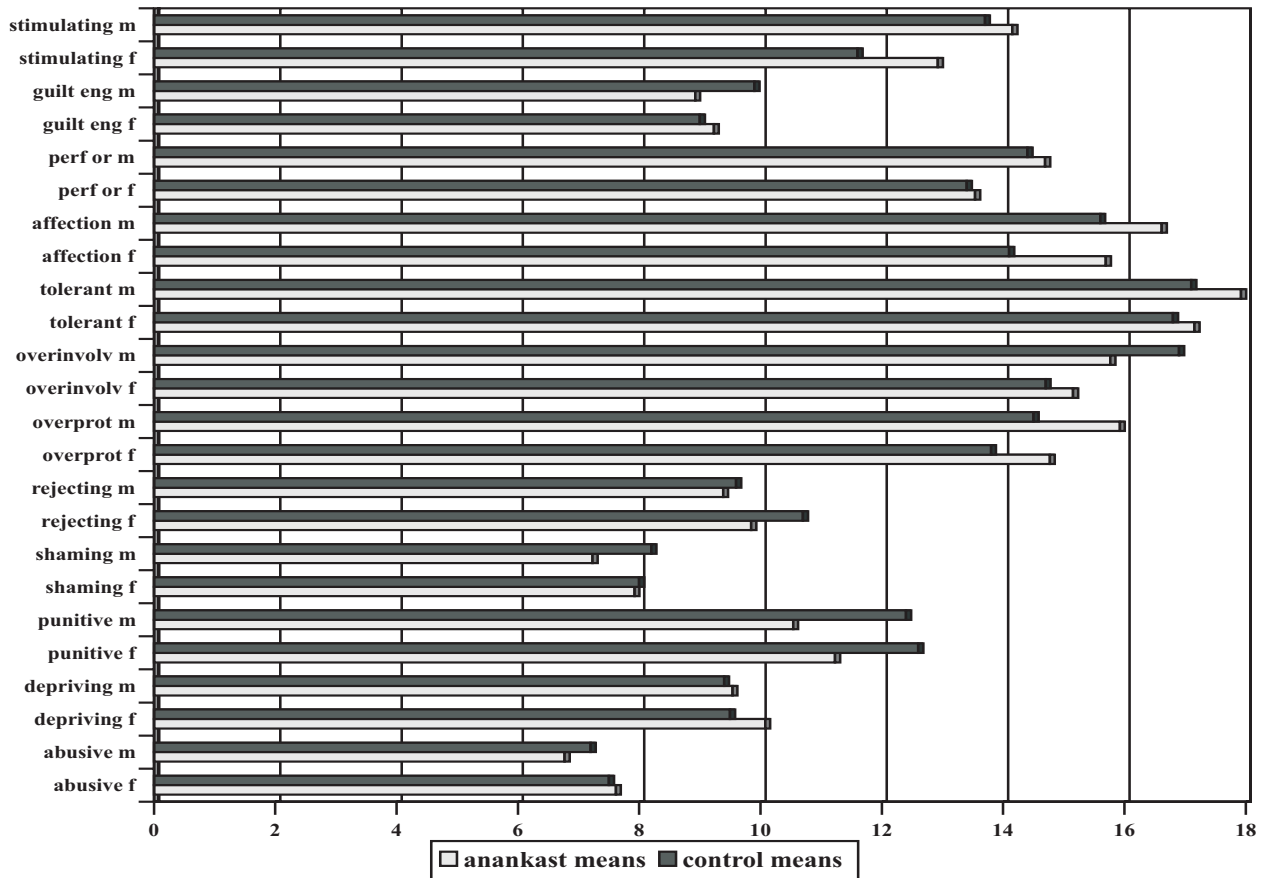


Figure 1. Anankast subgroup means compared with control group means for both parents

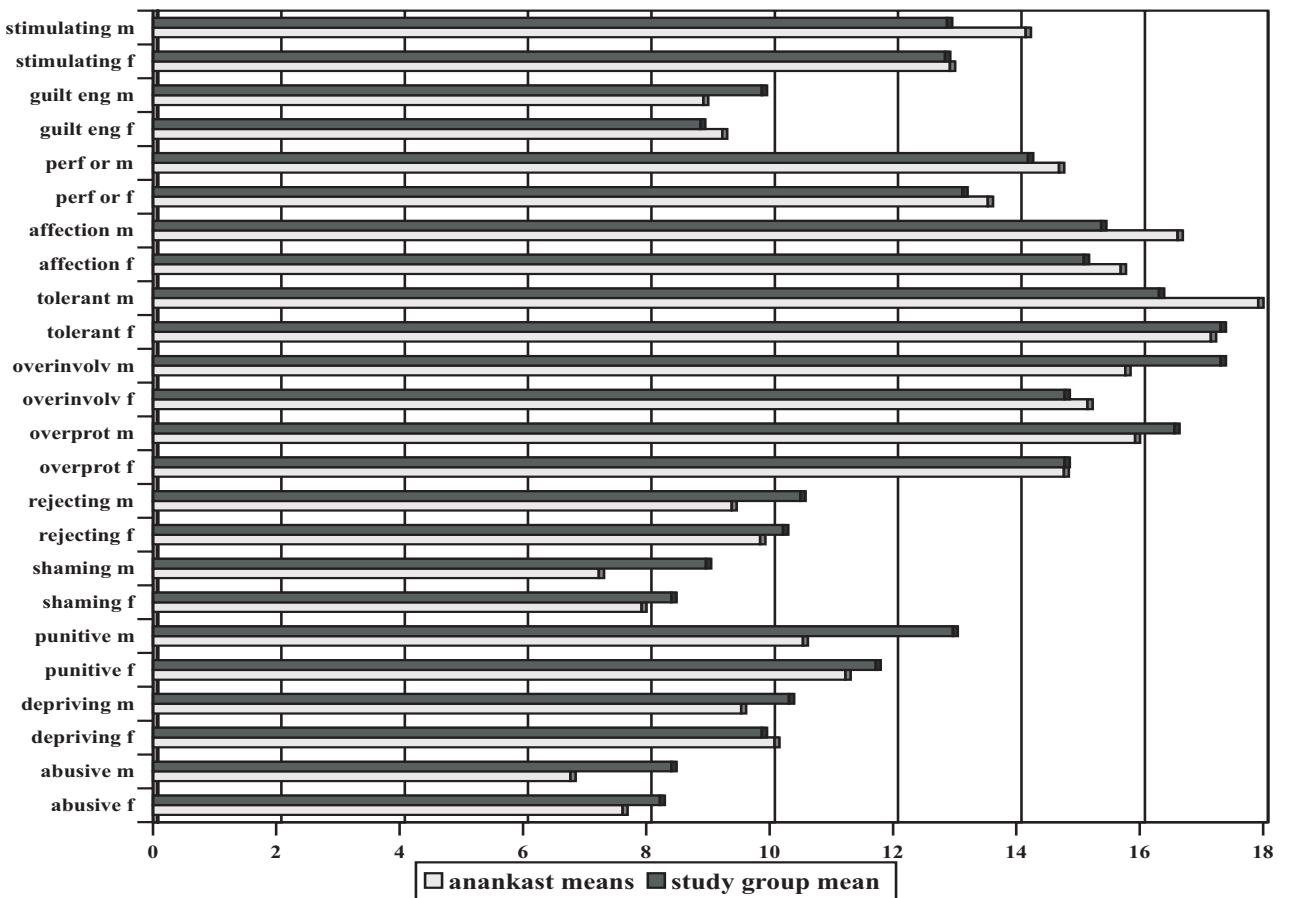


Figure 2. Anankast subgroup means compared with study group means for both parents

In order to compare the anankast subgroup with the study group, Wilcoxon rank sum test was used. The scores for the anankast subgroup compared with the scores of the study group (anxious patients) indicated statistically significant differences between means at the following EMBU items:

- stimulative mother (higher means for the anankast subgroup, $Z = 5.91$, $p < 0.05$)
- affectionate mother (higher means for the anankast subgroup, $Z = 6.01$, $p < 0.05$)
- tolerant mother (higher means for the anankast subgroup, $Z = 6.34$, $p < 0.01$)
- over-involved mother (higher means for the anxious group, $Z = 5.89$, $p < 0.05$)
- over-protective mother (higher means for the anxious group, $Z = 5.67$, $p < 0.05$)
- rejective mother (higher means for the anxious group, $Z = 6.11$, $p < 0.01$)
- shame-inducing mother (higher means for the anxious group, $Z = 6.21$, $p < 0.01$)
- punitive mother (higher means for the anxious group, $Z = 6.51$, $p < 0.01$)
- abusive mother (higher means for the anxious group, $Z = 5.84$, $p < 0.05$)

It is therefore confirmed the stimulative, affectionate and tolerant educational model of anankast subgroup of anxious patients, as compared with the anxious group who seem to have had an educational parental model characterized by an over-involved, over-protective, rejective, shame-inducing, punitive and abusive mother.

CONCLUSIONS AND DISCUSSIONS

The study confirms the presence of the two main parental educational patterns described in the literature among the Romanian study group. Also, the DSM IV cluster C personality disorders seem to represent the main comorbidity in nondepressive anxious patients. Anankast accentuated traits were observed more frequent than other personality traits. Some authors suggest that these traits emerge after the onset of anxiety disorders, so they do not influence the vulnerability to anxiety as they are secondary to it. Yet, our study reveals

some parental educational patterns that may induce some typical personality traits in anankast patients:

1. the performance oriented behavior seen in parents and the perfectionism, devotion to work and productivity to the exclusion of leisure activities⁹ observed in their children
2. the depriving parental behavior and the impossibility to discard worn out or worthless objects even when they have no sentimental value or the adoption of a miserly spending style towards both self and others⁹ seen in their children.

Although among anxious patients with different anxious disorders (generalized anxiety disorder, panic disorder with or without agoraphobia, social phobia), different parental rearing styles were seen (two main patterns), there is one parental behavior (overprotection) that is highly rated regardless the psychiatric diagnosis or personality disorder. Overprotection may be responsible for an inner lack of self-confidence, which is common to cluster C personality disorders. So, low self-confidence appears to be learned in family and may predispose to anxiety rather than be an epiphenomena.

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