

Childhood Abuse and Parental Acceptance-Rejection in Adolescents with Conversion Disorder

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Present research focused on to explore childhood abuse in relation to parental acceptance-rejection in female adolescents with conversion disorder. Different types of childhood abuse were identified by using an indigenously developed Childhood Abuse Interview (CAI, Naz & Kausar, 2012). Parental acceptance-rejection was explored by using Parental Acceptance-Rejection Questionnaire (PARQ; Rohner & Khaleaque, 2005). Somatoform Symptoms Scale (SSS; Naz & Kausar, 2012) was employed to measure conversion symptoms' severity. The sample was comprised of 150 female adolescents (*Mean age = 15.15, SD = 1.66*) diagnosed with conversion disorder. Sample was recruited from three hospitals of Lahore. Results revealed that parental rejection, childhood physical abuse, emotional abuse and neglect showed significant positive relationship with the severity of conversion symptoms. Coldness/lack of affection (father), discontinuation of education, childhood physical abuse and rejection (father) emerged as significant predictor of severity of conversion symptoms in female adolescents.

Keywords: Parental acceptance-rejection, childhood abuse, adolescents, conversion disorder

Conversion disorder is defined as the occurrence of deficits affecting the voluntary sensory or motor activities. These symptoms suggest neurological or organic reasons but are believed to be associated with psychological stressors (American Psychological Association, 2000). Putnam (1989) described the relation between conversion symptoms and childhood trauma. Janet (1907) thought that dissociation of sensory, cognitive and motor processes as adaptive in the context of an overwhelming traumatic experience during childhood period. Childhood trauma means child abuse that occurs during childhood period and covers many dimensions i.e., physical abuse, emotional abuse, sexual abuse and neglect. Sexual abuse is considered under physical abuse but it has its exceptional characteristics which separate it from the rest of the types of abuses (Putnam, 1989; Roelofs, Keijsers, Hoogduin, Naring & Moene, 2002).

Giovannoni (1971) defined child abuse as an act of commission which can cause neglect or give harm and exert negative effects on a child. Child abuse is a misuse of the parental rights to discipline and control children. Whereas neglect means failure to execute duties on the part of parents to nurture, supervise and protect children.

According to National Clearinghouse on Child abuse and Neglect Information (2006), child abuse includes failure to perform any act which results in severe physical and emotional harm or even death of the child. It also includes sexual abuse. Child abuse is failing to protect a child that poses a serious harm to the physical and emotional development of a child on the part of a parent or parents. Researchers' have time and again established the association of childhood physical and sexual abuse with a wide variety of psychological, behavioural and physical problems which continue

throughout the remaining life with increased risk for anxiety, depression, personality disorders and substance abuse (Yehuda, Spertus, & Golier, 2001) as well as increased physical complaints (Moeller, Bachmann, & Moeller, 1993). It is also evident that childhood physical and sexual abuses have been associated with higher risk of exposure to further traumatic events in adulthood (Schaaf & McCanne, 1998), which are ultimately associated with the later psychopathology.

Roelofs et al. (2002) found in a study that patients with conversion disorder had dysfunctional parents and increased rate of physical as well as sexual abuse, sexual abuse for longer duration and experiences of incestuous sex. Roelofs and colleagues found the most common symptom was paralysis of muscles and the least common was disorder of eye muscles. The researchers found relationship between childhood physical and sexual abuse and dysfunctional parenting with the somatic symptoms' severity in conversion patients. Moreover, patients with more severe somatic symptoms especially with pseudo-neurological symptoms reported multiple types of childhood abuse than patients with single type of childhood abuse.

Similarly, Spertus, Yehuda, Wong, Halligan, and Seremetis (2003) explored emotional abuse and neglect in women with somatic complaints. The researchers found a significant association between childhood abuse, parental neglecting and psychological disturbances i.e., depression, anxiety and physical complaints. They also noted that women with somatic complaints had more exposure of traumas in life i.e., history of neglect and emotional abuse with the increased physical complaints, depressive symptoms, anxiety symptoms and stress. The researchers also found that physical and sexual abuse and lifetime trauma were also significant predictors of physical and psychological symptoms. The results showed that emotional abuse and neglect predicted symptoms in these women.

The importance of different parenting styles is well established by researchers. The research points out unpleasant and unsupportive interaction between abusive parents and children (Trickett & Susman, 1988). Such kind of parents show coldness and lack of affection towards their children (Kavanagh, Youngblade, Reid, & Fagot, 1988). Rohner & Khaleaque (2005) described that parental acceptance is being the presence of warmth and affection and

rejection the coldness and lack of affection and absence of warmth in the life of a child exert a significant influence in the development of personality of a child. The parents express their affection and love verbally or physically by kissing, hugging and caring their children. In contrast, the parents who show rejecting behaviour towards their children disapprove and dislike their children. Barnow, Lucht and Freyberger (2001) argued that parenting practices like emotional rejection and harsh punishment had been found the important risk factors for aggressive and violent behaviour in adolescents. Parental negative behaviour and child abuse are entangled. Previous researches identified that parental negative behaviour accompanies child abuse exerted worse effects on children. Salmon, Al-Marzooqi, Baker, and Reilly (2003) argued that parenting negative styles blended with physical, psychological and sexual abuses increase the inclination to develop somatization symptoms.

Greven (1991) debated that using violence and force to discipline children may also be ingrained in the legal and religious institutions. In Pakistani society, the apparent links of parental behaviour with child abuse can be described in terms of mother's preference of sons to their daughters. Some other factors are family size (i.e., large families), family structure, and birth order play vital role in psychological wellbeing of the patients who develop somatic complaints. Children with larger families face more child abuse as compared to the children with small families (Salmon et al., 2003).

Malik (2010) identified that physical abuse as well as battering are common disciplinary practices used by the parents in Pakistan. In Pakistan, parents use physical abuse as harsh disciplinary child rearing practices and physical abuse is considered as an essential part of training at homes or schools.

Khan, Ahmad, Arshad, Ullah and Maqsood (2005) focused on large family size in patients with conversion disorder in Pakistan. They found that large family size had an association with conversion symptoms in patients with conversion disorder. The researchers argued that mothers with large families were overwhelmed and become frustrated, which forced them to abuse their children. Steinmetz and Straus (1974) also found these variables i.e., large family size, abuse and somatic symptoms important factors of somatic symptoms in adolescents.

Najam and Kausar (2012) explored the relation of paternal acceptance-rejection and involvement with socio-emotional adjustment of adolescents in Pakistan. They found that parental warmth had negative relationship with adolescents' dependency, hostility, negative worldview, negative self-esteem and depression. The researchers found significant positive correlation between father's rejection and hostility and adolescents' depression, hostility and conduct problems. An inverse relationship was found between father involvement and adolescents' dependency, hostility, negative self-adequacy, negative self-esteem, negative worldview, emotional unresponsiveness and depression. Results revealed that rejection from father, adolescent dependency and emotional instability emerged as significant predictors of depression in adolescents. Father's hostility and lack of involvement emerged as significant predictors of conduct problems in adolescents.

Naz and Kausar (2012) explored parental rejection and comorbid disorders in female adolescents with somatization disorder. Results indicated that adolescents with somatization disorder perceived their parents being significantly more rejecting and reported more anxiety and depression symptoms than the comparison group. Parental rejection had significant positive correlation with somatization disorder. Hostility/aggression and indifferent/

negligence (for PARQ mother) were significant predictors of somatization disorder.

Pakistan is a developing country and no data are available regarding the facts and figures of child abuse at government level. It is reported about 40% of 5 year old children suffered malnutrition; sixty-three percent of the children aged six months to three years are undersized, anemic and underweight. Infant mortality rate is alarming (81%). Only 1/3rd children are registered at birth so unregistered children are more susceptible to different kinds of abuses and exploitations from other persons (UNICEF, 2004).

In Pakistani scenario, physical abuse or corporal punishment is the most common part of daily disciplinary training by parents. Sometimes, it is so torturous that children receive severe physical injuries. As far as psychological and emotional abuse is concerned, most of the parents in Pakistani society do not even tend to understand their children's emotional and psychological needs, and no care is taken about their self-esteem and self-respect. Particular to the Pakistani culture context there exist some common misconceptions about child rearing practices, for example, obedience to parents and elders, adherence to family rules, use of physical punishment in matters of discipline, and acceptance of parental authority, especially that of fathers (Naz & Kausar, 2012).

Objectives

Present study focused

1. To determine the relationship among parental acceptance-rejection, childhood physical abuse, emotional abuse, sexual abuse and neglect.
2. To explore the sub-scales of parental acceptance-rejection, types of childhood abuse as predictor of severity of symptoms of conversion disorder.

Hypotheses

From the above stated objectives, the following hypotheses were created:

1. Childhood physical abuse, emotional abuse, sexual abuse and neglect would be positively correlated with severity of conversion symptoms.
2. Parental rejection would be positively related to severity of conversion symptoms.
3. Childhood physical abuse, emotional abuse, sexual abuse, neglect, parental rejection and demographic variables i.e., education discontinuation, broken family, nuclear family system, family size would be the predictors of severity of conversion symptoms.

Methodology

Participants

150 female adolescents already diagnosed with conversion disorder were approached and selected from the psychiatric units of three hospitals of Lahore, Pakistan. Age range of the adolescents varied from 13-18 years ($M=15.15$, $SD = 1.66$). Demographic characteristics of the sample are given in table 1.

Table 1
Demographic Characteristics of the Sample (N=150).

Variables	M (SD)
Father's age	45.47 (4.64)
Mother's age	42.82 (4.87)
Family monthly income in Pakistani Rupees	8745.90 (3696.23)
Education	f(%age)
Grade 8 and below	111 (73.9)
9-10	39 (25.0)
Education Status	
Continued	118 (78.7)
Discontinued	32 (21.3)
Family Type	
Broken Family	38 (25.3)
Intact Family	112 (74.7)
Family System	
Joint family system	113 (75.3)
Nuclear family system	37 (24.7)

Inclusion Criteria:

- Only those girls were included in the sample whose both parents were alive.
- The girls were clinically diagnosed with conversion disorder by clinical psychologist/psychiatrist.
- Girls who were regular patients of the selected hospitals.
- Girls who could read questionnaires because some questionnaires were self-administered.

Exclusion Criteria:

- Girls whose parents were separated by death or divorce.
- Girls who could not read independently.
- Married girls because of the reason that there would be many confounding marital stresses.

Ethical Considerations

Permission was sought from authors to use and translate assessment measures. Permission was sought from IRB to continue study. Permission was sought from Heads of Psychiatry department to collect data. Participants were informed about the purpose of the study. Participants were given informed consent. Participants were informed that they can withdraw from the study if they feel uncomfortable.

Assessment Measures

Demographic Information Questionnaire: Participant's demographic information were collected through using a demographic information questionnaire. This questionnaire included information related to gender, age, socio-economic status, birth order, family system, parental education and occupation.

Childhood Abuse Interview (CAI): CAI is an indigenously developed interview (Naz & Kausar, 2012) consisted of 44 items. CAI was used to assess adolescents with different types of abuse. CAI determined four sub-scales i.e., physical abuse (18 items), emotional abuse (12 items), sexual abuse (5 items) and neglect (9 items). The response options of the interview were in a yes or no format. The responses of the participants were recorded and scores

were determined. The Cronbach's alpha ranged from .59 to .90 for the sub-scales and .77 for total score of CAI for present research.

Parental Acceptance-Rejection Questionnaire (PARQ): The PARQ (Rohner & Khaleaque, 2005) measures the way adolescents perceives their parents' attitude towards them regarding acceptance-rejection. The scale comprised of separate forms for mother and father, each consisting of 29 items further divided into five sub-scales that include coldness/lack of affection, hostility/aggression, indifference neglect and undifferentiated rejection. PARQ is scored on four point Likert type scale with response options of "almost always true (4) to almost never true (1)". Total scores range from 29-116. The higher the score, more the child perceives her/his parent as rejecting. In this research, PARQ was used after translated it in to Urdu language. Cronbach's alpha of the sub-scales of PARQ (mother) for the present research ranged between .61 to .89. Cronbach's alpha of the sub-scales of PARQ (father) for the present research ranged between .71 to .90.

Somatoform Symptoms Scale (SSS; Naz & Kausar, 2012): To assess the symptoms severity of conversion symptoms, sub-scale of SSS was used. SSS is an indigenously developed scale. In SSS, all the symptoms of different types of somatoform disorders (according to DSM-IV-TR, APA, 2000) were translated into the Urdu language. For the sub-scale of conversion symptoms, the scale was based on the symptoms list that is used in DSM-IV-TR (APA, 2000) criteria for the disorder. These symptoms included sensory and motor symptoms for conversion disorder. Sensory symptoms (6 items) included loss of sensations, feeling extra sensations, loss of the part of sensation, loss of pain sensation, extraordinary sensations, and failure of a part of body. Motor symptoms (8 items) included whispering only, tremors of different body parts, stiffness in joints, difficulty in moving different parts of body, constipation, fits of cough, feeling suffocation, feeling numbness. The scale measures severity of symptoms on 5 point Likert-scale ranging from not at all (0) to very severe (4). Cronbach's alpha for this sub-scale for the present research is fairly good that is .87.

Procedure

After seeking permission from people in the concerned field the participating adolescents with conversion disorder were approached with the help of a psychiatrist. The participants were informed about the objectives of the research. They were given informed consent. The participants were given a set of questionnaires comprising CAI, PARQ (father, mother) and SSS. The participants were given instructions about filling of the questionnaires. They were told not to skip any item on questionnaires. Participation in this study was totally voluntary. The assessment procedure was done in a separate room. Parents were not allowed to accompany adolescents during the assessment process.

Results

Hypothesis 1. Childhood physical abuse, emotional abuse, sexual abuse and neglect would be positively correlated with severity of conversion symptoms.

Hypothesis 2. Parental rejection would be positively related to severity of conversion symptoms.

Pearson Correlation was employed to see the relationship of child abuse, parental rejection and severity of conversion symptoms. The results are presented in table 2.

Table 2
Relationship between Severity of Conversion Symptoms, Parental Rejection and Childhood Abuse (N=150).

Variables	Severity of Conversion Symptoms
PARQ (mother)	
Coldness/Lack of Affection	.47**
Hostility/Aggression	.38**
Indifferent/neglect	.43**
Undifferentiated Rejection	.45**
Control	-.17**
PARQ (father)	
Coldness/Lack of Affection	.48**
Hostility/Aggression	.42**
Indifferent/neglect	.44**
Undifferentiated Rejection	.48**
Control	-.10
Physical Abuse	.42**
Emotional Abuse	.35**
Sexual Abuse	-.01
Neglect	.22**

** $p < 0.01$

Table 3
Inter-Relationship between Sub-Scales of PARQ (Mother, in bold font), Sub-scales of PARQ (father, in normal font) N=150).

Sub-Scales (PARQ)	1	2	3	4	5
1 Coldness/Lack of Affection	-	.64**	.82**	.71**	.38**
2 Hostility/Aggression		-	.70**	.82**	-.10
3 Indifferent/neglect			-	.74**	.22**
4 Undifferentiated Rejection				-	.19**
5 Control					-

* $p < 0.05$. ** $p < 0.01$.

Table 4
Inter-Relationship between Sub-Scales of Childhood Abuse Interview (N=150).

Sub-Scales	1	2	3	4
1 Physical Abuse (CAI)	-	.66**	.12*	.50**
2 Emotional Abuse (CAI)		-	.11	.49**
3 Sexual Abuse (CAI)			-	-.01
4 Neglect (CAI)				-

* $p < 0.05$. ** $p < 0.01$.

Findings revealed that the sub-scales of PARQ mother, father i.e., coldness/lack of affection, hostility/aggression, undifferentiated rejection had significant positive relationship with the severity of conversion symptoms. But there is significantly negative relationship between the sub-scale of control (PARQ; mother) and severity of conversion symptoms. There is no significant relationship between the sub-scale of control (PARQ; father) and severity of conversion symptoms.

Results show that childhood physical abuse, emotional abuse and neglect showed significant positive relationship with the severity of conversion symptoms. But there is no significant relationship between childhood sexual abuse and severity of conversion symptoms.

Table 5
Stepwise (forward entry) for Predictors of Severity of Conversion Symptoms (N=150)

Predictors	R^2	ΔR^2	β
Step 1			
Coldness/Lack of Affection (father)	.23	.23**	.48**
Step 2			
Coldness/Lack of Affection (father)	.31	.30***	.40**
Discontinuation of Education			.27**
Step 3			
Coldness/Lack of Affection (father)	.33	.32***	.31***
Discontinuation of Education			.25***
Physical Abuse			.18**
Step 4			
Coldness/Lack of Affection (father)	.34	.33***	.21***
Discontinuation of Education			.23***
Physical Abuse			.16***
Undifferentiated Rejection (father)			.17*

Note. * $p < 0.05$. ** $p < 0.01$. *** $p < 0.001$.

Inter-correlation between the sub-scales of PARQ (mother, father) showed significant positive correlation between the variables of coldness/lack of affection, hostility/aggression, indifferent/neglect and undifferentiated rejection. But the sub-scale of control for both versions of mother and father showed significant negative correlation with other sub-scales.

Results revealed significant positive relationship between childhood physical abuse, emotional abuse and neglect. But there is no significant relationship between sexual abuse and emotional abuse and neglect and sexual abuse.

In order to see the predictors of severity of conversion symptoms, hierarchical Multiple Regression analysis was employed. The results are presented in table 5.

Results from stepwise regression analysis revealed that in the 1st step, coldness/lack of affection (father) emerged as significant predictor of severity of conversion symptoms. This variable accounted for 23 % of the variance. On second step, discontinuation of education emerged as significant predictor accounting 30% of the variance. On the third step, childhood physical abuse emerged as significant predictor severity of conversion symptoms. Physical punishment accounted for 32% of the variance. On the fourth step, undifferentiated rejection from father emerged as significant predictor for conversion symptoms accounting 33 % of the variance.

Discussion

Present study aimed to explore the relationship between parental rejection, childhood abuse and severity of symptoms of conversion disorder. It further explored parental rejection, childhood abuse and demographic variables as predictors of conversion symptoms' severity. Findings revealed that the sub-scales of PARQ mother, father i.e., coldness/lack of affection, hostility/aggression, undifferentiated rejection had significant positive relationship with the severity of conversion symptoms. Researchers have demonstrated the positive relation between parental rejection and development of psychopathology in children and adolescents. Findings of the present research are in agreement with those of Najam and Majeed (2012), who examined the relationship of perceived parental rejection and depression in children and adolescents. They reported that children who reported more

rejection from parents were more depressed. Similarly, Najam and Kausar (2012) noted that father's warmth and affection had significant negative relationship with depression in adolescents. Naz and Kausar (2012) explored parental rejection and comorbid disorders in adolescents with somatization disorder. Results revealed that adolescents with somatization symptoms perceived more rejection from their parents, had more depression and anxiety symptoms than normal adolescents. Parental rejection had positive correlation with somatization disorder. Hostility/aggression and indifferent/negligence (for PARQ mother) were predictors of somatization disorder.

Further, the research findings show significantly negative relationship between the sub-scale of control (PARQ; mother) and severity of conversion symptoms but there is no significant relationship between the sub-scale of control (PARQ; father) and severity of conversion symptoms. In Pakistan, parental control is considered as an essential part of training of children. Especially mothers are expected to control their daughters i.e., girls cannot go out of the home alone, they cannot do jobs without parents' permission or in some segments of society, parents choose husbands for their daughters and girls are forced to marry with the person they have chosen. So, parental control is very important in Asian countries. May be because of these reasons, parental control had negative relation with the severity of conversion symptoms. Results of the present research are in line with those of Barnow, Lucht and Freyberger (2001) who found parental rejecting attitude correlated with the development of psychopathology in children. Barnow et al. noted that family environment and parental abusive attitude was strongly related to aggressive behaviour of children in later life.

Results show that childhood physical abuse, emotional abuse and neglect showed significant positive relationship with the severity of conversion symptoms. The findings of the present research are in line with the research findings of Malik (2010) who did research with abused children. The researcher found that severely abused children perceived their parents, both fathers and mothers, more rejecting than other two abused groups (mild and moderate).

Contrary to the expectations, we found no significant relationship between childhood sexual abuse and severity of conversion symptoms. In actual, many of the adolescents did not report sexual abuse. Many were reluctant to disclose information about sexual abuse. In Pakistan, because of typical cultural and religion context, it is very difficult to talk about sex or sex related issues with unmarried adolescents especially with girls. Beside this, in agreement with our results, many of the researchers noted that childhood physical and emotional abuse was much important in developing psychopathology than sexual abuse. As Scott, W., Scott, R. and McCobe (1991) argued that parental rejection, hostility and neglect were the commonest problems in the lives of adolescents with behavioural problems.

Stepwise regression analysis results revealed that in the 1st step, coldness/lack of affection (father) emerged as significant predictor of severity of conversion symptoms. On second step, discontinuation of education emerged as significant predictor of severity of conversion symptoms. On the third step, childhood physical abuse emerged as significant predictor severity of conversion symptoms. Fourth was the last step on which undifferentiated rejection from father emerged as significant predictor for conversion symptoms.

However, Malik (2010) found emotional abuse instead of physical abuse in children. The reason can be that we took female adolescents who had developed psychopathology. In Pakistan, due

to cultural taboos, it is common to beat children especially girls physically. This can be because abusive parents hold negative emotional traits like hostility and rejection, detached and unresponsive parenting (Gelfand & Teti, 1990). Driajer and Boon (1990) examined the relationship between childhood physical and sexual abuse and adult dissociation. They found that sexual abuse combined with physical abuse found to be strongly correlated to adult dissociation. There are some studies (Swett, Halpert, 1993; Mulder, Beautrais, Joyce & Fergusson, 1998) which described physical abuse was more important than sexual abuse in explanation of adult dissociation.

Further, the findings show that discontinuation of education emerged as a significant predictor of severity of conversion symptoms in girls. In Pakistan, women are not encouraged to study or do work. Rather, many segments of Pakistani society consider women education and job as a curse. Many parents force girls to leave school after fifth or eighth grade. They considered that girls should stay at homes and do household work. Discontinuation of education separate girls not only from education but also from their school friends and thus create many psychological symptoms. Thus, discontinuation of education was an important variable of the study and it was assumed that it may be a predictor of severity of conversion symptoms. We found no research conducted on discontinuation of education as a variable which contribute in the development of psychopathology. It can also be other way around, may be because of severity of symptoms, girls discontinue their education which can be cause of another tension. The family system in Pakistan is closely intertwined one. A family in Pakistan is different from American or European families in innumerable ways like culture, ways of living, regard and obedience for elders, joint and elaborated family system and stronger contact with each other (Mohsin, 1990).

Conclusion

Parental rejection in combination with different kinds of childhood abuse significantly predicts conversion symptoms in adolescent girls. The findings have highlighted the importance of parenting styles especially perceived rejection and neglect entangles with childhood physical, emotional/psychological, sexual abuse and neglect suggest the significance of interpersonal relationship between parents and children especially in girls in Pakistan.

Limitations

In the present study, the sample was selected from only specific hospitals i.e., government hospitals. Moreover, the sample contained girls only. For future research, it is suggested that the sample should include boys also and the sample may be recruited from private clinics also so that comparison should be made both in terms of gender and public-private hospitals levels.

Implications and Suggestions

The present study has addressed the issue of childhood abuse and parental rejection, which is common in Pakistani families. In Pakistan, in several families, girls experience neglect and comparatively they are less preferred to the boys in their homes. The results provided evidence of a relationship between parenting styles, childhood abuse and conversion symptoms in girls, however

further researches are needed to strengthen the results. The findings can help parents in understanding their children's perception of parental attitudes and how its association with childhood abuse can further lead to the development of psychopathology in adolescents. This relationship of parenting style with childhood abuse can help researchers in the field to focus and understand the phenomenon and lead to further investigation. The parental awareness regarding child rearing practices and female children's rights is highly important to enhance the quality of family life and to prevent incidence of childhood abuse and rejection. There is a need to enhance the parental awareness about harms of their inconsistent discipline and abusive behaviours for the personality development of their children. Family related education should be incorporated as an important part of our educational curriculum to foster responsible and caring attitudes and behaviours towards their children on the part of parents. NGOs working in Pakistan in the area of child abuse should understand the gravity of the issue as all types of abuse has its origin in the home environment. So they must focus this issue from this dimension to raise public awareness about serious problem.

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