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Inter-generational Conflict and Psychiatric Symptoms

M. F. EL-ISLAM, S. I. ABU-DAGGA, T. H. MALASI and M. A. A. MOUSSA

Secondary school pupils and their parents were investigated using the scaled version of the General Health Questionnaire (GHQ–28) and by a questionnaire designed to study attitudes involved in inter-generational conflict in psychiatric patients. Parent–pupil and interparental conflict in answers to the attitude questionnaires were taken as measures of inter-generational and intra-generational conflicts respectively. The former significantly exceeded the latter. Parent-student conflict was higher when the students involved were females, Kuwaiti, or had less educated fathers. The tendency of the number of reported GHQ symptoms to be higher in members of families with higher inter-generational conflict did not reach statistical significance. There is an apparent discrepancy between this finding and the prominence of inter-generational conflict in clinical material.

Inter-generational conflict has been known since the days of Socrates (Ness, 1959), although Mead (1970) stated that 'the breakdown between generations is wholly new: it is planetary and universal'. Western literature on inter-generational differences or the 'generation gap' reports a spectrum of findings. These extend from inevitability (Davis, 1940) and dramatised descriptions of active warring conflicts or attempts of the young to exist in the present without any linkage to the past (Michael, 1965; Feuer, 1969) at one extreme to denial of the existence of a generation gap (Lerner & Weinstock, 1972; Lauer, 1973; Barclay & Sharp, 1982) at the other.

Reports on inter-generational conflict from the Arab world relate it to several factors: parental attempts to direct children in accordance with parents' aspirations rather than their own interests (Hamza, 1959); exposure to Western influences (Nagati, 1963); adoption of more progressive values by the young (Sultan *et al*, 1972); rigidity of parental control (Torky, 1974); or loosening of parental control (Hassan, 1977). The conflict centres mainly around patterns of relationships in the Arabian family, methods of marriage, and the emancipation of women (El-Islam, 1983). Clinical research in the Arabian Gulf area revealed that inter-generational conflict was involved in the presentations of 57% of cases of attempted suicide, 20% of neurotic and depressive illnesses, and 17% of schizophrenic illnesses (El-Islam, 1974, 1976, 1979; El-Islam *et al*, 1983). Alcohol consumption to the extent of dependence may be motivated by anti-parental and anti-cultural attitudes of some youths in Gulf countries where the Islamic code prohibits the use of alcohol (Demerdash *et al*, 1981).

The present study examines the relationships between inter-generational conflict, psychiatric symptoms, and some demographic variables of members of two generations in Kuwait, where major socio-economic and cultural changes have taken place since the discovery of oil, e.g. expansion of urban areas and shrinkage of Bedouin (nomadic) life. It was hypothesised that conflict differs acording to nationality, sex, and upbringing (urban versus Bedouin) and that age and educational differences between parents and students correlate positively with conflict. The association of inter-generational conflict with case presentation in clinical material led to the hypothesis that greater conflict is likely to be associated with more reported symptoms.

Method

A stratified sample of secondary school pupils was obtained. One district was randomly selected from each province, and the schools in each selected district stratified according to sex; two government schools (one for males and one for females) were randomly drawn from each district. Age was controlled by including only third-year pupils (11th standard) in secondary schools (age range 15–19). The number of pupils drawn from each school was in proportion to the population density in the school's province. Selection procedures were based on a full directory of schools and pupils, provided by the Department of School Social Services. To give unbiased estimates, every unit in the final stage of sampling had a chance of being drawn.

Eight schools (four for girls and four for boys) were selected. The proportions of Kuwaiti pupils were in the region of 40%–60% in each school; non-Kuwaiti pupils in government schools are Mediterranean Arabs whose fathers have been employed for long periods in Kuwait. Third-year rather than final (fourth-year) pupils were selected because the latter are likely to be anxious on

account of the decisive nature of the final year in relation to future university education and career prospects.

The age and nationality of pupils and their parents were recorded. The level of education of parents was determined according to the highest level reached at school, and an education score given: 0 = illiterate; 1 = standards 1–4; 2 = standards 5–8; 3 = standards 9–12; and 4 = higher standards. Since the pupils were in standard 11, their education score was 3. The education gap is the difference in education scores between family members, being negative if the parent's score exceeded 3. The locality where pupils spent their first ten years of life was recorded as Kuwait city (urban), Kuwaiti Bedouin (nomadic) areas, or outside the country of Kuwait.

For this investigation, inter-generational conflict was defined as disagreements between pupils and their parents (Jacobsen *et al*, 1975). The former often seem to reject traditional attitudes to patterns of family relationships, methods of marriage, and the emancipation of women; these three areas were chosen for study on the basis of their prominence in clinical material. Such disagreement carries the potential for strife, although it is not necessarily associated with overt clashes as an expression of the ideational conflict.

An attitude questionnaire was designed for this study, consisting of 36 statements about attitudes to family relationships, methods of marriage, and the emancipation of women. (Both Arabic and English versions of the questionnaire are available from Professor El-Islam on application). Statements were derived from accounts of young patients whose illness involved conflict in these areas, from their parents, and from volunteers (mostly healthy relatives of patients), who were asked to describe current attitudes of members of both generations in these areas. Sixteen statements centred around family relationships (area 1), twelve around methods of marriage (area 2), and eight around the emancipation of women (area 3). Half the statements in each area expressed the traditional attitude, while the other half conveyed the non-traditional attitude; their order was randomised. Within each area traditional and non-traditional scores derived equally from agreement and disagreement answers to the statements provided.

Pupils were only included if they had lived with both genetic parents since childhood. Linear one-to-one parent–child differences, rather than differences between a parents' group and a children's group, were sought. The questionnaire was administered directly to parents and pupils, unlike the studies of Al-Aasser (1978) and of Melikian (1981), who relied on members of the younger generation to obtain information about their parents' value-attitude system as perceived by the youths themselves. For every pupil and parent, a score for non-traditional (liberal) answers was obtained in each area (maximums of 16, 12 and eight in areas one, two and three respectively). Conflicts in answers to statements were counted, and scores obtained for father–pupil, mother–pupil and father–mother attitude conflict in the areas examined.

To detect the presence of psychiatric symptoms in pupils and their parents, we produced an Arabic form of Goldberg & Hillier's (1979) scaled version of the General Health Questionnaire (GHQ–28). It was found necessary to modify the form and style of the English test before it could be applied to Arabs; for example, a less condensed layout of alternatives facilitated the choice of answers, and items which did not translate well had to be rephrased to convey the meaning in common Arabic methods of parlance. GHQ–28 has four seven-item scales: somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression. The answer to each question was chosen from four alternatives, related to the present state of health. For example, when enquiring about a symptom 'S', alternatives from which a candidate chose an answer would be: A. I never experienced S; B. My experience of S is no more than usual; C. My experience of S is a little more than usual; D. My experience of S is definitely more than usual. The scoring method 0, 0, 1, 1 was used for the A, B, C, and D alternatives respectively; the range of possible scores therefore extended from 0 to 28.

Both questionnaires (Attitude and GHQ–28) were administered at the same time by school social workers, who received prior coaching in the method of administration and in explanation of instructions and statements in case they should be asked to clarify them by pupils or parents. For illiterate parents, the social worker had to read the instructions and statements, and mark the answers on the questionnaire sheets.

Non-parametric methods were used; Kruskal-Wallis one-way analysis of variance by rank was used to test whether more than two groups derived from the same population. This test is more useful than extension of the median test, because it utilises more of the observed data. Pairwise comparisons of medians were made using the Mann-Whitney test; since it considers the rank value of each observation this test is more useful in deciding on rejection of the null hypothesis than the 'median' test, which depends on the location of observations in relation to the combined median.

Results

Initially, 479 pupils were asked to participate—equivalent to 5% of all 11th standard students in government schools—but only 414 agreed to have their parents involved. They were studied during the period December 1982 to February 1983. Thirty-three pupils living in one-parent families (30 Kuwaiti and three non-Kuwaiti) were excluded; the missing parent was often the dead father. In the remaining 381 subjects the nationality distribution was similar among both sexes: 123 male and 100 female Kuwaitis; 88 male and 70 female non-Kuwaitis.

Pupils had significantly higher median liberal attitude scores than parents; the difference between parents was significant only in the area of emancipation of women (Table I). Examination of the median number of differences (i.e. the degree of attitude conflict) between pupils and fathers, pupils and mothers, and between the parents themselves in responses to the attitude questionnaire revealed significant differences between father-mother attitude conflict and both father-pupil and mother-pupil attitude conflicts. Differences between father-pupil and mother-pupil attitude conflicts were not significant for either male or female pupils.

TABLE I
*Liberal attitudes questionnaire: median scores for 381 families**

Attitude area	*No. of questions*	*Fathers*	*Pupils*	*Mothers*
1. Family relationships	16	6.4	7.4	6.4
2. Marriage	12	6.7	7.8	6.8
3. Women's role	8	3.1	3.9	3.5
Total	36	16.4	19.4	16.8

*$P<0.001$ for differences between fathers, mothers and pupils in all areas, between fathers and pupils in all areas, and between mothers and pupils in areas 1 and 2. $P<0.005$ between mothers and pupils in area 3.

TABLE II
Liberal attitudes, attitude conflicts and GHQ median scores: differences between male and female pupils

	Male (n=211)	*Female (n=170)*	*P*
Liberal Attitudes			
Area 1	7.5	7.4	NS
Area 2	7.7	8.0	0.007
Area 3	3.2	4.7	<0.001
Total	18.5	20.2	<0.001
Attitude Conflict with father			
Area 1	4.0	4.4	NS
Area 2	3.4	4.9	<0.001
Area 3	2.9	3.3	<0.001
Total	10.5	12.8	<0.001
Attitude Conflict with mother			
Area 1	4.0	4.4	NS
Area 2	3.2	4.4	<0.001
Area 3	2.5	3.2	0.002
Total	10.5	12.2	<0.001
GHQ Total	6.0	8.4	<0.001

Pupils reported more symptoms on GHQ (median 7.2) than fathers (median 3.0) and mothers (median 3.5); the differences between these groups were statistically significant ($P<0.001$). Pairwise differences between pupils and either parent were statistically significant ($P<0.001$), but the difference between the parents was not.

Differences between male and female pupils

When male and female pupils were compared, significant differences were found in both Kuwaitis and non-Kuwaitis in their attitudes, in their parent-pupil attitude conflict, and in their responses to GHQ (Table II). Female pupils in general had significantly more liberal attitudes than males, and significantly more parent-pupil attitude conflict in areas two and three. GHQ-reported symptoms among female pupils significantly exceeded those in males.

TABLE III
Liberal attitudes: differences in scores between Kuwaiti and non-Kuwaiti families

	Kuwaiti families (n=223)	*Non-Kuwaiti families (n=158)*	*P*
Father	15.4	17.5	<0.001
Mother	15.7	18.2	<0.001
Pupil	18.9	20.0	<0.002

Differences related to nationality and childhood upbringing

Non-Kuwiati pupils of both sexes were significantly more liberal than their Kuwaiti counterparts (Table III). Only 19 pupils spent their childhood outside Kuwait; they were excluded from this analysis. Pupils brought up in Kuwait city (urban area) were compared with those brought up in Bedouin (nomadic) areas outside the city; they did not differ significantly from each other in their median liberal attitude scores.

Age and education gaps

The ages of pupils ranged from 15–19 years (mean = 16.3). Pupils with father-student age gaps of less than 30 years were compared with those with age gaps of 30 years or more. Younger parents, especially fathers, tended to have higher median scores on liberal attitudes, but their parent-pupil conflict was not significantly different from that of older parents.

Compared with the less educated fathers, those with equal

TABLE IV
Median GHQ scores for above-median and below-median scorers on attitude conflict

Group	*n*	*Median GHQ scores*		
		Fathers	*Mothers*	*Pupils*
Father-pupil attitude conflict				
Above median	198	3	4	8
Below median	183	3	3	7
Mother-pupil attitude conflict				
Above median	174	3	4	8
Below median	207	3	3	7
Father-mother attitude conflict				
Above median	200	4*	4**	7
Below median	181	2*	2**	7

*$P = 0.003$.
**$P = 0.014$.

or higher education (education gap ≤ 0) had significantly higher non-traditional scores and tended to have lower parent-pupil attitude conflict scores in their families. Mothers were all younger and, with the exception of three Kuwaitis, less educated than fathers. Mothers whose education was less than their children's were significantly less liberal and had significantly more conflict with their children.

Differences in GHQ in relation to attitude conflict

We compared the GHQ scores of pupils with attitude conflict scores above and below the median. Higher conflicts tended to be consistently associated with higher GHQ symptom scores in all family members; the increase in symptoms with increase in conflict was statistically significant only in parents in relation to their own attitude conflict (Table IV). On the other hand, GHQ scores for subjects with liberal scores on the attitude questionnaire above and below the median did not show any consistent trends. Pupils who failed their final examinations in May/June 1983 (73) were examined as a separate group; their scores on the various parameters, including GHQ, did not differ from those of the sample population as a whole.

Discussion

The finding of significant differences between parent-pupil and father-mother attitude conflicts confirms that the idea of parent-pupil conflict has some basis in fact. That female pupils have more liberal attitudes than males seems to be a reaction to their socio-culturally disadvantaged position (El-Islam, 1982), for which non-traditional attitudes seem to offer a remedy. Hence, the differences in liberal attitude scores between male and female pupils are most prominent in the area of emancipation of women.

Our estimate of parent-pupil conflict, which derived from differences in each parent-child unit, is quite revealing in contrast with studies that looked for differences between pooled attitudes of parents and of pupil cohorts, where pooling masked linear differences and no generation gap was found (e.g. Freeman, 1972). The findings of Thurnher *et al* (1974) that women are less likely than men to conflict with those adopting different values and attitudes cannot be exemplified by our finding that female pupils have more conflict with their parents than males in the studied attitudes. Same-sex parent–child conflict did not differ significantly from different-sex parent–child conflict; this finding contrasts with the conclusion of Aldous & Hill (1965) that more inter-generational continuity exists in same-sex family lineages, and with the contrary findings of Jacobsen *et al* (1975) that more differences are encountered between same-sex parents and their children.

Greater attitude conflicts exist in Kuwaiti families at both the inter-generational and parental intra-generational levels. The roles of coexisting indigenous and imported value orientations are important in this respect. Non-Kuwaiti Arabs in Kuwait come from more Westernised Arab countries; they bring to Kuwait not only their expertise, but also their attitudes and life styles which are at variance with local tradition (Melikian, 1981). Moreover, the wealth of Kuwaitis following the discovery of oil has made it possible for them not only to obtain Western commodities, but also to be exposed to European and American attitudes and values, through the mass media and tourism.

The failure to find significant differences in liberal

attitudes between pupils with urban or Bedouin upbringing may point to the greater importance of the common current social conditions and social institutions in shaping attitudes. However, inter-generational conflicts in attitudes were greater in families of pupils who had also been exposed to greater Westernisation during their Kuwait city upbringing, as compared with families of students with Bedouin (nomadic) childhood. The difference was significant only in mother-pupil conflict, possibly because of the poorer education of mothers.

The scope of liberal attitudes adopted by our pupils was generally similar to that described by Mehryar & Tashakkori (1978) in Iranian students who had a similar educational standard: they rebel against traditional parental authority, arranged marriage systems, and the restriction of the role of women to marriage and mothering. The challenge involves attitudes related to methods of marriage and to the emancipation of women more than those related to the area of family relationships. Conflict in the latter area accounted for a relatively small portion of the total, although it was probed by 16 of the 36 items in the attitude questionnaire. There may be a core of inter-generationally agreed family relationships that forms a 'point of strength' in the Gulf family (Melikian, 1981).

Since older parents are likely to be also less educated, disentanglement of the correlates of parental age and education may be difficult (Meidan, 1981). Barakat (1960) and Al-Eassa (1979), in their studies of other Gulf communities, pointed to the excess of non-traditional attitudes among the educated, but did not study the conflicts arising therefrom. Since Kuwaiti men are more likely to remarry at an older age than non-Kuwaiti men (El-Islam, 1982, 1983), they tend to have larger father-pupil age gaps. Non-Kuwaiti men whose children are admissible to the government schools which were studied are mostly professionals or technicians, i.e. they are relatively better educated than Kuwaiti fathers, and hence edcucationally closer to their children.

The tendency to have a greater number of GHQ symptoms in association with above-median attitude conflicts and the absence of such a relationship between GHQ symptoms and liberal attitudes suggest that it is conflict of attitudes, rather than the adoption of non-traditional attitudes as such, that is likely to be associated with symptoms. Inkeles & Smith (1974), rather than discovering adversity, found better psychological adjustment in association with modernisation of social attitudes. What is important for the development of clinical symptoms seems to be the perceived inadequacy of supportive relationships in the face of stress (Henderson, 1981). Since the area of family relationships is the least conflicting in the families studied, family relationships may absorb the tension of disagreements in other areas (Lowy, 1983), e.g. methods of marriage and emancipation of women.

We did not assess the mental health of pupils and parents by psychiatric interviews. Therefore, it is not implied that the observed attitude conflict and reported GHQ symptoms are necessarily indications of poor mental health. Moreover, the similarity of attitude conflict and GHQ scores in pupils who failed and those who passed their final school year examinations does not support a case for inter-dependence of attitude conflict, GHQ symptoms, and scholastic achievement. Kim *et al* (1983), however, attributed both symptoms and poor school achievement, at least partly, to a decline in traditional attitudes among adolescent students.

How can the frequent encounter of inter-generational conflict in clinical psychiatric practice be reconciled with the much less noticeable and statistically insignificant association between inter-generational conflict and GHQ-reported symptoms in this community sample? Masterson (1967) found that feelings of anxiety and depression were as common in adolescents who have never had treatment for psychiatric disorder as in a sample of adolescent patients. In their investiagation of the generation gap, Rutter *et al* (1976) found that a large proportion of the adolescents examined by questionnaire reported insomnia and feelings of depression, yet their psychiatric examination often failed to detect any psychiatric disorder. They differentiated the common adolescent experience of turmoil associated with parent-adolescent 'alienation' from psychiatric disorder that associates with parent-adolescent 'stresses'. Our adolescents' feelings of turmoil were detected by the GHQ, although probably they were neither spontaneously reported as complaints nor noticed by adult family members. Only in a minority of adolescents does inter-generational conflict make it difficult for the family to cope with adolescent problems using its intrinsic resources; in these cases the conflict is instrumental in provoking a search for psychiatric help.

The clinical psychiatric significance of inter-generational conflict is therefore likely to be over-estimated if we rely solely on data from our clinical material. Moreover, since inter-parental conflict is significantly more likely to associate with GHQ symptoms in either parent than is inter-generational conflict with symptoms in pupils or parents (Table IV) no specific pathogenic effects could be attributed to the conflict being inter-generational rather than intra-generational. Finally, though conflict or

alienation may lead to psychiatric disorder, the reverse may also be true (Rutter *et al*, 1976).

Since our study attempted to find group differences in the reported prevalence of symptoms, we used GHQ–28 solely for this purpose without attempting to demarcate illness and well-being, or to define 'cases' with cut-off points for sensitivity or specificity at this stage. The groups we studied cannot claim to be represenative of the total youth population they derive from: obvious constraints include the requisites for admission of non-Kuwaitis to the government schools studied and the inability to investigate the paternal social class correlates of our findings. In Kuwait, social classes defined by standards of living are not consistently dependent on educational and occupational achievements (Kurtz, 1981).

Thus, our hypothesis that the magnitude of inter-generational conflict varies with differences in nationality and sex was confirmed, but the hypothesis about relationship of conflict to locality of childhood upbringing was only partly confirmed. Inter-generational educational differences, rather than age differences as such, showed a positive association with inter-generational conflict. Our hypothesis that greater inter-generational conflict associates with more symptoms did not receive statistical confirmation.

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*M. Fakhr El-Islam, FRCP, FRCPsych, DPM, *Professor of Psychiatry*
Sanaá I. Abu-Dagga, BA, *Research Assistant*
Taha H. Malasi, MRCPsych, DPM, *Assistant Professor of Psychiatry*
Mohamed A. A. Moussa, MSc, PhD, *Associate Professor of Community Medicine*

University of Kuwait, Faculty of Medicine, Box 24923, Kuwait

*Correspondence

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