



A STUDY OF THE SCHIZOPHRENOGENIC  
MOTHER CONCEPT BY MEANS OF THE TAT

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## ABSTRACT

### A STUDY OF THE SCHIZOPHRENOGENIC MOTHER CONCEPT BY MEANS OF THE TAT

by Robert George Meyer

Schizophrenogenesis can be interpreted as the mother, the dominant individual, taking from the child, the dependent individual whenever their needs conflict. The TAT was administered to assess the projection of this behavior into interpersonal events in the stories. The hypothesis is that mothers of schizophrenics will give more stories than mothers of normals in which the dominant individual takes from a dependent one when their needs conflict.

Six mothers of schizophrenics and six mothers of normals were administered the complete, female TAT sequence as well as four Symonds cards. They were matched on age, education, I. Q., age and sex of child, and number of children.

Each individual story was judged as pathogenic, neutral, or benign by a judge clinically sophisticated in this area. Criteria for each category were formulated, and a less experienced judge, using these criteria, categorized each of the randomly-presented stories. A score was then tabulated for each subject from the formula Pathogenic/Pathogenic + Benign.

The results led to the following conclusions:

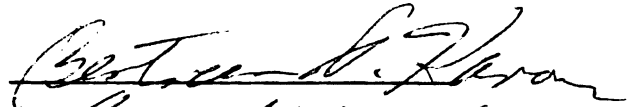
- 1) Mothers of schizophrenics can be significantly differentiated from mothers of normals by means of the TAT.

2) Criteria for classification as pathogenic, benign, or neutral can be communicated as well as formulated.

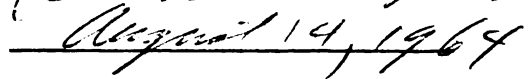
3) Support for the schizophrenogenic mother concept, whether as a cause or reaction, is indicated.

A discussion of the research is given, as well as several suggestions for future research.

Approved by:



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A STUDY OF THE SCHIZOPHRENOGENIC MOTHER CONCEPT  
BY MEANS OF THE TAT

By

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## INTRODUCTION

Schizophrenia is a mental disorder that has been extensively studied for decades. Innumerable causative factors have been put forth as the etiological agent in schizophrenia. Kallman (1946) saw it as a genetic phenomenon. Bellak (1958) more recently attempts to explain it under a total genetic psychobiological theory. Arieti (1955) defines it as the outcome of overwhelming anxiety engendered in early childhood. This is one of the most widely held views at the present time (see Appendix B).

The theory of the schizophrenogenic mother is an attempt to clarify the nature of the agent engendering the anxiety; the result of which is the severe early personality crippling called schizophrenia. Much of the theory of schizophrenia, psychoanalytic or otherwise, has evolved out of Harry Stack Sullivan's (1953) interpersonal theory. A destructive interpersonal relationship with the most significant other, the mother, results in introjected destructive attitudes toward the self (Szurek, 1956).

Fromm-Reichmann (1948, 1950) points out that the destructive relationship with this most significant other results in the interpersonal withdrawal so characteristic of the schizophrenic. From this early rejection, any future interpersonal contact becomes threatening.

Karon (1960, 1963, 1964) has further clarified the concept. In this regard, Karon (1963) comments, "The schizophrenogenic mother feels inadequate and compensates for her inadequacy by making demands on the child in terms of her own pathological needs without regard for the welfare of the child, whenever her needs

conflict with his. In many respects, the underlying problems of the schizophrenogenic mother are similar to those of the schizophrenic, but she defends against her anxieties by destroying the child." (p. 29).

This then is the essential theory. The destructive or schizophrenogenic mother takes from the child to satisfy her own needs; the benign mother interacts for the most part in the actual best interests of the child.

Several investigators have used questionnaire methods to study the mothers of schizophrenics (Mark, 1953; Freeman and Grayson, 1955; Gerard and Siegel, 1950). A single telling criticism nullifies the value of these studies, at least for this theory. The methodology necessarily loads the data with the conscious attitudes of the mothers, or even what they feel they should say. This is also true to a degree where non-projective measurements are used, hence projective data is needed.

Studies involving projective tests (Prout and White, 1950-51; Kohn and Clausen, 1956; Block, et al., 1958) have however suffered from two main criticisms. First, they employ the shotgun approach, thus it is often next to impossible to tell from which test the result came, or in some cases whether it actually came out in the interview. Secondly, replicable criterion are rarely formulated.

Yi-chuang Lu (1961) used the TAT to study this problem from the view of the schizophrenic rather than the mother. Many stories indicated very ambivalent feelings toward a mother-figure; seeing her as overtly benign, but with the implication of a destructive attitude that the patient cannot quite put his finger on.

The next step is to give the TAT to the mothers of schizophrenics; allowing them to project their attitudes toward dependent figures.

Karon has suggested it is possible to derive a score for the TAT which would measure schizophrenogenesis as described above.

## METHOD

Ss were six mothers of schizophrenic children and six mothers of normal children. The schizophrenic children were so judged by at least two psychologists and/or psychiatrists while the normal children were so judged on the basis of a school report, a report from an unbiased observer and an interview by the author. If any of the three criteria used for categorizing the children as normal indicated pathology, the child, and consequently a potential S, was discarded. The two groups of children were matched on the basis of age and sex.

Four of the mothers of the schizophrenic children were obtained from the Beth Moser Mental Health Clinic, Jackson, Michigan and two other experimental mothers from the Psychological Clinic, Michigan State University. Five of the control Ss were first contacted through a P. T. A. group. The sixth control was contacted through an acquaintance of the author.

Each S was seen for approximately fifteen minutes prior to testing in order to allay anxiety, establish minimum rapport, and offer assurances regarding the confidentiality of the test responses. All testing was done in the S's home, and all responses were recorded on tape.

Each S was administered the entire TAT sequence and four Symonds cards (A-7, A-9, B-2, and B-4, in that order). A five-minute break was given all Ss after E had administered either TAT card XVI or XVII. Non-directive questions were used sparingly, and only when it appeared that S had become confused in her response. At no time did E question S in order to facilitate the use of the subsequently-used scoring scale.

The stories were typed on separate sheets of paper, with no identification clues available. They were then presented in a random order to Judge I who, during the first judgment session, classified all stories as (1) pathogenic, (2) benign, (3) neutral, or (4) can't tell. Following this aspect, Judge I re-examined all stories placed in category (4) and reassigned each story to one of the first three categories.

At the same time, Judge I,<sup>1</sup> who made his judgments on the basis of his clinical theories as cited above, verbalized his criteria for classifying the stories, and these verbalized criteria were used to derive a scoring schema for each of the three categories (see Appendix A).

This scoring key and the randomized stories were then presented to Judge II. Judge II followed the same judgment procedure as Judge I except that he had studied and could make constant reference to the derived scoring key. Judge II did not verbalize his criteria for classifying the stories since he used the previously extrapolated themes.

The general criteria for scoring are two-fold. (A) Is there an interaction between a dominant and a dependent individual, both with somewhat conflicting needs? If not, the story is unscorable. (B) If there is such an interaction, does the dominant individual take the dependent individual's needs into account? If not, the story is scored as Pathogenic. If the dominant individual does take the dependent individual's needs into account, the story is scored Benign.

On the basis of the classifications made separately by Judges I and II, two scores were tabulated for each S using the formula:  $P/P + B$ , where P is the number of stories judged pathogenic by a judge, and B is the number of stories judged benign.

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<sup>1</sup>Bertram P. Karon

Table I. Data on Subject Population of Both Mothers and Children of Experimental and Control Group

Subject	Age of Mother	Age of Child	Number of Children	Education	Sex of Child	I. Q.
1*	35	9	4	11	M	110-120
2	38	8	3	12	M	90-110
3	33	8	4	12	M	90-110
4	34	7	5	12	M	110-120
5	45	12	3	8	M	90-110
6	47	14	4	10	M	90-110
7	23	3	2	12	M	90-110
8	26	3	2	12	M	110-120
9	44	16	2	12	M	110-120
10	46	18	3	14	M	120+
11	29	11	4	12	M	110-120
12	33	12	4	12	M	110-120

\* Odd numbers denote experimental subjects (mothers of schizophrenics); even numbers denote matched control subjects (mothers of normals).

## RESULTS

The following percentage scores on each subject were obtained by means of the formula  $P/P + B$ .

Table II. Percentage Scores by Each Judge on Individual Control Subjects

Subject	Controls					
	2	4	6	8	10	12
Judge I	.42	.30	.23	.44	.69	.29
Judge II	.50	.30	.35	.45	.71	.47

Table III. Percentage Scores by Each Judge on Individual Experimental Group Subjects

Subject	Experimental Group					
	1	3	5	7	9	11
Judge I	.69	.81	.75	.87	.84	.65
Judge II	.58	.72	.66	.75	.67	.50

The randomization test for significance obtained a .002 level of significance for Judge I, whose judgments were made with long familiarity in regard to this particular theory and syndrome.



This result indicates definite support for the schizophrenogenic mother hypothesis. Of course, for these results to be pragmatically useful as well as theoretically pertinent, a set of criteria which obtain significant replicable results need be formulated.

Thus, the rationale for the previously-mentioned derived criteria by Judge I is evident. Using these criteria, Judge II, a fourth-year clinical psychology graduate student, less sophisticated clinically in this area than Judge I, significantly correctly differentiated the subjects at the .02 level. This offers evidence for acceptance of the fact that these criteria are communicable.

The scorer-reliability coefficient obtained via the product-moment correlation coefficient was .89.

## DISCUSSION

The results cited indicate that mothers of schizophrenics can be significantly differentiated from mothers of normals through stories produced to the TAT. The criteria used support Karon's (1963) contention from clinical experience, clarified out of Sullivan (1953), that mothers of schizophrenics take for their own needs when there exist conflicting needs between mother and child; whereas mothers of normals for the most part do not.

These results, however, do not contradict a theory that describes the behavior of mothers of schizophrenics as reactive to an original schizophrenia. This theory is as likely as the theory that the taking "for her own needs" behavior is the causative factor in schizophrenia. It would take a different methodology to delineate this problem.

The second result, the judging by Judge II, indicates that these criteria can be formulated and communicated. One addendum is suggested for further research employing these criteria. When one encounters a pathogenic element in a story, one should not stop there, but should read the whole story carefully. If a benign element then contravenes, evidence indicates that the story is more correctly scored benign, or at least neutral.

Only one control attained a higher score than the lowest experimental mother, and vice-versa. These were the same women in both instances. A closer scrutiny offered no definitive rationale for this.

The control mother with both scores above .50 (No. 10), has raised three well-adjusted children; one in the face of a great handicap,

almost total blindness. She also was one of the older subjects, had the only 120+ I. Q., and was the only one to attend college (2 years). This could indicate that at the upper end of one or more of several continuums (age, I. Q., education, subordination of self, etc.) the criteria are not effective; a problem for future research.

Examination of the lowest scoring experimental mother offered no explanation for her relatively low scores (No. 11; .65 and .50). Her child was clearly and blatantly schizophrenic. Neither she nor any other experimental mother had a score below .50. Along with this, the range of scores for the controls is wider than that of the experimental mothers; an expected result in light of the differences between these two ranges of population.

The study suffers to a degree under two other points. First, the set-up of the judging situation and the recording of data for both judges was carried out by the author, who was then aware of the criteria, and was naturally oriented toward positive results. This was unintended, however, mundane circumstances such as a mixup in typing of the protocols, etc., necessitated this. A sincere effort was made toward objectivity, however, the degree to which sincerity controls the sending of subliminal cues is unverifiable here. This has to be controlled in follow-up research. Tangentially, it would be well to attempt to verify the results on judges neutral to or even negative to the generating theory.

Secondarily, the results hold only to male schizophrenic children; a condition partially dictated by the population available and the anticipated low N. Results are then needed throughout other populations.

This experimentally-oriented study has concerned itself with an area where theorizing has been dominant. The formulated criteria

obtained significant results and allowed communication. However, the study needs replication, refinement, and broader samples. It is more appropriately seen as a beginning rather than as a definitive study.

## SUMMARY

The schizophrenogenic mother is seen by several authors as the primary agent in schizophrenia; either in a causal or phenomenal manner. Previous studies have either re-iterated the theory with no proof, or have attempted to verify it by questionnaires or objective data.

This study employs the TAT, assuming the schizophrenogenesis will be projected into the stories. The hypothesis is then that mothers of schizophrenics will give more stories than will mothers of normals in which the dominant individual, the mother, takes from a dependent one, the child, when their needs conflict.

Six mothers of schizophrenics and six mothers of normals were administered the complete female TAT sequence and four Symonds cards. They were matched on age, education, I.Q., age and sex of child, and number of children.

Each individual story was judged as pathogenic, neutral, or benign by a judge clinically sophisticated in this area. Criteria for each category were formulated, and a less experienced judge, using these criteria, categorized each of the randomly-presented stories. A score was then tabulated for each subject from the formula Pathogenic/Pathogenic + Benign.

The results led to the following conclusions:

- 1) Mothers of schizophrenics can be significantly differentiated from mothers of normals by means of the TAT.
- 2) Criteria for classification as pathogenic, benign, or neutral can be communicated as well as formulated.

3) Support for the schizophrenogenic mother concept, whether as a cause or reaction, is indicated.

Several suggestions are given for future research.

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## APPENDIX A

General Criterion - This involves an interaction between a dominant and a dependent individual with conflicting needs, and the dominant individual takes the dependent individual's needs into account (benign); or does not take the dependent individual's needs into account (pathogenic).

### Pathogenic themes

- 1 Murder.
- 2 Boss driving worker hard.
- 3 Parents make boy study or practice when he doesn't want to.
- 4 Mother supposedly being kind, but not meeting expressed needs of child.
- 5 Mother showing particularity for one daughter over another.
- 6 Any kind of talking-to as a form of punishment.
- 7 Mother warning child on all things that can happen to him in growing up.
- 8 Mother telling child he hasn't worked up to his ability.
- 9 Subordinate who gives someone heck and loses job.
- 10 Husband gives wife news he is leaving town (or her).
- 11 Spying on girl friend, or being stood-up.
- 12 Monster ready to attack smaller animal (animal=people).
- 13 Happy old witch and pretty younger woman.
- 14 Man telling wife something to hurt her, e.g. - took secretary to dinner.
- 15 Mother reading child from Bible to teach her a lesson.
- 16 Woman and evil conscience; devil behind her; etc.
- 17 Mother feels what she has said to daughter hasn't done much good.

## Pathogenic themes (cont.)

- 18 Husband interrupts TV show wife is interested in.
- 19 Nasty remarks to a subordinate, making her unhappy.
- 20 King leading nation to ruin.
- 21 Mother doesn't like daughter (looks, make-up, attitude, etc.) even though daughter likes it.
- 22 Refusal of marriage bid; he's interested, she's not; etc.
- 23 Mother checking up on son (study, etc.).
- 24 Destructive witch themes.
- 25 Family "ruled" or "dominated."
- 26 Husband or father jealous or forbidding.
- 27 Woman harming child by punishment.
- 28 Suicide attempt to frighten someone.
- 29 Man pulling out of extra-marital affair, and she doesn't want to.
- 30 Losing interest in playing the violin.
- 31 Going to the cemetery to scare people.

## Neutral themes

- 1 No interaction between two people, though somewhat conflicting needs.
- 2 One person enjoying himself.
- 3 No people or living things.
- 4 Two people; but no indication of interaction.
- 5 Conflict with person's own needs, not other people's.
- 6 Thinking about a mother who was kind to her.
- 7 Wanting to join a dead person--an intrapsychic problem.

## Benign themes

- 1 Parents force child to do something (study); he is unhappy, they change.
- 2 Teacher consoling a problem child; helping a gifted child.
- 3 Guides leading animals (llamas) across difficult area.
- 4 Reunion of two people--both people pleased.
- 5 Person springing a pleasant surprise on another one.
- 6 Parent interrupts punishment by another one.
- 7 Stopping children from activity in which they would likely get hurt.
- 8 Woman trying to console man in trouble.
- 9 Father and daughter consoling each other after decease of mother.
- 10 Helping people at a disaster.
- 11 Son or daughter interested in advice from parent.  
(or stories)
- 12 Woman working hard for benefit of her children.
- 13 Mother thinking about children, and is happy.
- 14 Accepted proposal or protestation of love, or evidence of mutual love.
- 15 Mother admiring work of children or making something they will like.
- 16 Man heeds woman's wish not to leave.
- 17 Any attempt to help with no ulterior motive, (or console or comfort)
- 18 Prevention of disaster (suicide, murder, etc.).
- 19 Mother enlightening child about the birds and the bees.

## APPENDIX B

Schizophrenia is a form of mental illness or disorder that has been extensively studied for decades. The cause or agent of this disorder has been pinpointed at almost every locus of the human body and has been attributed to almost every causation factor known to man. Some theorists view it as an outcome of all of these factors; in sort of a genetic psycho-biological theory (Bellak, 1958). Others emphasize only one or several aspects.

In light of the past research on the subject, an all-explaining theory of schizophrenia would likely have to entertain many factors which contribute variably to the individual case.

However, schizophrenic reactions, whatever their causative agent, are a form of disorganization of the personality, a failure to achieve or maintain ego completeness or integration. Socio-cultural interaction has a great deal to do with shaping a person's ego or personality, and certainly this socio-cultural influence is interpreted and transmitted mainly through the parental influences. Though much remains theoretical or unexplained about the etiology of the schizophrenic, it seems certain the distorted socio-cultural factors as manifested in disorganized and destructive family interactions must be considered as a central factor.

As a result of the extreme helplessness of the human infant, the most important influence he experiences for his psychological development is that with his mother, and this importance diminishes only gradually in the early infant years; thus the possible importance of the mother in the genesis of schizophrenia.

Therefore, while remaining cognizant that many factors may play a part, this study is concerned with the recent emphasis given to the theory of the schizophrenogenic mother (Fromm-Reichmann, 1960; Karon, 1963).

Freud (1914) postulated a return to narcissism as the central factor in the etiology of schizophrenia. His influence in this area is as strong as elsewhere, and this is one reason that the outlook in regard to the cure of schizophrenia has long been pessimistic. Freud saw this narcissitic theory of the libido as negating the possibility of transference or other interpersonal processes; hence, the debunking of the potentiality of applying psychotherapy fruitfully to schizophrenia. Freudian-oriented analysts, such as Ferenczi (1929), have alluded to the effects of destructive mothering. However, no chrystalized theory was put forth.

Fairbairn (1954) has, in systematic form, indicated the significant change of thought in this regard. Freudian theory had indicated the two aspects of the oral and anal zones in psychosexual development; first, the lust-pleasure involved, and secondly, a means of interpersonal relatedness. Freudian theory has long emphasized the former aspect. However, Fairbairn points to the necessity of a reversal of emphasis, especially in order to understand the developmental aspects of schizophrenia.

### The Theoretical Concept

The systematic concept of the schizophrenogenic mother has then evolved out of the interpersonal theory of psychiatry promulgated by Harry Stack Sullivan (1952). Schizophrenia is seen as an outcome of destructive interpersonal relations with significant others, most especially the mother; and also involves the introjection of these hostile destructive attitudes. Thus, these attitudes, originally directed by the mother toward the child, are then directed by the self toward the self, an actual split of the personality. This introjection hypothesis is chrystalized in the work of Szurek (1956).

Consistent with the interpersonal approach, Sullivan points out that a single, benign relationship can often offset the destructive relationship and prevent schizophrenia (e. g.--the pre-adolescent chum). Unfortunately, the father is usually passive and ineffectual, and the child withdraws from other interpersonal relationships, including the potentially beneficial ones.

Fromm-Reichmann (1950) has continually emphasized that the attitude of the parents, especially the mother, is the prime factor in the genesis of schizophrenia. Emotional difficulties are seen as the result of problems in interpersonal relationships, and mental health is seen as directly related to the person's awareness of and ability to handle his interpersonal relationships. Thus, her rationale for psychotherapy as a strictly interpersonal process follows logically.

More specific to the study at hand, Fromm-Reichmann (1948) has emphasized the distrust and resentment of other people, "due to the severe early warp and rejection he encountered in important people of his infancy and childhood, as a rule, mainly in a schizophrenogenic mother." (p. 265).

This same theoretical concept has also directly influenced a psychotherapy that is almost antithetical to that of Fromm-Reichmann; the direct analytic approach of John Rosen. Rosen noted the direct relationship between the amount of parental narcissism and the lack of love for the child, and stated this is the most important factor in susceptibility to schizophrenogenic reactions.

Karon (1960, 1963, 1964) has also emphasized and further clarified the concept of the schizophrenogenic mother. The importance of the mother is pointed out in such problems as castration fear, traditionally held as a father-engendered fear. In regard to the schizophrenogenic mother, Karon (1963) comments, "The schizophrenogenic mother feels inadequate and compensates for her



inadequacy by making demands on the child in terms of her own pathological needs without regard for the welfare of the child whenever her needs conflicts with his. In many respects, the underlying problems of the schizophrenogenic mother are similar to those of the schizophrenic, but she defends against her anxieties by destroying the child." (p. 29)

Therefore, the mother is seen as using the child as a vent for her own pathological needs. Bettelheim (1950) has pointed this out when he notes that the mother of the schizophrenic often tends towards psychosis as the son or daughter moves toward health.

One now might ask such questions as: "What does schizophrenogenic mother mean?" It could be concluded that, the schizophrenogenic mother is one who by transference and projection, interprets her own needs, ideas of living, feeling, emotions, etc., as those of the child. Such adjectives as; "cold," "rigid," "over-indulgent," "impervious to the feelings of others," "harsh," "dominant," "intrusive," "unaffectionate," "overaffectionate," etc., have been used to describe the characteristics of such mothers.

The concept of the schizophrenogenic mother has been studied in various ways. Questionnaires, interviews, objective and projective psychological tests, as well as psychotherapy with child and/or mother have all contributed theoretically. The results and data compiled from these differing techniques and methodologies make up the foundation of this hypothetical point of view; that schizophrenogenic mothers are a significant factor in the genesis of schizophrenogenic reactions in their children.

A review of the literature provides an almost unlimited amount of research, findings, and conclusions drawn which are connected with this theory. However, because of the great source of material available and the vast range that it covers, it would be impossible to

review it all here; therefore a survey of some of the more pertinent or oft-cited studies regarding the subject will be given.

Mark (1953), in a study based on questionnaires completed by mothers regarding family relationships, child-rearing beliefs and practices, and attitudes about self and child, gave a parent-attitude scale to mothers of male schizophrenic veterans and a control group. This was a 139-item questionnaire with 100 mothers of male schizophrenics and 100 mothers of non-schizophrenics participating. Of the 139-items regarding parent-child relationships and attitudes, the groups differed on sixty-seven, which proved to be statistically significant. Mothers of the schizophrenics for the most part expressed restrictive attitudes and attitudes of both devotion and cool detachment. The general conclusion of this investigation is that mothers of schizophrenics are severely restrictive of their children and demonstrate considerable ambivalence in their attitudes.

Freeman and Grayson (1955) also employed the Shoben Parent-Child Attitude Survey. This experiment was conducted with a group of fifty mothers of male schizophrenic veterans who were contrasted with a like number of controls. These mothers had generally poor attitudes, were found to be possessive, ignoring, subtly dominating (rather than frankly so), expressed overconcern about the child's sexual behavior, which was accompanied by considerable ignorance concerning such matters; and they usually possessed an attitude of "self-sacrificing martyrdom." Of the scales based on this particular questionnaire, (Dominating, Possessive, and Ignoring), the Possessive Scale differentiated most significantly between the schizophrenics' mothers and the controls. However, even the most casual perusal indicates the Possessive was by far the most subtle of the three scales.

Gerard and Siegel (1950) constructed a questionnaire which they used to find out the family backgrounds of 71 male schizophrenics. A population of controls, 30, was also studied to evaluate the pattern of family relationships and attitudes found in the schizophrenics and find out exactly what effects they (family relationships and attitudes) had in the genesis of schizophrenia. There was a marked contrast between the degree and/or incidence of certain categories in the schizophrenic and control group.

A criticism that nullifies much of the value of the above studies, at least in regards to the theory of the schizophrenogenic mother is the method of measurement. What are being tapped are the conscious attitudes of the mothers, and in some instances, what the person feels the experimenter wishes to hear. Consequently, the theory needs support from more projective data.

Also, a prime difficulty with the results offered in the literature is that they are not readily comparable. It is impossible to assess the extent of equivalence with or divergence among the characterizations offered. Therefore, it is necessary to consider the results in light of the several methodologies used in the studies and try to correlate them as much as possible and see which characteristics are common to most studies, and yet have a value for this study.

The study of interviews focusing on family relationships, child-rearing beliefs, etc., is another means attempted for establishing a relationship between "schizophrenogenic mothers" and the etiology of schizophrenia.

Hadju Gimes (1940) was a pioneer worker of sorts in that she was the first to view the relationship from the patient's point of view. She pointed to the existence of a dominant-dependent relationship between the parents as prominent in the etiology of schizophrenia. However, the value of her paper, like most in this area suffers from

a lack of adequate methodology and statistical analysis. She also came to the unwarranted conclusion that a degree of physical starvation was a factor in the etiology of schizophrenia.

Kanner (1948) presented a composite view of the situation through a study of interviews with 55 autistic children and their parents. He felt that most of the patients were exposed from the beginning to parental coldness, obsessiveness, and a mechanical type of attention to material needs only. Kanner observed that the patients were the objects of observation and experiment by the mother; conducted with an eye toward fractional performance rather than with any genuine warmth and enjoyment.

Kanner also felt that the parents' behavior toward the children must be seen to be fully realized and appreciated. He often noticed that genuine maternal warmth was often conspicuously absent in the first interview session:

He observed that "as they come up the stairs, the child trails forlornly behind the mother, who does not bother to look back. The mother accepts the invitation to sit down in the waiting room, while the child sits, stands, or wanders about at a distance. Neither makes a move toward the other. Later, in the office, when the mother is asked under some pretext to take the child on her lap, she usually does so in a dutiful, stilted manner, holding the child upright and using her arms solely for the mechanical purpose of maintaining him in his position." (p. 422).

The problem in this case is that Kanner, as well as other theorists, differentiates the autistic child from the schizophrenic. Yet some theorists do feel they are merely two sides of the same coin. In any case, it has been pointed out that the dynamics may be analogous.

Concerning interviews guided along the lines of social needs of children, Dules Henry, commenting on the study by Fabian and Holden (1951), refers to the lack of inner emotional resources in the parents of schizophrenic children, and the absence of the idealistic love which should take the place of the vanished reality of infancy, as an important etiological factor in this illness. A composite view of the mothers through the interviews has pointed almost unequivocally to the failure of the parent-child relationship to adequately meet the emotional needs of the infant and child in developing their potential inner capacities and resources for the achievement of a sense of self-identity and maintenance of human interpersonal relationships.

In this connection, Szurek (1956) contends, from a series of interviews with mothers of psychotic children, that the psychological conflicts of these psychotic children are "incorporated replicas" of the destructive conflicts and attitudes of their parents, who struggle and manage to find projective and displaced solutions of their own conflicts through their children whom they turn into "scapegoats."

The parents of the most isolated, withdrawn children have been observed to be unspontaneous, highly indifferent to other, "robot-like" in their relationships, and confronted with the great difficulties in keeping their own daily lives in some semblance of order. "The mother has intensified unconscious needs for omnipotent, all-loving care and tenderness from her husband without any demands upon her. These unconscious needs turn into desperately necessary demands because of her own earlier frustrations and inadequate (ego) mastery of her own housewifely or other skills. Such frustrations and inadequacies constantly justify her own buried self-contempt." (p. 542)

These mothers then turn to their psychotic children for narcissistic and libidinal gratification in their regressive identification

with the helplessness of the child, yet without experiencing the child's paralyzing fear of being destroyed in the process. Nor can they minister to their needs in regressive states of panic and uncontrolled rage and aggression.

The major attitude seems to be associated with these mothers' lack of constancy and their predictable cycles of overinvolvement, alternating with frigid withdrawal from the child. The necessary attitude of flexible firmness, with its essential realism, respect for both self and others, unambivalent constant regard for the child's actual welfare, and the absence of anxious hostility and brittle reaction formations seems to be consistently absent. The ingredients of tenderness and trust in the mutual incorporative process between mother and infant, unburdened by the threatening realitory anxiety about its potential mutual destructiveness, seems to be deficient in the pathogenic relationship between the schizophrenic child and its mother.

Cases indicate that the symptoms of the children represent their responses to the mothers' unconscious wishes. Neither mother nor child is aware of the underlying unconscious motivations. In cases where the mother, because of her own psychosis, carries over to the child her projection or identification and her unresolved conflicts, the inability of the mother to separate herself from the child makes for a continuation of a relationship which is assumed to exist in infancy. This kind of interaction is possible through the extraordinary sensitivity of the child to the behavior of the mother, in a continuation of the phase of preverbal communication which these children seem to have preserved to a high degree. The child does not react to the mother's overt behavior nor even to her verbalizations, which seem to be appropriate to the reality of the situation, but rather to the unconscious

intents which the child perceives by subliminal clues which the mother gives through her facial expressions, shades of tone in her voice, movements, etc.

Reichard and Tillman (1950) labeled this subtle dominating mother as a "covertly rejecting mother." They also added that this domination by these mothers takes the form of overprotectiveness-- probably a reaction-formation against unconscious hostility--of such an extreme degree as to merit the appellation "smother love." Through babying them, these mothers prevent their children from ever becoming independent. They actually fear their children becoming independent. This leads to the development of a kind of symbiotic relationship between mother and child in which the two egos remain so fused and intermingled that the boundaries between them never become clear.

Another category into which Reichard and Tillman classified the schizophrenogenic mother was that of the "overtly rejecting mother." From their psychotherapy with such mothers, they concluded that these mothers had usually conceived unwillingly and were rejecting of their offspring from birth onward. These mothers were sadistically critical in their interpersonal relations with their offspring, and insisted that these patients meet their excessive demands for neatness and cleanliness, for politeness and observance of social forms, or for fulfillment of her own unfulfilled ambitions. At the same time they destroyed the patient's self-confidence by constant nagging, disapproval, and complete nonacceptance of him or her as a person. These mothers usually described their offspring as a "difficult, ungrateful, unresponsive, stubborn child who has been a chore and a burden." (p. 251)

One of the schizophrenogenic mothers studied by Reichard and Tillman was analyzed as a social climber who planned many social engagements into which she pushed her shy and bashful daughter despite the latter's protests. At the same time, she was very disdainful

of her daughter's social ineptitude. The patient was largely raised by nurses, usually strict ones, and punishments were often sadistic. "This mother made a great show of affection toward her daughter in front of other people, but when alone later would punish her for any minor misdemeanor. The patient always felt that her mother had never shown any real love for her." (p. 251)

Helm Stierlin (1959) has further clarified the characteristics of the symbiotic relationship. He states this symbiosis "denotes a relationship of intense interdependence between two people having the potential of becoming mutually beneficial, mutually harmful, or both. An example of a human symbiosis that is primarily beneficial is the normal relationship of mother and child." (p. 143)

However, he goes on to point out how often the mother does not really love the child, but simply needs the child because of her own pathology; using it as a means of her own self-justification and self-affirmation. He then goes to formulate what is essentially the theory of the schizophrenogenic mother. "She puts pressure on the child to experience and interpret reality as she the mother wants it. This applies most significantly to the perception and interpretation of psychological reality. The child must strongly believe and confirm by his actions that all of mother's behavior is an outgrowth and proof of love." (p. 145)

Cohen's (1947) psychotherapy with a particular schizophrenogenic mother viewed her as a self-centered, dominating woman who was quite without interest in people as persons and who constantly put up a false front and never faced facts. She openly admitted that she had wanted a son instead of a daughter when the patient was born. The patient had been criticized and laughed at by both her own mother and her socially and scholastically more successful sisters.



The above studies offer stimulating insights and interesting springboards for theories by their intensive interview methods. However, they lack adequate methodology, often in the way of control groups. It seems that more directly experimental studies are now called for; especially using projective methods.

Prout and White (150-51) took a group of twenty-five mothers of hospitalized male patients (experimental group) and a group of twenty-five mothers of nonhospitalized and nonschizophrenic males (control group), and administered Rorschachs to both groups. There was little demonstrable difference in the life histories between these two groups. The Rorschach data suggested a higher level of drive and more outgoing adjustment in the control group. The personality data evidenced a more ambitious, aggressive, and successful feeling as individuals in the control mothers. This results in a more free and realistic relationship with their sons. The experimental group, on the other hand, had less drive, less empathy, and less emotional stability.

The authors concluded that in their attitudes, the experimental group seemed less ambitious and less successful as individuals, but more ambitious for their sons whom they felt to be either the best child or the worst, but not a "moderate mixture." The experimental mothers tended to use their sons as stand-ins for their own frustrated roles in life. They stated fewer goals for themselves and showed fewer instances of self-realization. These mothers tended to live out their emptiness in their son's lives. They had definite ambitions and definite identifications, which made it hard for the son to experiment for himself without disappointing his mother.

However, the study is disappointing in that they base much of their findings on the conscious attitude interview data and for the most part do not take cognizance of the Rorschach findings except for what

could have been accomplished more parsimoniously. The value of the study was that it at least pointed the way to the use of projectives in this particular mode of research.

Block, Patterson, Block, and Jackson (1958) presented psychiatrists' conceptions of schizophrenogenic mothers. These investigators studied parents of schizophrenic and neurotic children. These parents were tested with Rorschach, the MMPI and selected TAT cards. Interpretation of the battery of tests on each case was made by means of the Q-sort method, (a rating scheme wherein a judge evaluates a large number of personality-relevant statements and ranks them in terms of their judged salience for the person under consideration). Three types of mothers were described: "(1) The puritanical mother, an overly controlled, highly moral, and determined woman who brooks no interference with her concept of the world. She is relatively nonsensual and cannot tolerate ambiguity. (2) The helpless mother, a weak, anxious, and confused woman who wants to be managed but has to sabotage the very control she requires. (3) The Machiavellian mother, who tends to be a manipulating and guileful person that clearly uses others in an attempt to attain power. She is devious, hostile, unforgiving, and unethical." (p. 459) The authors are quick to point out that these differentiations are only appropriate at the behavioral description level, and do not necessarily imply different dynamics.

Kohn and Clausen (1956) in their studies with psychological testing in schizophrenic patients found that schizophrenics remember their mothers as stricter, more self-assured, and more dominating than their fathers. The specific findings were: "(a) that the schizophrenic patients more frequently than normal persons of a comparable background indicate that their mothers had played a strong authority role; (b) that normal males report patterns of parental authority

behavior differing from those reported by normal females, but schizophrenic males describe much the same pattern as the schizophrenic females; similarly (c) normal respondents of differing socio-economic background report different patterns, but schizophrenics of differing socio-economic background report much the same patterns of parental authority relations; and (d) female schizophrenics who report strong maternal and weak paternal authority behavior say they felt much closer to their fathers than to their mothers, while male schizophrenics who report such authority relations say they were closer to their mothers." (p. 309).

Socio-economic factors, as mentioned in the preceding paragraph, and their influence on the mother, child rearing and intra-family relationships have received some attention also. These complicating factors in the schizophrenic's background have been studied by means of psychological and personality tests.

Lane (1955) has shown by means of the TAT, that the projected familial attitudes and their patterns are due more to the psychopathological factor than to the socio-economic one. When compared with the normals, the patients projected parental figures more frequently as "rebuking" and less often as "comforting." Generally, they indicated greater disturbance in intra-familial relationships. In Lane's investigation of paranoid schizophrenics; greater dependence on mother, oedipal attachment, and feelings of homelessness and rejection by parents, as well as greater interparental friction are noted, when compared with normals. The two Middle-Class groups (schizophrenics and normals) differed from each other on many variables; the two parallel Low-Class groups, however, differed on few. The Low-Class schizophrenics visualize the mother as more overprotective, deny her hostility, and idealize the mother more than their Middle-Class peers.

Yi-chuang Lu (1961) shows a 19-year-old male patient's unconscious conflict in relation to his mother through his description of the boy's story about a TAT card. The picture on Card 6 BM shows an older woman and a young man standing in a room, the young man holding a hat in his hand. The patient's responses show his strong unconscious desire to leave his mother, and yet some desire to cling to her. It reads, "Here is an old lady and a pretty young man. Maybe he is leaving her. It's in a house. She probably realizes that he is a grown man and he is no more a child. That doesn't add up, does it? She is sort of surprised that he is going. I don't know what to say about her. He doesn't feel too good either. Crazy story, eh! (laughs) He is ready to go, or maybe he has just come in. But I think he wants to go outside." (p. 140)

The child may come more and more to be the mother's chief source of satisfaction and the basis for self-vindication. When this happens, her need and drive to control the child will become greater and the mother will tend to become more and more both the source of affection and the source of authority for the child. The mother then starts to confuse, by transference and projection, her own needs, feelings, emotions, etc., with those of the child. The mother's unconscious needs, frustrations and inadequacies are then projected into unnecessary demands on the child.

This show of overprotection and overaffection may be due to a reaction-formation by the mother against an unconscious hostility against the child. This can reach an extreme degree in the case of "smother love." The mother has formed a primary love object of the child. There is disparity between what she expresses verbally and action-wise.

There is also a failure on the mother's part to recognize ego boundaries between herself and the child because of her obsessive

anxieties. In addition, there are frequently such generalized difficulties as uncertainty concerning her own sexual identity, low self-esteem as a woman, projective trends, and chronic distortions of situations in order to maintain a needed preconceived version of the self and the family. The child wants to rebel and rebuff the mother. When he finally does, his feelings are so ambivalent, he becomes very confused and schizophrenic reactions may form as a defense.

The second alternative is that the mother might reject the child openly. Rejection behavior by the mother may reflect the wish to be rid of the distorted marriage to which the child binds her. Or the mother may even regard the child as an intruder or competitor in the marital relationship. She may have conceived unwilling and then continues to reject the child from conception onward. The mother becomes cold and sadistically critical of the child. She destroys the child's self-confidence by constant nagging, disapproval and complete nonacceptance of him or her as a person. The mother is "robot-like" in her relationship with the child. She fulfills only the child's physical needs, but she won't fulfill his need for love and affection.

It is apparent that the concept of the schizophrenogenic mother has received much study, and a measure of validation. However, most of the studies suffered from one or more major drawbacks.

What is not needed is an experimentally oriented methodology using a projective measuring device that has proven itself in detecting the dynamics of interpersonal relationships. Also, the theory is more concerned with how the mother treats the child rather than how he post-facto perceives this treatment. Therefore, it would seem more fruitful to point the measuring device toward the mothers rather than the more readily-testable children, as is usually the case.

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