The Schizophrenogenic Mother Concept in American Psychiatry

Carol Eadie Hartwell

A schizophrenic is always one who is reared by a woman who suffers from a perversion of the maternal instinct.

John N. Rosen

THE DEVELOPMENT of the schizophrenogenic mother concept within American psychiatry has been something of an enigma. This interpersonal hypothesis of the etiology of schizophrenia involved a sharp break in the historical progression of understanding the disease. Though former promulgators have gone from calling the schizophrenogenic mother a “half truth” to a psychiatric “myth,” this psychiatric concept remains a puzzle, still (Arieti 1977, p. 353; Neill 1990). The circumstances surrounding the development, flowering, and decline of the schizophrenogenic mother concept have not been fully explored.

This study tracks the history of the concept within psychiatry, and in relation to social changes occurring in American society from 1927 to 1977. Bleuler (1919/1970, p. 111) observed that conceptual errors in medicine were not arbitrary but developed “with precision toward certain definite goals, which may be good or bad, clear or obscure.” It is this researcher’s view that the schizophrenogenic mother concept was developed in the context of psychiatric concerns, particularly the goal of establishing psychotherapy as an acceptable primary treatment for schizophrenia. The tension over women’s changing position vis-à-vis American men created a strain in the relation between the sexes in the larger culture during the historical period in which one segment of the psychiatric community espoused the schizophrenogenic mother concept.

An analysis of the schizophrenogenic mother concept can provide insight into the dynamic relationship between the sexes in society and how it can be mirrored in science.

An important point must be made clear at the outset: not all sociologically oriented researchers investigating schizophrenia accepted the idea of a schizophrenogenic mother as a primary causal agent. Some, particularly those in England, made headway in the treatment of schizophrenia by focusing on factors involved in relapse (as G. W. Brown and his colleagues). Others explored the social

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PSYCHIATRY, Vol. 59, Fall 1996
factors of anomalous family speech patterns (as M. Singer came to in the 1960s), features of the interpersonal relationships in families with a schizophrenic member, possible differences in parental interaction with schizophrenic and well children (Mishler and Waxler 1968; Waxler and Mishler 1971), and how family interaction affects individual thinking in cases of schizophrenia (Reiss 1967), without accepting the schizophrenogenic mother hypothesis. The data of well-designed studies sometimes lent tacit support to the schizophrenogenic mother thesis (Wender et al. 1971, p. 1017). Yet, not all researchers interpreted data consonant with an environmentalist position as evidence of a schizophrenogenic mother. The object of this paper is not to deny evidence that experiential factors are consequential to the onset and course of schizophrenia. Rather, this study specifically examines the schizophrenogenic mother concept and traces how the formulation developed over time.

The first systematic presentation of the view that mental illness could be explained in terms of brain pathology was accomplished by German psychiatrist William Griesinger in 1845. Morel differentiated “dementia praecox” from other dementia in 1860. By 1896 Kraepelin had systematically described and behaviorally categorized the manifestations of the disease. Kraepelin’s descriptive contribution to the understanding of dementia praecox was based on the premise that an organic process was underlying the disease. Bleuler (1911/1950) renamed the disease schizophrenia in his text, *Dementia Praecox oder Gruppe der Schizophrenien*, as he saw that it did not always arise in youth or terminate with dementia. Building on Kraepelin’s work, Bleuler (1911/1950) elaborated on the autism, the inappropriate affect, and the loose associations that occurred with other manifestations of the disease.

Freud (1911/1953) laid the groundwork for the psychodynamic interpretation of psychoses in his analysis of the memoirs of a paranoid jurist (the Schreber case). Nevertheless, like Bleuler, Freud (1913/1949, 1914/1949) saw schizophrenia as a disease determined by a hereditary predisposition. He advised that explorations into the etiology of illnesses involving such atypical development be left to biologists (Freud 1913/1949).

Beginning in 1931, American psychiatrists broke sharply with the ongoing contemporary understanding of schizophrenia when they implicated mothers in its etiology; some clinicians continued to do so for over four decades. Yet, there have been few studies that have focused solely on this anomaly. Reviews have generally accounted for the role of the schizophrenogenic mother concept to the intellectual context alone, some citing the rise of Freudian theory (King 1975). There has been a consensus that flawed research methods allowed the concept of a schizophrenogenic mother to be upheld and that the negative findings of better research caused its demise (Frank 1965; Hirsch and Leff 1975; Parker 1982). Yet, psychiatrists’ hardy embrace of the schizophrenogenic mother concept in the face of early criticisms suggests that more was at work in the upholding of the concept than flawed research.

The zeitgeist from which the schizophrenia-inducing mother concept emerged was one of significant social change in America, not the least of which was women’s changing position in relation to American men. The Industrial Revolution had left women with total responsibility for the domestic sphere, a power that was once shared. Sociologists observed a “masculinity crisis” in response to the social changes (Duppert 1974/1980; Kimmel 1987; Schlesinger 1958). Historian Arthur Schlesinger (1958, p. 64) saw American men “[f]leeing from the reality of femininity.” During the 19th century, men distanced themselves from American women via “psychological idealization and legal subjugation” (Schlesinger 1958, p. 64). This defensive tack was no longer effective in the 20th century when women took on new jobs and demanded equality (Schlesinger 1958, p. 64).

As the 20th century began many women were entering the teaching profession. Men such as J. McKeen Cattell, a
founder of psychology in the United States, protested the "vast horde" women entering the field of education: the minds of the youth were endangered by them (Cattell in Pleck 1987, p. 88). Yet, as women entered the field, men withdrew, surrendering this holdout of male authority to women (Erikson 1950, p. 254).

When men went off to World War I women took the jobs of men. They acquired a "self-assured" look that evoked psychological "challenge," smoking cigarettes, wearing tailored clothing, and cut their hair short (Zilboorg 1944, p. 257). Women were choosing their sex partners. They had fewer children. Women had established a powerful infrastructure of social organizations separate from men (e.g., the General Federation of Women's Clubs and the National American Women's Suffrage Association). Further change to the social structure was effected when women won the right to vote in 1920.

American men had not developed new role definitions, and this led to a "defective adjustment of men and women," which manifested itself in marriage and in other institutions (Ellis in Menninger 1942, p. 78). The divorce rate nearly doubled between 1900 and 1930 (Ogburn 1933, p. 690). Women were getting divorced for independence.

The Depression hit society at a time when men had come to measure their success in terms of wages. Many women became the breadwinner for the family in that era; no one was at ease with the husband's diminished status (Komarovsky in Pleck 1987). Gender definitions were blurred. After World War I public opinion indicated distress at a perceived "masculinization" of women and "feminization" of men (Deutsch 1944, p. 376).

Concurrently, psychoanalysts heatedly debated the "essential" psychological differences between men and women in an attempt to secure what it meant to be "masculine" and "feminine" (Zilboorg 1944, p. 258). Evidence of women's inferiority, and men's natural activity and superiority were brought out during the fervent dis-

cussions (Zilboorg 1944). Freud (1925/1973, 1931/1959) added an ominous tone to the debate: women's biological inferiority had significant psychological repercussions. The girl's realization that she had lesser genitals than boys led to an "envy for the penis" and a "sense of inferiority" (Freud 1925/1953, pp. 252–253). Yet, if a woman denied her castrated state, a "masculinity complex" (efforts and expectations like a man) ensued (Freud 1925/1953, pp. 253–254). If a woman got over penis envy the character-trait of jealousy" replaced it (Freud 1925/1953, p. 254). The woman's deficient superego brought further character problems: a compromised conscience and a predilection to act on emotion (Freud 1925/1953, pp. 257–258). Along with a caution against overvaluing "speculation", Freud (in Zilboorg 1944, p. 259) called attention to Ferenzi's view that "the emnity in women" was fixed when the sexes differentiated and males forced females into sex; women were still bitter. The hypothesis of a schizophrenia-inducing mother arose within psychiatry during this period.

Harry Stack Sullivan (1927, p. 105) described schizophrenia as one end of a continuum of other "milder maladjustive efforts." He framed the symptoms of schizophrenia as unhealthy adjustment strategies. By couching schizophrenia as a socially based phenomenon, Sullivan was providing theoretical justification for psychoanalytically trained psychiatrists like himself to treat schizophrenia*. Disparaging meticulous research that supported the biological conceptualization of schizophrenia, and quoting Adolf Meyer, ² Sullivan (1931, p. 19) described the disease model as a "neurologizing tautology." He posited that early interpersonal experiences, particularly with the mother, shaped the personality. Schizophrenia was the result of painful early relationships (Sullivan 1931). The concept of a schizophrenia-inducing mother had its genesis in this work.

Sullivan's conclusions about the etiol-

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*The notes are listed at the end of the text.

276 PSYCHIATRY, Vol. 59, Fall 1996
ology of schizophrenia were drawn from the recollections of six male schizophrenics in therapy with him at Sheppard and Enoch Pratt Hospital (Hall and Lindzey 1978). Sullivan’s conjecture that maternal behavior caused schizophrenia was opposed to Freud’s (1913/1949, 1914/1949) biological conceptualization of the disease. Nevertheless, many other physicians trained in psychoanalysis upheld the finding of this new social pathogen: the schizophrenia-inducing mother.

David Levy (1931) introduced the idea of the overprotective mother. Like Sullivan, Levy based his deductions on the clinical reports of a specially selected sample of patients, without using a control group. However, Levy’s patients were nonschizophrenic.

Levy’s (1931) overprotective mother was described as resenting her female role and harboring unactualized ambitions. She impeded her child from becoming independent, infantilized him, was overinvolved, and exerted too much or too little control. She was seen as “independent” and domineering. Levy (1931, p. 888) generalized: “The wife is competent, takes responsibility readily, and is often derogatory of her husband.”

Within three years, Kasanin, Knight, and Sage (1934) would meld Sullivan’s interpersonal thesis of schizophrenia involving a schizophrenia-inducing mother with Levy’s (1931) overprotective mother concept in the first methodical study of mothers of schizophrenics. Based on patient case records, these researchers concluded that 60% of the schizophrenic patients had been overprotected and/or rejected.

The schizophrenogenic mother concept cannot be understood simply as a “misogynous” concept. Women psychoanalysts were also involved in the genesis of the schizophrenogenic mother concept. Louise Despert (1940, p. 370) built on the themes of rejection and overprotection, describing 19 of the 29 mothers of her schizophrenic patients as “aggressive, overanxious, oversolicitous.” Lilly Hajdu-Gimes (1940, p. 423) was more severe, describing all of the 4 mothers of her patients as “cold, rigorous, sadistically aggressive.” The mothers were said to have intentionally starved the children by providing insufficient breast milk. The child’s anger towards mother was intolerable. An introjection of the malicious mother made the hated object internal. The child was thus prepared by his mother to develop schizophrenia (Hajdu-Gimes 1940).

How did these mothers come to be assessed in such harsh, unequivocal terms? A conjunction between theory and treatment aims is perhaps best revealed in a set of papers by Frieda Fromm-Reichmann.

FRIEDA FROMM-REICHMANN OF CHESTNUT LODGE

Frieda Fromm-Reichmann was born in Karlsruhe, Baden, Germany. She was educated at the University of Koenigsberg. Later, she became an assistant instructor at the university’s Psychiatric Hospital. She became associated with E. Meyer and Kurt Goldstein there, and went on to work with Goldstein treating brain-injured soldiers.

Fromm-Reichmann was a colleague of the renowned sociologist Horkheimer (she was a founding member of the Frankfurt Psychoanalytic Institute that he was instrumental in setting up) (Jay 1973, pp. 87–88). Horkheimer (1936) had come to direct the Frankfurter Institut für Sozialforschung in 1930. Freudian ideas were coupled with Marxist ideology in his writings. Under his leadership, researchers at the Frankfurter School focused on the family and authority. Horkheimer viewed socialization as a dynamic process accomplished within “the constant influence of domestic relationships” (Horkheimer 1936, p. 905). Though Horkheimer (1936, p. 907) disagreed with the existing social/political order, he posited that it was through one’s experience of the mother’s submissive relationship with the father that adjustment, socialization, and “a spirit of devotion to the prevailing order”
occurred. Horkheimer (1936) saw the family breaking down in Germany; he viewed the fathers’ loss of power as a threat to the social system. Horkheimer fled the Nazis in 1933 but published the Frankfurter School’s findings, Studien über Autorität und Familie (1936) in Paris 3 years later.

Horkheimer’s influence is evident in Fromm-Reichmann’s (1940) writings about mothers. (Some researchers of the schizophrenogenic mother concept would use the “F scale” that measures traits associated with fascism, derived from the Frankfurter School’s work, to differentiate mothers of schizophrenics from controls (Dworin and Wyant 1957).

Fromm-Reichmann fled Europe from Alsace-Lorraine to Palestine and finally to the United States. In July 1935 she was hired as a summer temporary at Chestnut Lodge in Maryland. Fromm-Reichmann established an international reputation as an extraordinary analyst. She became director of psychotherapy at the Lodge in 1942 and would work there until she died in 1957.

Fromm-Reichmann was able to establish rapport with the most inaccessible of the psychologically disturbed: schizophrenics. Freud (1914-1949, p. 31) had not recommended psychoanalytic therapy for those with dementia praecox. Hence, Fromm-Reichmann felt the need to explicitly justify her position. The presentation of her view on the role of the mother in the family and the outcome of deviance from it facilitated her objective: the acceptance of the use of insight therapy in cases of schizophrenia.

Fromm-Reichmann warned the staff at the Menninger Clinic and readers of their bulletin that American mothers were in too strong a position in the family. She referred to Horkheimer’s (1936) Studien über Autorität und Familie as an authoritative source in her introductory remarks on the role of the mother in the family group. Then, referring to case studies, she introduced her model of “the dangerous influence of the undesirable domineering mother on the development of her children” (Fromm-Reichmann 1940, p. 140).

Fromm-Reichmann (1940, p. 134) declared that American mothers’ position of authority was “the main family problem,” and that their domineering influence could be “disastrous” to the psychological health of children (Fromm-Reichmann 1940).

Fromm-Reichmann (1948) named the schizophrenogenic mother in a second article recommending psychoanalytic psychotherapy for the treatment of schizophrenia. Insight therapy with schizophrenic patients was still controversial; Freud (1914/1949, p. 31) had advised against it based on his understanding of the disease. Fromm-Reichmann (1948, p. 265) found that a working therapeutic relationship could be established with schizophrenic patients; the pathogen had been environmental:

The schizophrenic is painfully distrustful and resentful 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. During his early fight for emotional survival, he begins to develop the great interpersonal sensitivity which remains his for the rest of his life.

Following Fromm-Reichmann’s (1948) paper recommending psychoanalysis for the treatment of schizophrenia, psychiatrists began elaborating on the schizophrenogenic mother concept from prominent institutions across the country. Humanistic clinicians preferred not to treat their patients with surgery or insulin shocks, the accepted treatment for schizophrenia of the day. They sought to advance their psychotherapeutic treatment method by substantiating the thesis behind it.

THE FLOWERING OF THE SCHIZOPHRENOCENIC MOTHER CONCEPT

During this postwar era, a number of factors converged with and facilitated the development of the psychoanalytic community’s schizophrenogenic mother
THE SCHIZOPHRENgenic MOTHER CONCEPT

thesis. Child development research of or-
phans from socially deprived environ-
ments lent tacit support to the concept of
a depriving schizophrenia-inducing
mother (Spitz 1945, 1946; Bowlby 1951,
1958).6 Bruno Bettelheim (1956) de-
scribed the symptoms of the young
schizophrenics at his Orthogenic School
in terms of a reaction to an extreme situa-
tion. While incarcerated in the Nazi death
camps, Bettelheim (1956) had seen adults
manifest the same behaviors as his pa-
tients in reaction to brutal treatment.
Studies of healthy children showed Hart-
mann, Kris, and Loewenstein (1946, p. 24)
that parents caused infants to experience
feelings of deprivation when they inter-
ceeded in any of the baby’s impulsive be-
behavior; the prominent psychoanalytic
émigrés warned of deleterious effects if
the mother had any “conscious or uncon-
scious manifestations of aggression.” Fur-
ther, Freudian theory was being popular-
ized in the larger culture in directions
conducive to the schizophrenogenic mother
concept (as Farnham and Lundberg 1947/
1971).6

Like World War I, World War II forced
a dramatic structural shift in the Ameri-
can social system. As men went off to
war, women entered the workplace and
successfully filled their jobs. The sudden
structural change had effects that acted
for decades (Chafe 1972). Misogynous so-
cial commentary arose concerning the
power of mothers (Wylie 1942). Concur-
rently, many soldiers were suffering the
effects of war, 90% of which psychiatry
could not classify (American Psychiatric

The concerns of society at large, the mil-
itary and psychiatry converged over the
mental health of young men and the
power of their mothers at a lecture given
on April 27, 1945, at Bellevue Hospital to
700 medical students: “Psychiatry Speaks
to Democracy.” In his lecture Dr. Edward
Strecker (1946) identified various “mom
types” as the pathogenic source of the
1,825,000 men found psychologically un-
fit to serve in World War II as well as the
600,000 psychiatric discharges. Streck-
er’s (1946) “moms” were akin to the co-
vertly powerful, destructive “moms” cre-
ated by social commentator Wylie (1942)
in his bestseller, A Generation of Vipers.7
Strecker8 (1946, p. 111), a consultant to
the Secretary of War and Surgeon Gen-
eral of the Army and Navy, suggested
that schizophrenia was the outcome of ex-
cessive “mother love,” and that some
mothers were such “the only path open
for the child is the retreat into . . .
schizophrenia.” Strecker (1946, pp. 169–
171) used a college graduate who domi-
nated her son as a model of a schizophre-
nia-inducing woman. He advised: “The an-
swer lies, not in revamping the moms, but
in revamping the system [that gave them
power]” (Strecker 1946, p. 171). The model
of woman who induced schizophrenia in
her child was at once a psychiatric and a
social construct reflecting a societal ap-
prehension about women.

How did the schizophrenogenic mother
concept develop in congruence with the
spirit of the times? Szalita-Pemow (1951),
an analyst at Chestnut Lodge, coupled her
clinical report elaborating on the schizo-
phrenogenic mother with a caveat that
laid out a fundamental problem. Freud
said justification for a psychoanalytic po-
tion must come from results. “Yet psy-
choanalysts do not even have a common
measure for comparing results. . . . in
the field of psychoanalysis and psychiatry,
the validity of ideas that a therapist may
have in the process of working with pa-
tients can be tested only through his own
feelings . . .” (Szalita-Pemow 1951, p.
295).

Tietze (1949), a Viennese psychoana-
lyst, was among the first researchers in
America to confirm the schizophrenogenic
mother concept. In her uncontrolled
study of 25 mothers of schizophrenics at
Phipps Psychiatric Clinic at Johns Hop-
kins, Tietze (1949, pp. 64–65) charac-
terized all of her “specially selected” subjects
in a way concordant with theory: “domi-
neering,” “restrictive,” “oversolicitous.” By
choosing her subjects, Tietze (1949, p. 65)
was able to obtain nearly uniform results
based on her feelings about these Ameri-
can mothers. When rejection of the child was not manifest in 18 of her 25 subjects, Tietze (1949, p. 65) dealt with the equivocal results by asserting that rejection could be “sourmised” as a maternal feature of the rest.

When Reichard and Tillman (1950, p. 251) were faced with equivocal data on the schizophrenic mothers, they delineated two types: one who was “covertly rejecting,” the other “overtly rejecting.” Reichard and Tillman (1950, p. 252) explained that the mothers of schizophrenics who failed to manifest rejection overtly engaged in “smother love” (a notion about demonstrative mothers appropriated from larger culture) (Strecker 1946; Wylie 1942). Reichard and Tillman (1950, p. 252) defined “smother love” as the activity of “mothers who batten parasitically on their children . . . to prevent them from ever becoming independent.” In turn, R. Lidz and T. Lidz (1952, pp. 169-170), from Yale, would enhance the idea of a schizophrenogenic mother who “batten[s]” on her child, disallowing “him” independence. McCord, Porta, and McCord (1962, pp. 67-70) would use the very vernacular of Wylie (1942, p. 198) to build on Reichard and Tillman (1950) and make new psychiatric terminology: The Silver Cord Syndrome]. Finally, Reichard and Tillman (1950, p. 256) unified the schizophrenogenic mother concept with one common factor: “psuedolove.”

Psychiatric researchers confirmed each other’s findings of thwarted autonomy and no expression of true love within the mother–son relationship in cases of schizophrenia (Bowen 1960; Fromm-Reichmann 1948; Lidz and Lidz 1952; Limentani 1956; Reichard and Tillman 1950; Rosen 1947; Searles 1958; Tietze 1949; Wynne et al. 1958). Clinicians described the mother’s rejection of her child, and the thwarting of his ability to become independent, as means for the mother to exert control and acquire some power for herself (as Galvin 1956; Goldfarb et al. 1958/1970).

Clinicians spoke of the mothers of schizophrenics as covertly being “ambitious” women from the outset (Kasanin et al. 1934, p. 252: Reichard and Tillman 1950, p. 251). A cultural parallel to these psychiatric reports became apparent in 1957. Public opinion polls revealed that housewives in the culture at large were harboring unrealized ambitions. Half of the homemakers under age 24 held ambitions of having a career (Converse et al. 1980, pp. 112-114). Of the total, 36.3%—including housewives over the age 65—had longed for a career (Converse et al. 1980, pp. 112-114).

The correspondence between psychiatric reports on particular mothers, and the reports of opinion polls of their counterparts in the larger culture on the issue of ambition, is not surprising one given the lack of control groups. What is interesting is not that two social systems sought and found unfulfilled female ambition but the attribution of meaning given the maternal quality by therapists: it was pathogenic. Moreover, if a mother of a schizophrenic had begun to actualize her ambitions by rejecting the homemaking role or working outside the home this would also be “schizophrenogenic” (Galvin 1956; Lidz et al. 1957, 1965/1985; Rosen 1953; Shepard and Guthrie 1959).

Psychiatrists’ criticism of the mothers of schizophrenics who rejected the homemaking role by working in the public sphere had a parallel in the society at large. Most men disapproved of wives working if they had a husband able to work in this era (Niemi et al. 1989, p. 225). Psychiatrists’ pronouncements about the consequences of female ambition and women rejecting their social role upheld the status quo (Farnham and Lundberg 1947; Rosen 1953; Strecker 1946).

In 1948 men said that being a “good homemaker, a good housekeeper” was the most important quality in a wife (47% of married men); an “agreeable” wife was second in desirability (Gallup 1972 Vol. 1, p. 716). Correspondingly, psychiatrists pointed out that schizophrenogenic mothers were women who reject their female
role by disagreeing with their husbands and resenting housework (as Shepherd and Guthrie 1959).

How did scientific reports elaborating on the schizophrenogenic mother concept come to reflect social values? The value of having women tend to the domestic work, for example, emerged in the reports of researchers who compromised their investigative role by also acting as the patient’s therapist. (The therapist of one such study went to live in the patient’s home, only to be outraged by the patient’s mother’s request that he help with the housework; this request was used to show the mother’s schizophrenogenic “emasculat[ion]” of men, Karon and Rosberg 1958, p. 528.) “Hostile rejection of the home-making role” was a preselected dimension built into parental attitude tests used to differentiate schizophrenogenic mothers from normals (see Shepherd and Guthrie 1959, pp. 213–214). Attitude scales delimited what traits could be found (Freeman and Grayson 1955; Garvey 1961; Mark 1953; Shepherd and Guthrie 1959, pp. 213–214).

Philadelphia psychiatrist John Rosen (1953, p. 97) opened his 1947 paper, “The Perverse Mother,” by stating: “A schizophrenic is always one who is reared by a woman who suffers from a perversion of the maternal instinct.” He cautioned:

The gravity of this concept lies in the fact that, according to every indication, the impairment of healthy motherhood is heavily on the increase. The psychologist, sociologist, economist and anthropologist may each have his clue to this enigma. Our own psychoanalytic approach, based on clinical material from psychotic and neurotic patients helps us to understand why women wear men’s clothes, try for commanding positions in business, and prefer not to care for their own children but hire nurses to play the role of make-shift mother. We also know that with the gratification of a perverted maternal drive, both the object and the one who exploits the object suffer. (Rosen 1953, p. 101)

Rosen’s (1953) model of a woman with “perverted maternal instinct” was part of the rationale for his brand of insight therapy for schizophrenic patients: direct analysis. Direct analysis involved confronting the schizophrenic with reality; the therapist had to be actively emotionally involved with the patient for hours at a time. Rosen explained:

The governing principle of direct analysis is that the therapist be a loving omnipotent protector and provider for the patient. . . . he must be the idealized mother who now has the responsibility of bringing the patient up all over again. . . . Since direct analysis holds that this catastrophic collapse is the consequence of unconscious malevolent mothering . . . the antidote would have to be a benevolent mother. (Rosen 1953, pp. 8–9)

Rosen (1953, p. 73) explained that clinicians must compensate for the patients’ lack of maternal love: “It is the sine qua non for the application of this method in the treatment of schizophrenia.”

Other clinicians involved in insight therapy with schizophrenic patients described a schizophrenogenic mother who worked out her ambitions by ensnaring her child in a dependent web from which he could not extricate himself. Researchers established the theme of the patient’s “symbiotic relatedness” with his malignant mother.

Davide Limentani (1956) reported on six case studies of schizophrenic patients. The schizophrenogenic mothers were said to have cultivated a symbiotic relationship in which the child was forced to submit. The mothers were unloving, hostile, threatened, or actually emotionally abandoned the child. The child survived by identification with the depriving mother. The introjection of her ego with his provided a tenuous stability while halting independent development. The child had to relinquish any chance of independence and individuality to his mother (Limentani 1956).

Limentani (1956, p. 236) reported that, according to his patients, mothers of schizophrenics thwarted their autonomy, “objected to his competitive and aggressive attempts, and . . . kept him from ac-
quiring any capacity or knowledge." This theme of a predominant woman who thwarts her son's independence is a thread that is woven throughout the fabric of the schizophrenogenic mother construct.

Limentani's report was based on the study of five males and one female patient. A selection bias in favor of males was not unusual. Psychiatric researchers of the schizophrenogenic mother concept showed a particular concern for the fate of young men, often exclusively reporting on male patients and their mothers (Dunn 1954; Dworin and Wyant 1957; Fisher et al. 1959; Freeman et al. 1959; Gerald and Siegel 1950; Harris 1957; Hotchkiss et al. 1955; Karan and Rosberg 1958; Mark 1953; Prout and White 1950; Ross 1955; Searles 1958; Winder and Kantor 1958). Consequently, clinical interpretations amassed in symmetry with male values (as independence), as opposed to female concerns.

In addition, Limentani's (1956) clinical interpretations allowed for particular therapeutic recommendations. The portrayal of the mother–child relationship suggested the need for the schizophrenic patient to have a corrective emotional experience through psychotherapy. As the source of the schizophrenia was the interpersonal experience of a malignant mother, the therapist had to help the patient work through his memories via psychoanalysis. The patient's underlying anger had to be brought out and expressed, as the therapist acted as a healthy, corrective model for the patient to identify with. No other therapeutic answer for schizophrenia was appropriate, given this conceptualization.

Searles (1958, p. 570) of Chestnut Lodge built on Limentani's (1956) work, calling the child's psychosis a "sacrifice of his very individuality for the welfare of the mother" (emphasis added). Searles (1959/1965, p. 261) summed up the schizophrenogenic mothers' method of control as "brainwashing." Stierlin (1959, p. 446), an émigré from Germany who also worked at the Lodge, spoke of "the mother's indoctrination."

Clinicians established a working relationship with schizophrenics by concurring with the patient on his memories of malignant parental behavior. They allied themselves with the patient, against the parent(s) for causing the patient's psychological pain (Arieti 1977, p. 355). Freud doubted that any therapeutic alliance could be established with schizophrenics. He was being proven wrong.

A Parallel History of Criticisms

Margaret Mahler (1952) described her observations of the psychological processes involved in schizophrenia and childhood symbiotic psychoses to the International Psychoanalytic Congress. Mahler (1952, p. 289) explained: "it seems that such basic damage to the ego which results in infantile psychosis, occurs in children who have a hereditary or constitutional 'Anlage' for it." A symbiotic mother–child relationship was necessary for healthy child development; the children who developed the worst cases of psychosis were incapable of establishing that alliance. Mahler countered the idea of a schizophrenogenic mother: "We see schizophrenic children whose mothers appear not to lack warmth, genuine love, or acceptance of the individual child, nor do they appear to be exceptionally possessive, infantilizing and restrictive" (Mahler 1952, p. 289).

Proponents of the schizophrenogenic mother concept used Mahler's (1952) paper as an authoritative source on symbiosis and schizophrenia, ignoring the clear criticism of the schizophrenogenic mother formulation contained within: Limentani (1956), Ross (1955), Searles (1958), Meyers and Goldfarb (1961), Bowen (1960). Therapists who espoused the schizophrenogenic mother elaborated a pathological, prolonged symbiosis maintained by the mother in cases of schizophrenia, requiring psychoanalytic intervention.

As reports on the schizophrenogenic mother multiplied during the 1950s, clear disaffirmations of various forms of this
THE SCHIZOPHRENOCENOGIC MOTHER CONCEPT


During 1958 and 1959 several studies demonstrated that social factors such as educational and economic level interacted with psychological characteristics of the mothers (Fisher et al. 1959; Freeman et al. 1959; Lane and Singer 1959; Zuckerman et al. 1958). When social factors were controlled, the schizophrenogenic mother concept was not upheld (Klebanoff 1959; Schofield and Balian 1959). Prout and White (1956) advised that researchers look at the personality of the schizophrenic for predisposing factors. Schofield and Balian (1959) recommended that future research focus on inoculating factors against mental illness. Psychoanalytic therapists largely ignored the criticisms.

A new generation of psychologists were trained in research. They valued models expressed in a clear, testable manner and results that could be quantified. The "censure deficit model" provided a lab-based framework that the field of psychology began calling for in the 1950s. The schizophrenogenic mother of psychologists espousing the censure deficit model had the same qualities as that of the psychoanalytic psychiatrists. These two divergent subgroups of the clinical field had different educational backgrounds, training, approaches, and techniques. Yet, both upheld the idea of a schizophrenogenic mother.12

Changes occurred within psychiatry. Biopsychiatry began to rise in the 1960s. New neuroleptic drugs were successful in alleviating some symptoms of schizophrenia. Clinicians committed to helping patients with psychotherapy began to consider the family and the balance of power within it in the etiology of schizophrenia. The field or systems approach (of Gestalt psychology) took into consideration more circumstances in cases of schizophrenia than the psychodynamic and biological approaches could accommodate.13

American society was in a state of change. By the 1950s, the American culture was manifesting what historian Arthur Schlesinger (1958, p. 63) termed "a crisis of American masculinity." Movies, plays, and books played out themes involving a male angst, an insecurity on the part of men in relationships with women and with their identities as men (note Cat on a Hot Tin Roof and Look Back in Anger (Schlesinger 1958).14

Women's emancipation "unmanned" American men (Schlesinger 1958, p. 64). In the midst of the enduring "crisis," Schlesinger (1958, pp. 64-65) explained to the public that American men had a history of running from "femininity"; men's hopes of reestablishing a male-dominated social order and their blaming "female aggression" for problems were in fact flawed efforts aimed at "recover[ing] . . . masculinity."

Yet, within sociology Talcott Parsons (1949/1975, p. 308) asserted that "female aggression" existed as evidenced in the low birth rate and in American women's trepidation toward the role of mother. He postulated that "female aggression" originated with young women's "discoveries of masculine superiority . . . and [that she] cannot stand on her own feet" (Parsons 1949/1975, p. 308). Parson's (1949/1975) assertion of "female aggression" put the responsibility for any discontent on women themselves; the stifling nature of the "female" and "male" roles went unexamined, the status quo upheld.

Subsequent to the identification of "female aggression" as a social problem, Parsons and Robert Bales (a psychologist from Harvard) (1955, p. 3) compiled a text in response to the "profound process of change" and a "trend to disorganization" of the American family. The response was an outline of the functions of family members. Men were the "instrumental leaders," negotiating the larger social systems beyond the family. Women were responsible for the "expressive" role, regulating transactions within the family. The mother-child relationship was the quintessential social system, the stable functioning of which was critical to the child's well-

PSYCHIATRY, Vol. 59, Fall 1996 283

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being. The child's personality, "a system of action" within the mother-child and family social systems, was "organized about the internalization of systems of social objects which originated as . . . role-units. . . . His personality structure is thus . . . a kind of a 'mirror-image' of the social structures he has experienced" (Parsons and Bales 1955, p. 54). Our socioeconomic system was on Parsons and Bales' minds (1955, p. 16) "the human personality . . . is not born but must be 'made' through . . . socialization. . . . [families] are 'factories' which produce human personalities."

Parsons (1949/1975) thus refined the idea of "female aggression" within sociology as a disruptive social force. In an effort to head off changes to the social system, Parsons and Bales (1955) outlined an "expressive" role for women and an "instrumental" role for men. The child's mental health was supposed to be at stake. In turn, psychiatrists at Yale and NIMH applied some of Parson's ideas to account for the onset of schizophrenia.

YALE PSYCHIATRIC INSTITUTE

Ruth and Theodore Lidz (1949, 1952) described a deprived family environment and a hostile mother in cases of schizophrenia while they were at Johns Hopkins. However, as head of the Yale Psychiatric Institute, Theodore Lidz et al. (1957, p. 243) stated they now endeavored to "follow the lead of Parsons and Bales and consider the father's role in the family as primarily 'adaptive-instrumental' and the mother's 'as integrative-expressive.'" Thereafter, Lidz (1958, p. 25) described women and men as having sex-linked roles: "Roles are assigned, according to generation and sex, which cannot be violated without distorting the emergent personalities."

Lidz et al. (1957, p. 244) described mothers of schizophrenics has having failed to fill "their wifely functions": "They were openly deviant in major areas of interaction and rather habitually disregarded or circumvented their husband's demands." For healthy ego development of the child, the mother's attitude toward the marriage was viewed as being as important as her attitude toward the child.

The Yale team initially drew its conclusions from observing 14 families. All 14 of the families were upper- or upper-middle-class families of New Haven. The families chose Yale and Yale chose them. Social factors may have colored interpretations.

The fact that the research sample was biased is important to understanding how changing social roles and attitudes made their way into the schizophrenogenic mother construct. One main component of the schizophrenogenic mother of Yale was rejection of the traditional female role. For example, the mother held up by Lidz et al. (1965/1985, p. 83) as a "paradigm of the 'schizophrenogenic mother'" was a former career woman from a wealthy family who hated housework. Theoretically such failure "to adhere to . . . sex-linked roles" was a schizophrenogenic factor because it interfered with the child's grasp of masculinity and femininity, thwarting the attainment of a secure identity (Lidz et al. 1965/1985, pp. 76-77). Yet, opinion polls showed that college-educated women disliked housework the most (Gallup 1972, Vol. 2, p. 908). Attributes of educated, wealthy women may have made their way into the schizophrenogenic mother concept via the biased sample.

Schizophrenics were said to come from homes of strife. Lidz et al. (1957) labeled the strife "marital skew" when one parent dominated the home. Strife was deemed "marital schism" when the parents failed to agree or did not fill their roles in a complementary way.

However, the Yale team had no control group with which to compare their findings. The Yale Psychiatric Institute researchers, headed by Theodore Lidz could have been gleaning characteristics of male-female relationships in that zeitgeist and treating them as specific to "schizophrenogenic mothers" and fathers. A 1952 Gallup poll (1972, Vol. 2, p. 1040) revealed that less than half of American
husbands and wives thought that their marriages were egalitarian. Thirty-six percent of the men thought wives dominated the marriage in 1952, while only 16% of the men polled thought the husband predominated (Gallup 1972, Vol. 2, p. 1040). A role structure in which the husband was the leader was characteristic of marriages in 1952.

Lidz et al. (1965/1985) concluded that schizophrenic mothers could differ widely in their constellation of traits. But they had all failed in four essential components of the maternal role: being nurturing to their child, being a healthy person for the child to love and identify with, providing a traditional family structure, and teaching the child appropriate adaptation mechanisms. Aberrant role fulfillment as when a mother “assumes the male role” could result in schizophrenia in the child (Lidz et al. 1965/1985, p. 77).

Concurrent with psychiatrists describing mothers who engendered schizophrenia in their children as women who rejected the female role, women in American society were showing signs of discontentment with life inside the home (Freidan 1963). Pertinent to the biased upper-middle-class samples such as that at Yale (and those of private institutions as Chestnut Lodge) is that the frank displeasure with the maternal role was a phenomenon primarily of upper-middle-class, well-educated women (Chafe 1972, p. 200; Friedan 1963).

**National Institute of Mental Health (NIMH)**

Congress created the NIMH in 1946 due in part to the public concern over the number of young men found psychologically unfit to serve in WW II, that alarm exemplified in Dr. Strecker’s (1946) lecture and book, *Their Strecker’s Sons*.

Murray Bowen initiated his research into the etiology of schizophrenia at NIMH in 1954. Initially three mother-child dyads were his research focus. These selected subjects lived in NIMH under 24-hour observation. Bowen (1960) viewed the mother–child relationship in cases of schizophrenia as a symbiotic one, like Limentani (1956). Still, he expanded the focus of the NIMH study to include whole families. He found that therapy with the patient/subjects progressed faster when the other family members were involved (Bowen 1960). Eventually, 14 families with a schizophrenic member would live in NIMH under observation for time periods ranging from months to years. Bowen (1960, p. 346) came to view the family as a “single organism.”

Bowen (1960, p. 363) described the schizophrenic mothers as “overadequate” women. He believed that they enmeshed their husband and child into an “interdependent triad” with them to keep an “emotional equilibrium” in the family (Bowen, 1960, p. 358). Bowen’s (1960, p. 361) schizophrenic mother had such control over her child (via “projection”) that “a feeling in the mother, becomes a reality in the child.” She used her interpersonal power (“a magnetic field”) to thwart her child from developing a distinct identity (Bowen 1960, p. 367). Simultaneously, the schizophrenic mother maintained a distance from her husband, an “emotional divorce” (Bowen 1960, p. 354).

Bowen (1960, p. 369) concluded that the patient could recover if the father forced the schizophrenic mother from her “overadequate” position in the family. The schizophrenic made “solid progress” when the father was in charge (Bowen 1960, p. 369).

Lyman Wynne had been doing clinical investigations at NIMH independent of Bowen, developing his own theories about schizophrenia. He became Chief of the Family Studies Section in 1957. Wynne had worked with Parsons and learned to view behavior in the context of a family system (Lynn and Garske 1985). Wynne et al. (1958, p. 211) said the family system that functioned in a pseudomutual way was a pathogenic force because it deviated from the “normal pattern or organization of family roles and relations.”
The pseudomutual families were characterized by rigid role structure. The schizophrenogenic mothers were seen as highly controlled and containing in the NIMH research setting. They controlled others with covert communications. The researchers tacitly blamed an unyielding mother for the inflexible family structure (Wynne et al. 1958).

Wynne et al. (1958, p. 220) postulated an introjection of the entire deviant "family role structure" in cases of schizophrenia. This introjection, like the introjection of the schizophrenogenic mother of Chestnut Lodge, controlled the patient's behavior, without the individual being conscious of it. Within the unyielding boundaries of the mother's domestic realm, the undifferentiated child could not escape his dilemma: conform to the intrafamily role and never become autonomous, or force a rupture of the family system via madness (Wynne et al. 1958).

Wynne et al. (1958) directly built on Searles' (1958) conceptualization of how schizophrenia emerges in the family. Whereas, Searles (1958) saw the child develop schizophrenia, sacrificing his individuality for his mother, Wynne et al. (1958) theorized that the child became mad so that all the family members might be able to acquire some individuation and break free of the mother's domestic "rubber fence."

The NIMH conceptualization of schizophrenia as the outcome of the child's struggle to achieve independence and a sense of identity against the interpersonal force of a strong mother embodies the essence of a conflict of values between the two sexes in American society. Wynne et al.'s (1958) schizophrenogenic mother cared about the maintenance of family relationships and interpersonal harmony above all else (female values), in opposition to her son's (male) values of autonomy and the achievement of a sense of individuality.  

The schizophrenogenic mother model of NIMH embodied an exaggeration of female values. These women would "kill" to maintain interpersonal harmony: "We are all peaceful. I like peace even if I have to kill someone to get it" (Wynne et al. 1958, p. 211). Bowen (1960, p. 365), a different theorist, summed up the schizophrenogenetic mothers' modus operandi in a like manner: "peace at any price."

After 1963 Wynne and Singer of NIMH shifted to treating both parents of schizophrenic children as equally involved in their child's illness, and went on to study specific communication deviances in families with a schizophrenic member. Lyman Wynne (1978, p. 180) seemed to express regret at having espoused the schizophrenogenic mother: "in our search for causes of puzzling events, we may have been afflicted with what Leslie Farber has suggested 'might more accurately be called the compulsion or will toward causality that constructs, inventing in its own image, other wills called motives'."

**Palo Alto Medical Research and Double-Bind Communication**

Gregory Bateson and his colleagues at the Palo Alto VA Hospital published a theory of schizophrenia that tied together divergent versions of the schizophrenogenic mother: the double-bind theory. Incongruent findings, a hostile, domineering mother, an overtly weak mother, and a rigid, controlled mother would now be united under one theoretical umbrella. The Palo Alto team salvaged the disintegrating schizophrenogenic mother construct. They set the mother's pathological effect at the metacommunicative level. Don Jackson accounted for the tenacity of the schizophrenogenic mother concept: "The efforts of some hardy pioneers in establishing the psychotherapy of schizophrenia as a reasonable procedure have led to a geometric increase in interest in this topic during the past ten years" (Jackson et al. 1958, p. 448).

Bateson, Jackson, Haley, and Weakland (1956) communicated with Frieda Fromm-Reichmann prior to presentation of the double-bind paradigm. Fromm-Reichmann (1948, p. 273) had explicitly
stated: "The schizophrenic, since his childhood days, has been suspiciously aware of the fact that words are used not only to convey but also to veil actual communications." Thus, one can see a direct connection between Fromm-Reichmann's clinical observations and Bateson et al.'s (1956) hypothesis eight years later.

Though the double-bind thesis was a take off on the schizophrenogenic mother concept, the paradigm was not the outcome of thinking constrained by one theoretical approach. Bateson's earliest training was in biology. He noticed a formal logic and patterns in biological processes. Later, Bateson shifted to anthropological field work in New Guinea. During this field work Bateson saw patterns ("vicious circles") in the interactions between the sexes in the fatmul culture, calling the resultant changes in behavior "schismogenesis" (Bateson 1972, p. 109, 1936/1958, pp. 171–197). Schismogenesis signaled a breakdown of the relationship due to the "cumulative interaction" between the male and female; Bateson (1936/1958, pp. 175, 177) likened schismogenesis between the sexes to a schism where the individuals "have the same doctrine, but separate and competing politics" (emphasis added).

Bateson (1978) explained that the framework for the double-bind theory was in place in 1942 before he had ever met a schizophrenic. Indeed, double-bind communication was akin to his "schismogenesis" patterns of male–female interaction.

Bateson did not aim his further studies of communication to account for the etiology of schizophrenia. He had become an ethnologist and a communication theorist. He studied the communication of psychiatrists. He studied the play of otters. Bateson analyzed logical typing patterns of schizophrenic speech. In need of funds for further communications studies (the Rockefeller Foundation had stopped funding him), Bateson applied for a grant by restating his thesis (Lipset 1980, p. 206). This time, with no data to back him up, Bateson accounted for the logical typing of schizophrenic speech in terms of the mother's contradictory, paradoxical communication and learning on the application (Lipset 1980, p. 206). He got the Joshua Macy, Jr., Foundation grant (Lipset 1980).

The double-bind paradigm renewed hope in clinicians for treating schizophrenics with psychotherapy. Psychiatrists who had elaborated divergent forms of the schizophrenogenic mother referred to it in their reports (Lidz, et al. 1958; Lu 1961; Meyers and Goldfarb 1961; Searles 1958; Stierlin 1959; Wynne et al. 1958). The Bateson et al. (1956) article became the most common citation of reports involving the schizophrenogenic mother. Maternal speech was now the focus of attention.

Clinicians began reporting poignant anecdotes from their case work illustrating how mothers inflicted double-bind communication on their schizophrenic children (as Haley 1959). Recollections and letters that seemed at all consonant with the idea of double-bind communication were offered as evidence (as Weakland and Fry 1962). The theory was so abstract that it eluded testing. Attempts to affirm this theoretical umbrella of all forms of the schizophrenogenic mother necessitated transmutation of the theory.

The onus of responsibility for schizophrenia in a family member had enlarged to encompass at least both parents in the early 1960s (see Berger 1965; Weakland and Fry 1962). Concomitantly, clinicians enlarged the theory to encompass any ambivalent, contradictory, or inconsistent messages. By 1967 only five controlled tests of the validity of the phenomenon had been done, only two published (Schubham 1967).

The double-bind theory had eluded testing. However, if the paradigm was based on a valid phenomenon, double-bind communication, creators of the theory ought to be able to recognize it. Weakland and Fry (1962) of the Palo Alto group had identified letters as being valid objects for testing the theory. So, Ringuette and Kennedy (1966) used mothers' letters to sons as the independent variable to test the double-bind concept.
Ringuette and Kennedy (1966) collected 60 letters: 20 were from mothers of schizophrenics, 20 from the mothers of medical patients, and 20 written by volunteers. Fifteen judges, including experts Bateson and Fry, were asked to identify the double-bind communication and quantify it for all letters. Judges were put into five groups according to experience ranging from "experts," those involved in the creation of the hypothesis, to "naive." None of the groups could discriminate between letters written by mothers of schizophrenics and letters written by mothers of other medical patients. The inter scorer reliability for the "experts" was .19. Thus, creators of the double-bind thesis could not recognize what was supposed to be an ongoing communicative activity of mothers of schizophrenics (Ringuette and Kennedy 1966).

Efforts that had been made to empirically test this double-bind hypothesis diluted the original definition as researchers attempted to obtain desired results, and even those failed (see Haley 1968). The Transmission of Schizophrenia Conference of 1967 had illuminated the volume of evidence worldwide that schizophrenia had a strong hereditary component. Neuroleptic drugs were successful in suppressing symptoms of schizophrenia. The drug treatments were more cost-effective than the extensive insight therapy, to which the concept of the schizophrenogenic mother was tied. A movement toward deinstitutionalization had ensured. Circumstances in American society had changed. The Civil Rights Movement and Women's Movement had effected changes in the public's attitudes towards women and oppressed people. The schizophrenogenic mother concept was no longer politically or intellectually consistent with the spirit of the times.

The Beyond the Double Bind Conference was held in 1977. Berger (1978, p. xv) reported: "Bateson . . . prophetically asked in 1955 a question which is still unanswered in 1978. No one has been able to construct an individual in a research setting who fulfills all these basic requirements of a schizophrenic victim of familial double binds." Nevertheless, the double-bind theory did widen therapeutic territory: the field of family therapy. 18

The Antipsychiatry of R.D. Laing

The schizophrenogenic mother construct was seized by antipsychiatry psychiatrists in England for their own political purposes. R. D. Laing, a psychoanalytically trained existentialist psychiatrist of London, had developed a movement against established psychiatry that came into full swing during the 1960s. Laing (1968/1971, p. 118) picked up Bateson's (1961, pp. xiii-xiv) theme of schizophrenia being a "voyage" necessitated by family life and put his own spin on it.

Laing espoused a Marxist ideology. He associated the capitalist social system with family dynamics and mental illness. He referred to such thinkers as Sartre and Marcuse of the Horkheimer School to elucidate his point of view. In the midst of the Vietnam/Cold War era, Laing (1968/1971, pp. 121-122) described the diagnosis of schizophrenia as "a political event" allowing others to take control of the victim's life: it was a "conspiracy" of the mother, family, medical men, and society. The victim's behavior was a normal, creative adaptation to an alienating family and capitalist society (Laing 1968/1971).

Laing and his colleagues Cooper and Esterson had a goal of treating schizophrenic patients by humane, environmental means. (Kingsley Hall was antipsychiatry's Retreat.) Like the American environmentalist psychiatrists, the British antipsychiatry psychiatrists used the supposition of a harsh mother to provide part of the rationale for environmental treatment. The concept justified the caring, involved stance that the psychiatrists wanted to take. Whereas the American psychiatrists who accepted the schizophrenogenic mother concept showed an implicit commitment to maintain the status quo (see Strecker 1946), the antipsychiatry psychiatrists wished to reform
both mainstream psychiatry and society. Laing repudiated schizophrenia as a biological phenomenon because the disease model of schizophrenia was a cornerstone upon which established psychiatry rested. He borrowed the American schizophrenogenic mother construct to facilitate his position that patients were victims of the family, not biology (e.g., Searles in Laing 1961/1971, p. 141).

Laing was aware women were oppressed and composed his research sample of female schizophrenics of the English lower-middle classes (Laing and Esterson 1990/1964). Yet, he did not appreciate the pain that women patients communicated concerning their being given mixed messages about being female (Showalter 1987, p. 231). The doctors were men at Kingsley Hall. Laing presided over Kingsley Hall and elucidated his philosophy at all-night balls there (Showalter 1987, p. 231). The schizophrenogenic mother concept was upheld by antipsychiatry psychiatrists working in male-dominated social structures where an unawareness of the difficulties women faced was the norm (Showalter 1987, pp. 231–241).

DISCUSSION

The schizophrenia-inducing mother thesis broke sharply with the progressive understanding of schizophrenia as a biological phenomenon. It flourished in an era dominated by Freud. Yet, Freud (1913/1949, 1914/1949) understood schizophrenia as a disease and thought it inappropriate for treatment by psychoanalysis. An intellectual climate dominated by neo-Freudians cannot fully account for the genesis of the concept. Researchers of divergent theoretical approaches and educational backgrounds embraced and elaborated on the schizophrenogenic mother: psychodynamic therapists, learning theorists, field theorists, communication theorists, existentialist anti-psychiatrists.

Flawed research methods alone cannot fully account for the long life of the concept. Methodologically sound tests of the schizophrenogenic mother hypothesis failed to uphold it early on. Yet, it was not until the 1970s that the criticisms were accepted and the data of well-designed studies were allowed to clarify the matter (Hirsch and Leff 1975).

The schizophrenogenic mother hypothesis developed in the context of specific psychiatric concerns. The concept emerged from the reports of clinicians who were determined to help schizophrenics primarily with dialogue and by psychoanalysts who had therapeutic goals that went beyond Freud’s recommendations. The schizophrenogenic mother concept served humanistic psychiatrists as a warrant for insight therapy. Further, the concept served Laing as a vehicle in his attack on biopsychiatry and Western society.

As sociologically oriented psychiatrists espoused the thesis behind their therapeutic goals, a tension, a strain in the relations between American men and women could be heard. Researchers were passionate in their portrayal of the schizophrenogenic mothers. Particular themes of grievance against the women ran through the reports. The women were aggressive. They dominated the family. Schizophrenogenic mothers were “dangerous to males”; they “emasculated” them (Karon and Rosberg 1958, p. 328; Lidz et al. 1965/1985, p. 98). They had a “sense of . . . superiority to men”; “for them males are but adjuncts to a woman’s life” (Hill 1955 p. 108; Lidz et al. 1965/1985, p. 98). They “batten[ed]” on their child, thwarting his independence (Lidz and Lidz 1952, p. 169; Reichard and Tillman 1950, p. 252). They rejected their wifely functions to meet their own needs and goals (Galvin 1956, p. 568; Ross 1955). The schizophrenogenic mother was the “prototype of the middle-class Anglo-Saxon American Woman: prim, proper, but totally lacking in genuine affection” (Reichard and Tillman 1950, p. 253). Finally, recall the clash of values between the sexes incarnated in the NIMH formulation: the schizophrenogenic woman’s chief value of interpersonal harmony
versus the male values of achieving independence and individuality.

The schizophrenogenic mother concept was essentially an American phenomenon. Whereas researchers in other countries opted to study, and admit genetic evidence into their understanding of schizophrenia, a significant segment of the American psychiatric community did not until the 1970s (note Slater 1968).

The schizophrenogenic mother concept emerged amid rapid changes in the relations between the sexes in America, due in part to the evolving industrialized society (Chafe 1972; Ryan 1983; Schlesinger 1958). American men had historically fled femininity (Schlesinger 1958). However, women’s emancipation disallowed men from distancing themselves from women by subjugation any longer (Schlesinger 1958). As World War II forced further changes in gender roles, misogynist social commentary arose (Wylie 1942). Streecker (1946) lectured “Psychiatry Speaks to Democracy” against mothers, warning that they threatened the welfare of the nation. There were efforts to keep women in their place (Farnham and Lundberg 1947/1971). Sex-linked norms were delineated (Parsons and Bales 1955). Rosen (1953) cited women competing in the public sphere with men as a manifestation of the “maternal perversity” that caused schizophrenia in children.

Psychiatrists characterized schizophrenogenic mothers as “highly moral and determined,” “ambitious” and in a “quest for achievement.” or “feminine” and resentful at the same time women began reentering the work force in the late 1950s (Jackson et al. 1958, pp. 453–454). As women began to voice discontentment, speech became the schizophrenogenic factor (Bateson et al. 1956, Friedan 1963; Ryan 1983, p. 307).

The 1977 Beyond the Double Bind Conference in New York marked the death of the schizophrenogenic mother concept. In the same year, the International Women’s Year Congress took place in Houston, marking the achievements of feminism.

Society paid investigators of the etiology of schizophrenia to observe mother-child dyads in NIMH 24 hours a day (Bowen 1960). Through NIMH grant MH-728 the public sponsored Yale’s research involving schizophrenogenic mothers from 1954 to 1965 (National Clearinghouse for Mental Health Information—NCMHI 1968, pp. 103–104). The psychologists at Duke were subsidized in their espousal of the censure deficit model from 1953 to 1961 (NIMH grant MH-629) (NCMHI 1968, p. 84). Society backed Jackson of Palo Alto in his efforts to validate the double-binding mother (e.g., NIMH grant MH-791 of 1954–1955 and grant MH-1673 of 1957–1958) (NCMHI 1968, pp. 115, 220–221). The schizophrenogenic mother was a cultural product.

The schizophrenogenic mother concept was not a unique deviation from an otherwise objective path of inquiry. Biopsychiatrists made parallel attempts to confirm a biological basis for schizophrenia based on flawed research. [Recall Heath’s (1960) discovery of the blood factor “taraxein” in cases of schizophrenia]. Manfred Sakel produced a biological hypothesis to justify his treatment of schizophrenic patients with insulin coma that mirrored signs of the culture [Valenstein 1986, pp. 56–61, note Sakel’s language p. 57; note Ray’s enthusiastic espousal (1942/1946, pp. 166–209)].

The history of the schizophrenogenic mother teaches that the political and social forces pressing on the psychiatric profession can interact with the ongoing relation of struggle between men and women in our culture to shape a psychiatric concept.

Note(s)

1. Although the psychiatrists who followed the initiative of Pinel (1806/1962) and the model of Tuke’s (Quaker) Retreat (see S. Tuke’s, 1813/1964, Description of the Retreat), treating their patients with moral therapy (essentially: kindness, constructive activity, and a pleasant milieu), had success in alleviating the suffering of mental patients in their asylums, the physiologically oriented psychiatrists still prevailed over the profession and the psychotic patient populations of the large, ethnically mixed public institutions.

PSYCHIATRY, Vol. 59, Fall 1996
THE SCHIZOPHRENGENIC MOTHER CONCEPT

Adolf Meyer had become the “dean” of psychiatry during this era of fierce competition among the psychoanalysts, physiologically oriented asylum psychiatrists, and neurologists over patients and theory. He was director of the Henry Phipps Psychiatric Center at Johns Hopkins and became president of both the American Psychiatric Association and the American Neurological Association. Meyer was a psychobiologist who was able to deliberate with both organicists and environmentalists. At a time when physiologically oriented psychiatrists were holding up general paresis as a model for all mental illness, Meyer did not. Although he had no clear theory of schizophrenia or a treatment plan, he was respected for his holistic approach to mental illness (Valenstein 1986, pp. 15–16, 32–33). Meyer (1910, p. 399) purposely accounted for schizophrenia “in terms of prophylactic suggestiveness . . . habit-conflicts.” Meyer (1910, p. 403) urged therapists to pay attention to psychological factors present in the lives of patients.

Many psychiatrists who developed the schizophrenogenic mother concept had lived in Europe during the pre-World War II era: Kasanin in Russia; Deutsch in France; Hajdu in Hungary; Fromm-Reichmann, R. Lidz, and Fleck in Germany; Tietze in Austria; Szalita-Penov in Poland; Arieti and Limentani in Italy. The Europeans came from patriarchal societies. Their perception of parental behavior and the balance of power within the family developed out of their experiences. Emigrés from Europe were particularly sensitive to signs of an imbalance in family structure (Fromm-Reichmann 1940). They saw fascism as one pernicious effect wrought by a breakdown of the family (Harrington 1992).

The “discoveries” that schizophrenics had been driven into psychotic withdrawal by their early, pathogenic experiences (leaving them longing for close social contact), and that schizophrenic communications were interpretable, permitted the psychoanalytic treatment of schizophrenia to begin (Fromm-Reichmann, 1952, p. 90). With this understanding of the schizophrenic’s background, Fromm-Reichmann (1943, p. 279) aspired to establish trust and a relationship with patients by “conveying . . . convincingly, yet with little verbalization, . . . interest in the patient’s growth.” Whereas Fromm-Reichmann (1943, p. 278) advised clinicians to take a caring therapeutic stance to accomplish the therapeutic alliance, while being “cautious” and “thrifty” with interpretations, some of her colleagues were not (as Rosen 1947). Many who followed her recommendation of psychotherapy for the treatment of schizophrenia used the thesis of a schizophrenogenic mother as a basis to establish an alliance with the patient based on “recremination” against his parents, something that Fromm-Reichmann had not recommended (Arieti 1977, p. 355).

After World War II, researchers studying children brought up in orphanages with very little stimulation found significant delays in children’s development. Researchers concluded that the developmental delays of these children were due to absence of maternal love and interaction. Orphans who had experienced the socially deprived environments had developmental delays after 2 years of living in nurturing homes (Spitz 1945, 1946). John Bowlby’s (1951, 1958) had an intraorganismic perspective: infants (and their caregivers) had an inborn readiness to form attachments. Yet, Bowlby’s (1951, 1958) studies of children who had been in the protective custody of institutions during World War II led him to believe that certain experiences could thwart personality development: the lack of a close relationship with one maternal figure during the first 3 years, maternal deprivation, or inconsistent mothering. The post was very child’s deep disturbance: an discontented tacit support to the schizophrenogenic mother idea in the United States, as neo-Freudians conceived of schizophrenia as thwarted personality development due to a depriving mother.

Farnham and Lundberg (1947/1971, p. 233) warned society about mothers who strayed from their proper roles: “contemporary women in very large numbers are psychologically disordered . . . their disorder is having terrible social and personal effects involving men in all departments of their lives as well as women. This psychiatrist and sociologist went on: “the mother’s feelings for herself as a woman and acceptance of her female role dictate her attitudes towards children and husband. . . . If . . . the mother is beset by distaste for her role, strives for accomplishment outside her home and can only grudgingly give attention to her children . . . the child cannot escape the confused impression that the mother is without love, is not a satisfactory model. . . . [T]he mother, under conditions of modern social change, is very often deeply disturbed, continually discontented, complaining, unreasonably demanding, aggressive. . . . The damage she does to boys as well as girls, is great (Farnham, and Lundberg 1947/1971, p. 238).

The American Library Association honored A Generation of Vipers in 1950 as being “one of the major nonfiction books of the first half of the twentieth century” (Rogin 1987, p. 242). Wylie melded the “insidious” dangers of communism and maternal power in his movies and books (Rogin 1987).

Edward Strecke was not an obscure psychiatrist. He came to head the Department of Psychiatry at the University of Pennsylvania. In response to a military request during World War I, Strecke had set up “six-week crash courses” in psychiatry at prominent medical schools (Valenstein 1986, p. 20). Also, Strecke was a leading figure in drawing up the APA’s first Diagnostic and Statistical Manual in 1952. Historian Simone de Beauvoir (1949/1952, p. 191) observed that within a social context of women initiating independent action (subsequent to a period of reliance on men) that “[t]he relation of the two sexes . . . [becomes] a relation of struggle.” She found that during such historical periods men create abstractions of a “devouring female” who preys on males, including her young (de Beauvoir 1949/1952, p. 191). If de Beauvoir (1949/1952) is correct, the representation of a schizophrenogenic mother who “batten[s] parasitically” on her child—thwarting his independence—may

PSYCHIATRY. Vol. 59, Fall 1996 291
be a reflection of such an era of struggle between the sexes (R. Lidz and T. Lidz 1962, pp. 169–170; Reichard and Tillman 1950, p. 252).


11 Yet, only 4 of 98 studies exclusively reported on female schizophrenics (as Abrahams and Varon 1953).

12 The Duke Schizophrenia Project was spawned by Norman Garmezy's (1952) experiment showing that schizophrenics and normals reacted differently to stimuli when reward and punishment were involved. His censure deficit model supposed that the pre-schizophrenic experienced early condemnation that galvanized overwhelming anxiety, thwarting the ability to function. Poor premorbid schizophrenic patients ("Poors"), those who had not made a good social adjustment prior to the illness and had a poor prognosis, were dominated by the mother. The patient's ability to do tasks was impaired by reminders of her censure. Good premorbid schizophrenics ("Goods"), those who had made an adequate social adjustment prior to the illness, were assumed to have had a dominating father. Anormal dominance was most pathogenic. The Duke group tenaciously sought evidence of maternal domination and aggression vis-à-vis the patient. Disaffirmations of the censure deficit model did not stop the thesis from being upheld (Harris 1957). Methods and variables were adjusted to obtain confirmations (Garmezy et al. 1961). But, the time was right in 1967 for the model to be attacked (Cicchetti 1967; Cicchetti et al. 1967; Fontana et al. 1967; Klein, Cicchetti, and Spohn 1967; Nathanson 1967). Cicchetti et al. (1967, p. 333) advised that funds for research into schizophrenia go elsewhere.

13 This novel field approach was combined with functionalism, a coupling of evolutionary theory with psychology. Within the functionalist framework women were seen as having a "maternal instinct" (to nurse, submit, be a passive auxiliary to a man). Shields (1975, p. 750) stated some implications of this paradigm: "The existence of such an 'instinct' would . . . validate the social norm of female subservience and dependence. An assertive woman would be acting contrary to instinct and therefore contrary to nature."

14 In a parallel social system that bloomed from 1948 to 1975, American avant-garde artists represented women in a vile, aggressive way (note the "Woman" oil painting series that made Willem de Kooning, the preeminent Abstract Expressionist next to Pollock; see in the New York's Museum of Modern Art's 1949 bronze reducing "woman" to bones and a broken neck: "Woman with Her Throat Cut" (Updike 1989, p. 9).

15 Anthropologist Nancy Chodorow and psychologist Carol Gilligan have found that the "feminine personality comes to define itself in relation and connection to other people more than masculine personality does" (Chodorow in Gilligan 1982, p. 7). Women identify with those they are close to, and value harmonious relationships. In contrast, a male identity is achieved, in part, by how well one has disavowed interpersonal needs and become an independent agent in society (Chodorow 1984, pp. 55–56). Yet, during the first half of the 20th century, social changes stemming from the industrial revolution, the lack of new frontiers to open, World War I, the Depression, World War II, and the identity-eroding work in a technological society impeded American men from achieving what they valued: freedom, independence, and the achievement of a distinct identity (Duppert 1974/1980, Filene 1980, 1986; Kimmel 1987; Fleck 1987; Reisman 1950). At the same time, women expanded their social networks into men's domain, worked in the public sphere, and extended their political power through voting and lobbying. These social changes intensified the ongoing dynamic relationship between the sexes (see Simone de Beauvoir 1952).

16 The double bind theory, based in part in Russell's Theory of Logical Types, was just the kind of formulation that the field now valued. Its essential components were: 1. Two or more persons [a victim and perpetrator(s)] . . . 2. Repeated experience . . . 3. A primary negative instruction . . . 4. A secondary injunction conflicting with the first at an abstract level, and like the first enforced by punishments or signals which threaten survival . . . 5. A tertiary negative injunction prohibiting the victim from escaping from the field" (Bateson et al. 1956, pp. 253–254). Finally, the victim learns to see everything in terms of double binds. Any such communication can then provoke intense anger or fear in the patient. Schizophrenic symptoms ensue to escape the situation (Bateson et al. 1956, pp. 253–254).

17 Jackson (1957, p. 184) hoped that schizophrenia would come to be understood "as a family-borne disease involving a complicated host–vector–recipient cycle that includes much more than can be connoted by the term 'schizophrenogenic mother'. One can even speculate whether schizophrenia, as it is known today, would exist if parthenogenesis were the mode of propagation . . . or if women were impersonally impregnated and gave birth to infants who were reared by state nurses in a communal setting."

18 Several types of family therapy have evolved (see McFarlane 1983). Family therapy can avert relapses in cases of schizophrenia. In a 2-year study of schizophrenics' rates of relapse during the course of various types of treatment, Hogarty et al. (1991, p. 342) found that 64% of schizophrenics treated with medication and family therapy did not relapse over a 2-year period. and that an additional 4% who had family therapy yet were not drug compliant did not relapse; 65% of the patients treated with drugs, family therapy, and social skills training failed to relapse in 2 years. The drug-only controls fared significantly worse: only 31% of the drug compliant controls did not relapse in 2 years (and 3% of the controls who were not drug compliant did not relapse) (Hogarty et al. 1991, p. 342). Note: The rate of favorable long-term outcome (average 5.6-year follow-up) for schizophrenics who have received biological

292 PSYCHIATRY, Vol. 59, Fall 1996

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THE SCHIZOPHRENGENIC MOTHER CONCEPT

treatments has dropped to 36.4% in past 10 years (from a high of 50.5% in the 1970s)—albeit, the diagnostic criteria has narrowed (Hegarty et al. 1994, pp. 1409, 1412). The success rate from 1995 to 1955 was 35.4% (Hegarty et al. 1994, p. 1409).

19. The 1960s were a new era—females had become the "typical" mental patients (see Showalter 1987); note the popular novel (based on fact) from Fromm-Reichmann's therapy of a female schizophrenic patient (who got well and wrote the book): Greenberg (1964).

20. Pockets of interest in the schizophrenogenic mother were generated in other Western countries. In addition to Laing in England, Alanen (1958) and his team in Finland explored the American schizophrenogenic mother concept. However, unlike many of his American colleagues, Alanen was open to, and considered genetic involvement in the disease. He came to focus on the total family milieu in cases of schizophrenia.

21. Jackson et al. (1958, p. 449) brought 20 psychiatrists from across the country together as subjects of a study to uphold the validity of empirical schizophrenogenic mothers; the researchers assumed that the agreement of a wide range of observers was an indication of the "validity" of their perceptions. Using the Q-sort technique each psychiatrist/subject of the study ascribed the "typical schizophrenogenic mother" personality traits. A factor analysis of the data (the clinicians' "mother matrix") yielded three configurations: a "puritanical" mother characterized by her confidence and determination; a seemingly "helpless," "feminine" mother who was covertly hostile; and a "Machiavellian" mother characterized by her drive and unyielding "quest for achievement" (Jackson et al. 1958, pp. 455–454). The schizophrenogenic mother formulations did not differ by the clinician's locality or training, they were national (Jackson et al. 1958, p. 450).

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