Whatever Became of the Schizophrenogenic Mother?

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This article chronicles the rise and fall of the concept of the "schizophrenogenic mother" popular in the psychotherapeutic literature from the 1940s to the 1970s. Sociocultural and ideological factors leading to the use of this damaging hypothesis—that women could "cause" schizophrenia in their offspring—are discussed.

American psychiatry in the mid-twentieth century was dominated by a strong environmentalist or "nurture" bias in the search for the roots of psychopathology. Psychoanalytic theory in its various modifications held that "the child is the father of the man" in the sense that early childhood experiences determine the resultant adult personality. In classic Freudian theory, the important nexus was the conflict between competing drives within the individual and their expression in the environment. The psyche was conceived as a fairly closed system, although environmental "trauma" could affect the drives.

In the 1940s, as psychiatry expanded its venue into the community, interest began to focus on the family and its role in psychogenesis of pathology. A number of investigators, especially those centered around Harry Stack Sullivan and the Washington School of Psychiatry, promulgated the importance of the child’s earliest interactions with the parents and its major distorting influence as etiologic in the pathology of schizophrenia in particular. Sullivan’s central pathologic construct was anxiety, which was "...the discomfort which the child learns to feel in the presence of the significant adult who first uses the arousal of this discomfort as the tool while training the child to abide by the basic requirements of aculturation. ...[Anxiety] remains effective throughout people’s lives in response to disapproval from important people which interferes in a person’s security and prestige."

Sullivan was bitter about what he considered to be fraud and hypocrisy in society. For example, he felt the Oedipal complex was culturally based and not biological: "The Oedipus complex must be recognized as a distortion, not a biological development, in the normal male child. It is a fraudulent symbol situation commonly the result of multiple vicious features of our domestic culture" (p. 14).

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It remained for Frieda Fromm-Reichman to point the finger at disordered maternal relations as the cause of schizophrenia. She wrote in 1948, "The schizophrenic is painfully distrustful and resentful of other people due to the severe early warp and rejection he encountered in important people in his infancy and childhood, as a rule mainly the schizophrenogenic mother."1

Two concepts were central in the notion of the schizophrenogenic mother. They were the notion of maternal overprotection and maternal rejection. These had been advanced in several articles in a monograph by David Levy, a New York child psychiatrist who studied a small series of cases that he felt to be representative of these phenomena.3

Mental health professionals had always suspected that there was something different or unusual about the parents of schizophrenics, particularly the mother. It was probably Kasanin in 1934 who first reported the study of schizophrenic parents.4 In his series, he found maternal rejection in 2 patients and maternal overprotection in 33 out of a series of 45 schizophrenics studied. He used hospital case records as his criterion for diagnosing these two conditions.

There were subsequent other uncontrolled studies that seemed to confirm the general notion of the dominating, overprotective, but basically rejecting mother. These were usually interview studies or case-record studies without control groups.5-7

Of these early studies that were, again, largely uncontrolled, the most important series was the one done by Lidz and his associates at Yale.8,9 His group introduced the terms marital schism and marital skew. Schism referred to the failure of the parents to adopt a role reciprocity within the family and therefore left them emotionally "divorced" from each other. Marital skew referred to psychopathology in which one of the marital partners seemed to dominate the family interaction. This usually was the mother. When skew was present, the mother was usually intrusive and the father distant and cold. Both contributed to the genesis of schizophrenia in the child.

Family systems theory was beginning to develop about this time and was probably the greatest single influence on continuing the preoccupation with the schizophrenogenic mother. Murray Bowen was a leading investigator during this phase. He was the head of an inpatient hospitalization project at the National Institutes of Mental Health. He studied schizophrenic and normal family members. Bowen's conclusions10 in part were:

observations in clinical experiences during the first year indicated that family members were involved in the process with the patient more deeply than had been hypothesized. Fathers were admitted to the family groups, and the hypothesis was extended to think of schizophrenia as the symptom manifestation of an active dynamic process that involved the entire family, and a plan was devised to treat the family as single unit rather than individuals in a unit.
Meanwhile on the west coast, a group of investigators at the Mental Health Research Institute at Menlo Park, California, associated with and led by Gregory Bateson, had hypothesized what they referred to as the "double bind" theory of schizophrenia.\textsuperscript{11} The double-bind theory of schizophrenia was a complicated and difficult-to-research theory involving disordered communications within the family unit, thus carrying on the family emphasis, although still implicating the mother as the most disordered member of the family. Donald Jackson, a member of this group, is most emphatic about the role of the family and, in particular, the mother, when he writes:

perhaps the next phase will include a study of schizophrenia 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 could even speculate whether schizophrenia as it is known today would exist if parthenogenesis was the usual mode of propagation of the human species or if women were impersonally impregnated and gave birth to infants who were reared by state nurses in a communal setting.\textsuperscript{12}

Although there were a number of interactional studies, we do not have time to review them in detail here. Attention is called to the review of Hirsch and Leff, who noted that as the studies of family-and-patient interaction became more refined in their methodology, results became more inconsistent and ended in: (a) clearly not supporting the earlier studies that had found the presence of a "schizophrenogenic mother"; and (b) not confirming the particular family constellation that was proposed as an etiology for schizophrenia.\textsuperscript{13}

By the mid-1970s, the concept of the schizophrenogenic mother seemed to have proven too elusive to be useful. Parker, in his comprehensive review, "Re-Searching the Schizophrenic Mother,"\textsuperscript{14} suggested: "The most plausible explanation is that there is no sui generis schizophrenogenic mother; instead, there is a parental type distinguished by hostile, critical, and intrusive style and it is not particularly overrepresented in the parents of schizophrenics." In Parker's view, the evidence did not support the notion of a more caring or protective or hostile mother being present in schizophrenic families. He felt the data were in, and that refining of methodological procedures would not give more confirmation of the presence of the schizophrenogenic mother. He concluded: "Thus, at least in regard to the underlying development of schizophrenia, such a parental style [the schizophrenogenic mother or the schizophrenogenic family] would appear neither necessary nor sufficient."

This is also the conclusion of Hinsie and Campbell in their Psychiatric Dictionary.\textsuperscript{16} After defining, in the 4th edition (1970), the schizophrenogenic mother as "a term used by those who believe the attitude of the mother towards her child is the basic determinant of schizophrenia by those who would ascribe to this viewpoint," the term usually includes: "(1) the overtly rejecting mother who is domineering, aggressive, rejecting, critical and overdemanding (especially in regard to cleanliness and the observance of social forms); and (2) the covertly
rejecting mother who smothers her child with overprotectiveness." They concluded conservatively: "Adherents of the schizophrenogenic mother hypothesis, for the most part, ignore the fact that of all the mothers who could be classified as fulfilling the above criteria, only a small percentage have schizophrenic children. Also ignored are the many studies indicating that there is no uniform pattern of family dynamics in the families of schizophrenic patients."

It is clear that the notion of the "schizophrenogenic mother," often extended to the "schizophrenogenic family" enjoyed an enormous popularity within the psychiatric profession between the late 1940s and perhaps the early 1970s. Over 75 papers, to my count, plus numerous chapter articles and books were devoted to the subject. It became standard practice to believe that mothers were the cause of their children's psychosis. This extended to both sides of the Atlantic and even to Australia!16

In my review of the pertinent literature, only two cautionary notes emerge. Stella Chess, a worker in the field of child development and temperament, wrote as early as 1964 in an editorial entitled "Mal de Mare"17:

"To meet Johnny's mother is to understand his problem." This is the slogan expressed in one form or another in professional papers, case conferences, and psychological and psychiatric reports. How often is this statement an accurate explanation of Johnny's difficulties and how often is it merely an imaginative substitute for actual data? This formulation represents the most prevalent approach to the analysis of the causes of children's behavior problems in child guidance facilities throughout the United States. The standard procedure is to assume that the child's problem is reactive to maternal handling in a one-to-one relationship. Having come to this conclusion, the diagnostician turns his further investigations unidirectionally toward the negative maternal attitudes and the conflicts presume to underlie these. Investigation in other directions is done in a most cursory fashion, or not at all.

Chess later went on to elaborate her cautionary note in an article entitled, "The 'Blame the Mother' ideology," which appeared in 1982. She was impressed with the virulence of the terms commonly applied to maternal attitudes and listings of maternal shortcomings at the time she wrote her first editorial. She wrote:

To the advocate of the child, the parent was the enemy, the culprit. There was scarcely any need to examine a prelingual child directly since the unconscious of the mother was considered to be the primary determinant of the youngster's malfunctioning.18 She worried, and this is interesting to note, that the infant-bonding thesis was about to become what she referred to as the "Mal de Mare II."

DISCUSSION

Cultural changes following the war drew public attention to the mother and child. Kagan observes:

After World War II, middle-class American and European communities became appreciably uncertain about the quality of the mother-infant bonding in part because
of rising divorce rates, adolescent pregnancies, and working mothers who had to leave their babies with surrogates. The satisfying image of a young mother... became flawed.¹⁹

It has been noted that the 1950s and 1960s were a period when an unexplained deep misogyny surfaced in American culture. Betty Friedan has remarked:

It was suddenly discovered that the mother could be blamed for almost anything. In every case history of the troubled child... could be found a mother. A frustrated, repressed, disturbed, martyréd, never satisfied, unhappy woman. A demanding, nagging, shrewish wife. A rejecting, overprotecting, dominating mother.²⁰

Women seemed to be very powerful. To professionals, and we must bear in mind that the public avidly sought professional advice on child care, mothers had failed to some degree.³²¹,²² They had failed to produce healthy well-adjusted children but were powerful enough to produce pathological ones.

If women seemed to be powerful or dominant in the postwar years, men seemed to be less so. Much popular literature was given over to the theme of the decline of the male. The bureaucratization of work, the rise of the corporate “man in the gray flannel suit,” the demise of individualism, were all forces of emasculation in the public world. This same literature warned that at home waited the “castrating woman.”²³ How much this state of affairs contributed to (mostly male) professionals’ belief that a mother was powerful enough to cause schizophrenia we cannot know.

Developments in psychiatric theory during this period played a part in empowering the mother. During this time the child became the focus of psychological study. Work by Melanie Klein,²⁴ John Bowlby,²⁵ and D.W. Winnicott²⁶ held that the mother-child interaction during the earliest months of life were determinants of the child’s personality and later psychopathology. Thus the mother came under careful scrutiny as well, for the most minute aspects of her attitude and behaviors towards the child might bear lifelong consequences. “Nurture” was vastly more important than “nature.”

In retrospect, much of this theorizing can be seen as premature for it was backed by little research. What investigation there was, focused on impaired children with inadequate normal controls. Yet these mental health professionals had an impact on the public. Many of the workers in the field gave advice to parents through the media including the radio, e.g., Winnicott, popular magazines and pamphlets, e.g., Bowlby.²⁸

So we have some parts of the puzzle—a cultural (especially American) fear of the female, a diminution of the importance of the male, the determining effect of the earliest mother-child interaction, the pathology of motherhood—all possible factors in an unfortunate constellation designed to bring forth the schizophrenogenic mother. Yet, the explanation still seems incomplete. There was something demonic about the idea of such maternal power, yet its existence seemed
"obvious" to at least a generation of psychiatrists and other mental health professionals.

There is a message to be gotten from the career of the schizophrenogenic mother, and it is an old one. Though often regarding itself as scientific, objective, and detached, psychiatry, of all the medical specialties, remains most deeply embedded in its cultural matrix. Cultural needs strongly influence the development and practice of our theory, a fact elegantly demonstrated by Kurtzweil in her study of differing national trends in psychoanalytic theory.28 To be sure, psychological factors do influence the course of schizophrenia. Falloon's persuasive studies, which show that a high level of family turmoil and emotional expressivity worsen symptoms, speak to the point.29 Psychotherapeutic efforts focusing on increasing social ability30,31 play a valuable role in recovery and perhaps will aid in prevention. This is far from the black-and-white thinking of the day of the schizophrenogenic mother. This illness clearly asks that we take a pluralistic approach, both etiologically and therapeutically.

We need to bear this foremost in our minds as psychiatry adapts neurobiology to its ends. Those who may advocate a "twisted molecule" as the cause of schizophrenia may err just as surely as those who championed the "twisted mother" as necessary and sufficient cause. Biological explanations of this illness took many a wrong turn as well and reached many a dead end. How many practicing today remember the "pink spot" or "taraxein" advanced as biochemical causes of schizophrenia? Admittedly, we have better methodology today, but will we fall back into the same trap, the same black-and-white thinking? Adolf Meyer, for many years the "Dean" of American psychiatry, was said to dismiss any explanation from his mind when he heard the term "merely" attached to it. We should as well.

Human beings, and their pathologies, are complex and psychiatry must never lose sight of this complexity. May the schizophrenogenic mother rest in peace.

SUMMARY

From the late 1940s to the early 1970s, the concept of the "schizophrenogenic mother" was popular in the psychiatric literature. Research later confirmed that the mother who could cause schizophrenia in her offspring did not exist. Such a blame-leveling concept, which had no basis in scientific fact, may have caused a great deal of harm. Sociocultural factors, coupled with developments in psychiatric theory, contributed to the genesis of the concept. Implications of this episode in the history of psychiatry are discussed.

REFERENCES: