Parents of Schizophrenic Individuals: What We Say Is What We See

by Richard R. J. Lewine

Abstract

The language used to describe the families of schizophrenic individuals is reviewed briefly. It is suggested that this language has negative connotations and is a legacy of past theory interpreting parents as primary causal agents in schizophrenia. If we are to engage the families of schizophrenic patients in cooperative therapeutic endeavors, we must begin to speak to and about those families in more neutral terms.

Dincin, Selleck, and Streicker (1978) recently advocated the restructuring of parental attitudes in the treatment of schizophrenia. The authors further suggested seeking the active participation of parents in helping their schizophrenic "adult child" move beyond the family environment. While their goal is certainly one to which I subscribe (Bernheim and Lewine 1979), the article does reveal a professional ambivalence that frequently arises in interactions with the families of schizophrenic patients. Specifically, families may be viewed as both victims of and causal agents in schizophrenia. The latter view seems especially to reflect an implicit moral evaluation of parents and other family members as willful "evil" agents.

Although the overall tone of the article by Dincin, Selleck, and Streicher (1978) is sympathetic to the families of schizophrenics, consider the following paragraphs:

Most parents find it quite difficult to accept the idea that their child is mentally ill. Their denial is manifested by suggestions that all that is needed for their child is "discipline," "a job," or "a friend." They sometimes explain the child's condition by blaming bad companions, drug experimentation, leaving home, or other events.

The unpredictable nature of the illness causes some confusion for parents. Because the child seems reasonable and competent at some times, parents are bewildered and angered when the illness recurs. They often resist our suggestions that some vocational and social pressures are best avoided by their child. In some cases they see the child's regression as willful and rebellious acting out.

Because of their inability to accept the illness of their child, some parents have unrealistically high expectations. It is sometimes necessary to confront parents who are working against their child's rehabilitation program. We have had parents suggest getting their child a job in the father's business that was far beyond the member's present capacity. Other parents demand social participation of their child that is clearly impossible....

In discussing a child's present functioning, parents sometimes reluctantly question whether he will ever get well. Parents worry that their child may never improve, but at the same time refuse to verbalize their concern, feeling that they must never lose hope. Several parents have said that they must always look to the future improvement of their child to help them bear their current disappointment. [Dincin, Selleck, and Streicher 1978, pp. 600-601; italics added]

Clearly, the language used in describing parental attitudes is highly negatively charged; it suggests that parents are willfully working against their children and unable to change. Note, for example, the use of words such as denial, resist, inability, demand, and refuse. One need not take a Whorfian view of the world to be concerned about the use of this particular sort of language in work with the parents of schizophrenic patients. While psychological mecha-

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nisms such as resistance and denial have been important in understanding the dynamics of human behavior, I think the use of more neutral language is in order if we are serious about engaging the active cooperation of parents in treating schizophrenia.

As one possibility, consider the use of the following words to replace those that are italicized in the above paragraphs: rather than denial, unbelief; for blaming, in terms of; for resist, counter; for inability, difficulty in; for unrealistically, impractically; for confront, face; for working against, hindering; for demand, require; and for refuse, are unwilling. No doubt, others will come up with better choices. The point is, however, that parents do not necessarily have malicious designs on their children. Schizophrenia is a frightening, confusing, and burdensome disorder, costly not only to schizophrenic individuals, but also to their families (Creer and Wing 1974; National Schizophrenia Fellowship 1974). Surely we can develop a professional lexicon that does not blame anyone. To the extent that our language reflects our thoughts about and actions toward the parents of schizophrenics, I would like to suggest that we reexamine our attitudes toward those family members. To continue to attribute negative intention to family members can only serve to further alienate them from mental health professionals and to increase the burden that they must bear in learning to live with schizophrenia.

More generally, it seems time to begin to reassess the historical legacy of the “schizophrenogenic mother,” “scapegoating,” “double-binding,” and other presumed psychogenic etiological agents. Empirical evidence fails to support the notion that such familial variables act as specific causes of schizophrenia (Waxler 1975). Certainly, no one would question the role of familial stress and conflict in the ontogenesis of schizophrenia. However, to continue to perceive family members as primary causal agents in schizophrenia (often with a moralistic evaluation) serves neither the schizophrenic person nor his or her family members.

References

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