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## IV. Parental Personality and Attitude and Childhood Psychoses

By I. KOLVIN, R. F. GARSIDE and J. S. H. KIDD

### INTRODUCTION

It is a common assumption in child psychiatry that the personality and attitudes of parents exert a fundamental influence on the developing child. This hypothesis merits careful examination. The authors were particularly interested in testing it in relation to aberrant personalities and undeniable psychiatric disorder in childhood. Theoretically there are two main methodological steps;

(i) The proving of a correlation between parental and childhood variables. The present paper concentrates on this step.

(ii) experimental or other studies to demonstrate causal relationships between these variables.

Our study of infantile psychosis (I.P.) and late onset psychosis (L.O.P.) provided an opportunity for examining the hypothesis that different parental personalities are associated with different childhood conditions.

Childhood autism has attracted a fair share of investigation. Some researchers have concentrated on a circumscribed area of childhood psychosis (Kanner, 1943 and 1949; Creak and Ini, 1960; and Pitfield and Oppenheim, 1964) while others (Klebanoff, 1959) have treated childhood psychosis as if it were a homogeneous entity. Kanner alone, or with Eisenberg in their various writings (Kanner, 1943; Eisenberg and Kanner, 1956; Eisenberg, 1957), have described many parents of autistic children as having obsessive and cold personalities with limited genuine interest in people, or an 'emotional frigidity'. A degree of detachment and introversion has also been ascribed to these parents; Kanner (1949) described them as not being comfortable in the company of people and having no use for ordinary chatter. It would seem that Kanner and Eisenberg not

only noticed these features of parental personality and attitudes but developed them into a psychogenic hypothesis which others have extended still further.

The clinical study of Creak and Ini (1960) did not substantiate Kanner's hypothesis nor provide unqualified support of the original personality stereotype. They wrote that they came to see that reserve was not necessarily synonymous with lack of warmth or poverty of affect. They rated just over a half of their mothers and fathers as reserved and approximately a third of their mothers as cold. They concluded with the impression 'that many of these parents do not differ markedly in personality or attitudes from those whose children are not psychotic'. Instead of finding evidence for a psychodynamic hypothesis they suggested that certain of the features in the parent's personality makeup and reactions might not be primary but secondary to the enormous strain that a psychotic child in the family throws on his parents, especially the mother; and implicated the attempts of parents to relate to a non-relating child.

Both the Creak study and Eisenberg (1957) produced evidence of a degree of reserve and detachment in the fathers. Eisenberg described 85 per cent of the fathers as showing these characteristics. The results of such clinical study are open to the usual objections of 'lack of quantification and control groups' (Rutter, 1967).

More objective instruments such as self-rating questionnaires and projective techniques have been used to assess parental personalities. Klebanoff (1959) used the Parental Attitudes Research Instrument but did not differentiate between earlier and later onset psychoses. Singer and Wynne (1963) on the basis of

T.A.T. and Rorschach responses claimed to be able to differentiate between relatively small groups of parents of, respectively, young adult schizophrenics, autistic children and childhood neurotics. The other important study is that of Pitfield and Oppenheim (1964) who applied a parental attitude questionnaire to the mothers of Creak's psychotic children. Again this study did not provide support for Kanner's suggestion of maternal detachment. As Rutter (1967) has pointed out, the validity of these types of parental questionnaires has been strongly questioned (Becker and Krug, 1965). Nevertheless, these more recent studies of authenticated cases provide little evidence in support of a parental personality stereotype in infantile psychosis.

#### METHODS

The personalities of the mothers of 78 children suffering from infantile psychosis (I.P.) or late onset psychosis (L.O.P.) as described in Papers II and III of this series were studied.

For comparison purposes it was decided to add a neurotic clinic group of a fairly homogeneous rather than a heterogeneous nature. School Phobia seemed best fitted for this, and cases of at least moderate severity were chosen provided there was separation anxiety. All the phobic cases were seen by both an experienced psychiatrist and a psychologist.

It had been hoped to see and rate both parents in all cases. This proved impossible because of lack of resources and economic and geographic difficulties which precluded some fathers from attending. In addition, the decision to apply a personality inventory was only taken after the study had already started. Furthermore, two of the mothers (one from each group) were not co-operative and so were not pressed to complete the inventory. The M.P.I. was chosen as one of the few available objective tests of personality which could be rapidly given. There were thus different levels of completeness of data available in the two psychotic groups:

*Levels A*—Mothers of 26 I.P. and 20 L.O.P. children.

- (i) Maudsley Personality Inventory (M.P.I.)
- (ii) Social History reports

(iii) Clinical assessment of mothers  
*Level B*—Mothers of 20 I.P. and 12 L.O.P. children. No M.P.I. but

- (i) Social History reports
  - (ii) Clinical assessment of mothers
- Level C*—All fathers had social history reports and some had clinical assessments.

#### FINDINGS

The mothers were separated by clinical judgement of their degree of introversion: 14 (42 per cent) of the mothers of the L.O.P. group and 6 (13 per cent) of the mothers of the I.P. group were rated as introverted—and this is significant for the L.O.P. group ( $\chi^2 = 9.3$ ).

As some fathers were not personally examined it was not possible to rate them on the basis of clinical observation and so their assessments were, in the main, dependent on descriptions obtained from the mothers and must be treated with great caution. Some 19 (57 per cent) of the fathers of the late onset psychotics were regarded as reserved, while 22 (44 per cent) of the fathers of the infantile psychotics were thus rated. Eisenberg (1957) found a higher percentage of reserved fathers among parents of autistic children; but the Creak study percentages are more like ours. However, the figures are not really comparable in these three studies as the criteria for defining reserve are not alike. In fact one doesn't know what this finding means.

There was also a higher percentage of sensitive and suspicious personalities amongst the parents of the L.O.P. group (L.O.P. 42 per cent, I.P. 22 per cent). One possible explanation for this finding is that it is a defensive, guilt-determined sensitivity response in the parent to damage or handicap in the child. But the lower rate in the parents of the younger and most obviously handicapped group of I.P. children does not support the suggestion.

Parental over-protectiveness was also clinically assessed. The relatively high percentage in infantile psychosis (47 per cent) as compared with late onset psychosis (30 per cent) again suggests that different factors must be operating in order to produce these differences. The most obvious explanation is that in spite of

variability in attitudes there was a tendency to over-protect younger children in comparison with older children when both were damaged.

Mothers who were given the M.P.I. were independently rated by a physician on scales of neuroticism and introversion/extraversion. Reasonable correlations between the M.P.I.

scores and clinical ratings were obtained, the lowest being 0.58. This to some extent validates the M.P.I. in this study. The data were subjected to the usual analyses of means, standard deviations, analysis of variance and 't' tests. The findings are presented in Tables I, II, III, IV:

TABLE I  
*M.P.I. scores of mothers*

Group	Number	Neuroticism		Extraversion	
		Mean	S.D.	Mean	S.D.
A. Infantile Psychosis .. ..	26	17.88	11.42	26.23	9.01
B. Late Onset Psychosis .. ..	20	23.35	12.06	20.45	9.05
C. School Refusal .. ..	29	23.72	10.71	22.14	8.74
D. Total of Groups A, B, C .. ..	75	21.60	11.50	23.11	9.11
E. General Population .. ..	1800	19.89	11.02	24.91	9.71

TABLE II  
*Analyses of variance, data of Table I*

Variable	F. Ratio	Degrees of Freedom	Significance
Neuroticism	2.11	2 and 72	.1 < p < .25
Extraversion	2.59	2 and 72	.05 < p < .10

TABLE III  
*Significance of 't' tests*

Groups Compared	Neuroticism	Extraversion
A and B	NS	Significant (p < 0.05)
A and C	Significant (p ≈ 0.05)	NS
A and E	NS	NS
B and C	NS	NS
B and E	NS	Significant (p < 0.05)
D and E	NS	NS

TABLE IV  
*M.P.I. correlations of extraversion with neuroticism*

A. Infantile Psychosis	-0.23
B. Late Onset Psychosis	-0.57
C. School Refusal	-0.40
D. Total Groups A, B, C	-0.42

(a) The extraversion group means significantly differ from the means of the general population only in the L.O.P. group mothers (Tables III, B and E).

(b) Mothers of the I.P. group are probably less neurotic than the mothers of school phobics (Table III, A and C). The mothers of the school phobics have the highest mean score on the neuroticism dimension (which might mean they suffer a significant degree of neurosis).

(c) The mothers of the L.O.P. are significantly more introverted than both the general population and the mothers of I.P. This to some extent validates the clinical finding of a significantly high degree of introversion in the mothers of the L.O.P. group.

(d) An interesting feature was the negative correlations between M.P.I. Neuroticism and Extraversion scores especially for L.O.P. group mothers. It has been asserted (M.P.I. manual) that this is characteristic of a psychiatric population.

DISCUSSION

Much has been written about negative aspects of mothers of autistic infants, but few objective studies have been undertaken. The results of this study suggest that the mothers

of infantile psychotics are neither introverted nor neurotic.

The one significant statistic, from the M.P.I., is that mothers of late-onset psychotics are significantly more introverted than both the general population and mothers of infantile psychotics. Unfortunately the late-onset psychotic group is small and so these objective findings need to be substantiated on a larger group. However, the clinical study of all the mothers in the two groups does add support to the validity of the findings using the M.P.I. The authors would have liked to have studied larger numbers, but the accumulation of cases of late-onset psychotics was an extremely slow process.

The overall mean scores on the two dimensions of the M.P.I. of the mothers of the three child psychiatric groups do not differ from the general population. However, when this heterogeneous psychiatric group is broken into its three sub-groups at least one significant difference emerges. This again points to the importance of conceptualization in child psychiatry for if the two psychotic groups were added together the mean differences described above would have been submerged and lost.

The study closest to the present is that of Singer and Wynne. They tested the parents of 20 autistic children, 20 young adult schizophrenics with a median age of 23 years, and a group of childhood neurotics. The parents of the young adult schizophrenics showed a significant degree of 'thought disorder' (Rorschach protocols), had unclear percepts and other evidence of fragmentation and lack of unity and central idea in their stories (T.A.T). In contradistinction the parents of autistic children showed significantly less of these

features. Singer and Wynne do not provide information about the social class distribution of their groups. However, if their cases resembled those described in Paper III of this series (i.e. autism occurring more in social classes I and II and 'schizophrenia' more in social classes IV and V) then the differences they found would partly be explained on an educational or cognitive basis as a concomitant of social class.

Nevertheless, the present study and the Singer and Wynne study do point to a conglomeration of personality oddities (introversion, sensitiveness and suspiciousness) and absence of clarity of thought, or even presence of thought disorder, in parents of young adult schizophrenics or children with psychosis of late onset. Thus the late onset psychoses and infantile psychoses are again seen to be quite different entities.

#### SUMMARY

On clinical examination 42 per cent of the mothers of 32 children with L.O.P. were regarded as introverted, but only 13 per cent of the mothers of 46 children with I.P.

Twenty L.O.P. mothers and 26 I.P. mothers were tested with the M.P.I. which confirmed the introversion of mothers of the L.O.P. group. There was a higher percentage of sensitive, suspicious parents in this group. More parents of I.P. children were over-protective.

These findings are believed to support the differentiation of childhood psychotics into distinct diagnostic categories.

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