

Schizophrenia in a Dysfunctional Family

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About the Author

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Schizophrenia in a Dysfunctional Family

The focus of this paper is on a case history that describes, in detail, the dysfunctional family factors, including paranoid personality disorder, alcoholism, hysteria and masochism, which led one man to being diagnosed as schizophrenic. I suggest that similarly intensive family studies are necessary before we settle on genetic theories of madness.

In recent years many if not most mental health professionals seem to be leaning towards a genetic etiology of schizophrenia. They cite research with twins and other studies which, while not conclusive, seem to make a strong case for that conclusion. At the same time, most people acknowledge that the environment also plays a role.

The pendulum has swung from nature to nurture and back to nature during the last century. Until the time of Freud and psychoanalysis, physicians had attributed madness mostly to genetics—or to other causes having nothing to do with the environment, such as demonic possession or the influence of the stars. In the middle of the twentieth century, bolstered by psychoanalytic studies by Laing and Esterson (1964), Lidz et al. (1965) and Mahler (1968), professional literature from all fields began emphasizing the family and its effect on schizophrenia. Lidz wrote of “schizophregenic mothers” and “schizopregenic fathers” who through twisted and abusive treatment drove children to schizophrenic withdrawal. Today psychiatry in general, and even

many psychoanalysts, are again emphasizing genetic explanations.

In considering the fact that throughout most of history doctors have sought a hereditary explanation for mental illness and only for a few decades has nurture been given etiological relevance by social scientists, I see a parallel to what happens to individuals and families in therapy. Most patients do not want to look at their past, and do so reluctantly. They do not want to look objectively at their family dynamics and, in fact, charge therapists with trying to make trouble by focusing too much attention on such matters. Laing (1971), noting this censorship and amnesia connected with the family and early childhood, theorized that parents hypnotize children to hypnotize their children to hypnotize their children.

Hypnosis may be an experimental model of a naturally occurring phenomenon in many families. In the family situation, however, the hypnotists (the parents) are already hypnotized (by their parents) and are carrying out their instructions, by bringing their children up to bring their children up...in such a way, which includes not realizing that one is carrying out instructions (p. 71).

The tendency of human beings in general—and of psychiatry in particular—may stem from a collective childhood amnesia of the kind to which Laing refers. As children all of us are conditioned to honor our fathers and mothers by religions and by family value systems. We are told and shown numerous ways not to express thoughts and feelings directly but to disguise them, so we learn to deny, displace, and externalize. We are told repeatedly in numerous verbal

and non-verbal ways (induction) that we and our families are part of the same team—it is us against the world. We are told again and again by our parents that they are doing the best they can, and they become upset when we question them. Hence, we learn that to scrutinize or criticize the family is tantamount to treason.

Family studies are needed to counter this resistance to looking at our families with an objective eye. Even though there have already been numerous family studies, I have had the opportunity, through my family practice, to observe one particular family for a number of years and to analyze the main environmental forces that led to the formation of a schizophrenic character. Indeed, the environmental forces in this case seem unusually compelling.

The Family History

Regarding lineage, there was only one outbreak of schizophrenia in the immediate ancestry of this family. An uncle, the mother's brother, had suffered a breakdown following the death of his wife. There was some alcoholism scattered about, and one suicide by the paternal grandfather, who was in his 70s at the time and depressed by ill health and economic worries. On the positive side the family also had shown strains of musical talent: a great uncle had become a famous conductor and composer.

The nuclear family in this case was comprised of a father, mother, and

four sons. It was the fourth-and last-son who was diagnosed as schizophrenic.

The father and mother had married when he was 19 and she was 20. They had been high school educated. Shortly after the father's father had committed suicide, the mother became pregnant. The father reluctantly married her and they moved into the family house. The first son, whom I will call Son A, was born about six months after their marriage.

The father had a modicum of musical talent and played trumpet in local dance orchestras. At one time he even had his own band, but he did not get along with people and the band fell apart. After a few years he was not playing the trumpet anymore and blamed his blighted ambitions on his wife. His drinking problem increased through the years, and so did hers, and their fighting grew more and more vicious.

A second son, Son B, was born a year and a half after the first; A third, Son C, came four years after the second; and a fourth, Son D, came five years later. With each successive son, the father's alcoholism increased. He would stay out at bars until late at night, then come home and yell at and sometimes beat his wife. She would exacerbate conditions by sexually demeaning him in front of the sons, lacerating him with a sarcastic tongue, turning her sons against him. Often he would threaten to kill her, and on several occasions he actually took out his hunting rifle and pointed it at her. Far from being a

nurturing environment, this family milieu was more a prison of terror for the sons.

Each successive son received poorer parenting. The first son, Son A, had adequate parenting. Both parents made him a narcissistic selfobject. He would be the musician that the father could not be, and the good and loyal perfect son who would make his mother proud. From the time he could hold a trumpet, the father sat with him and taught him everything he knew about music. When he was still a boy the father took him along to dance jobs and had him join the band. The mother held Son A up as the model for all the other sons to follow. He went on to become an honor student and won a music scholarship to college.

When she became pregnant with Son B the mother wished for a girl. His birth, and that of each successive son was a disappointment in that respect. In addition, Son B was not as talented or as attractive as Son A. The mother used to openly compare the two, and would say to friends, "Yeah, Son B just doesn't have the brains or talent that Son A has, but he tries hard." Son A, noting the parent's preference for him, unmercifully teased son B, and the parents allowed it, viewing such teasing as harmless childhood play. Son A could defeat Son B at just about any game, and then would tease and gloat about it, causing Son B to accumulate jealousy and resentment of the older brother and to develop inferior feelings. In addition, Son B could not do anything about this jealousy or

resentment, could not express it in the family—since Son A was the apple of his mother’s eye and the peach of his father’s, and for both parents he was the model of all that was good and noble. If Son B said anything about the older brother, his mother would disqualify it. “Don’t be silly. Son A is just playing with you. He doesn’t mean anything.” Such responses caused Son B to doubt his own perception and always to yield to his older brother’s perceptions (and later, in transference, to the perceptions of other authority figures). He developed a reaction-formation toward this older brother and began to idealize him as his mother did.

The third son made the family dynamics more complex. Once again, this son had not been planned, and once again the mother, and also the father, hoped for a girl child. However, the third son was an exceptionally attractive, intelligent and talented child, and the mother took to him, as did the oldest brother, allying with him against Son B.

When Son C was four, Son B eight and Son A ten, they sang together in a talent show. This was a significant event in all their lives. It was during the course of rehearsing for this show that the family discovered that Son C was a musical prodigy. One day as they practiced the song they were to sing in the contest, “My Bonnie Lies Over the Ocean,” Son A was trying with no success to teach Son B to sing the second harmony. (The plan was for Son A to sing the melody, Son B the second harmony, and Son C the base.) Suddenly Son C

said, “I can sing the harmony.” He proceeded to do so flawlessly. Son A was amazed by this and so were the father and mother. Son C became the celebrity of the family and the three sons went on to win the talent show. Meanwhile, Son B was mortified by his failure to sing the harmony and smitten with jealousy and hatred of this younger usurper, this precocious four-year-old who had out done him.

From that time on, especially after Son D was born, Son B began teasing and physically picking on Son C. In fact, a hierarchy had formed: the father abused the mother, and Son A, following his father’s example, was abusive to Son B. Son B in turn began to abuse Son C and Son C developed a negative attitude to Son D. At the same time, Son A was the “chosen one” of both parents, and for the time being, Son C was also given special treatment by both parents (as a narcissistic extension of themselves—the musical genius who would make the family proud).

Such was the stage upon which Son D entered the family, some five years after the birth of Son C.

The Pathogenic Family Environment

Son D was born at a time when the family had reached its apex of dysfunctionality. During her pregnancy the mother had a violent fight with the father. He socked her in the eye and she threw a sugar bowl at him that made

a gash across his forehead, requiring several stitches. She grabbed her three sons and ran off to her parents' house, where she remained for several weeks. She contemplated divorce, but in those days divorce was still a difficult thing, and she did not know how she would survive with three, and soon four, sons. After a while, the father perhaps typically of alcoholics, became penitent and sent her flowery letters begging her to come home, promising he would be good. She went back. Within a week he had gotten drunk again and shoved her onto the floor and called her a "stupid whore."

And then came the new baby. Even before he was born, he was assaulted indirectly, for each time the father socked or shoved the mother it created havoc in the form of emotional and physical upheaval inside the womb. Glover, et al. (2002) in a study of 7,144 mothers and babies in England, found that women who reported experiencing high levels of anxiety during pregnancy were twice as likely as non-stressed women to have children with behavioral difficulties, depression and anxiety. Dingfelder (2004) cites research by van Os that found a link between prenatal stress and schizophrenia. After his birth, Son D found himself in a family milieu where he was at most an afterthought and at worst another nail in his father's coffin and a burden in his mother's arms.

The following is a schematic account of the negative forces each family member directed at the new child.

The Father

The father was an alcoholic who drank beer from the time his job finished until late in the night. He also seemed to have paranoid personality disorder: he was obsessed with the idea that his wife had caused all his misery by forcing him to marry her and then by getting pregnant three more times and saddling him with domestic responsibility. From prenatal times onward, Son D was assaulted by this father. The father's attitude toward the new child was hostile and negating. He acted as if the new baby did not exist. He stayed out almost every night at bars and blamed the mother for being so stupid as to get pregnant again. This new child was seen as trapping him forever in family slavery, destroying once and for all his dreams of fame as a musician. He had by now given up on his trumpet completely and supported the family working at a blue collar job for low wages. Son D was the final blow to his ambitions.

The father acted out his frustration by degrading and terrorizing the mother and indirectly the family and by neglecting Son D. Almost every night he would come home drunk and lay into her for making him marry her. "How could I marry a stupid whore like you?" Often in the early mornings he would wake her for sex and she would cry out, "Help me, he's going to kill me!" and one of the older boys would be called upon to intervene. Threats of death were constant. This atmosphere of terror was omnipresent, and must have been felt by Son D from the moment he was brought home from the hospital: the father himself was the chief source of insecurity and fear.

The Mother

The mother, frustrated that Son D was not a girl, nevertheless proceeded to treat him as if he were a girl. She dressed him in dresses until he was three or four, and curled his blond hair. Thus she created in him a gender confusion. However, although he received a lot of attention from her, that attention was influenced by her own drunkenness and by her malevolent relationship with her husband. Often she would be yelling in the boy's ear (at the father) as she held him, or rocking him roughly, or ignoring his cries completely as she tangled with the father. The baby was, understandably, an anxious one who did not sleep well, and the mother did not have the patience to deal with him, since she felt her own life was, as she kept repeating, "a hell on earth." Hence the baby received much of the mother's displaced anger.

Nor did she have the patience to deal with the antagonism among her three older boys. (She kept ignoring any signs of discord and idealizing them, as her "three fine sons," even when they were hammering each other.) All she could say to them was, "Now why don't you all just get along." They were somehow to learn magically to get along, while the mother and father were threatening to kill each other. She was a histrionic with masochistic features who could not set her own boundaries with her husband or with friends, much less help her sons learn to set boundaries with respect to each other's and their own feelings.

In particular, she did not deal effectively with the jealousy that Son C felt

for Son D. Not only did she have no patience for Son D, she had no patience for Son C either, shaming Son C when he expressed jealousy of the new arrival who had suddenly displaced him in her favor. She made Son C feel worse rather than reassuring him, so that Son C began acting out by wetting his bed (emulating the new baby) and attacking the new baby with a vengeance. Finally, she was a woman who loved to take care of babies but had no idea of how to nurture growing boys. Hence, she “babied” this last son long beyond the appropriate time. Even when he was a teenager, for example, she still used a “baby-talk” tone with him and treated him as if he were some child-man, never quite taking his thoughts and feelings seriously, as she did with the eldest son. This kept him dependent on her and precluded his emotional separation from her and the development of independent self-respect.

Son A

The oldest brother was not interested in the new baby. He was the “prince” of the family and basked in his princedom—his mother’s and father’s idealization and the special privileges it bestowed on him. This youngest sibling, in his mind, did not matter. He could see that he did not matter to either of his parents, so he did not matter to him. He was interested in son C because he had allied himself with him—they were the two musical geniuses of the family—against son B, who was his chief rival. Moreover, he had noticed that as soon as the mother mentioned that she was pregnant with a fourth child, Son B made it known that he would ally himself with Son D. It was to be a

factionalized family, two against two. At any rate, Son A was 11 years older than the youngest child, and was soon to be a teenager and involved in his own world far removed from the youngest child. The youngest was of no use to him, hence his attitude toward Son D was one of neglect (rejection).

Son B

Son B was joyous when Son D arrived on the scene. He had long felt at odds with everybody, the ugly duckling of the family. His father and mother both favored his older brother, and his mother and older brother both teased, demeaned and bullied him. Son A, for example, would enjoy beating Son B at every game and then would tease Son B when Son B got angry about this. The Mother would always join with Son A and bemoan, "God just didn't give you the intelligence he gave your older brother." In addition, Son A had also allied with Son C against Son B, and his father and mother had, in turn, given special treatment to Son C because of his musical talent. With Son D's birth, he anticipated having at long last an ally against this stacked deck. Even before Son D was born, Son B kept whispering to Son C, "Now you won't be getting all the attention anymore. How will it feel, not getting all the attention?" and "He's going to be twice as talented and twice as smart as you. He'll be better than you in every way." The stage was set for Son B to make Son D a narcissistic extension of himself, just as the parents had made Sons A and C into narcissistic extensions and Son A had made Son C into one. Hence, Son D would be expected to be a genius by Son B before he was even born.

As Son D grew up and began to speak, Son B took Son D under his wing and drilled into him that he was a superior person, better at music and better at school and better at everything than Son C. He would also invariably take Son D's side if Son D got into a fight with Son C (which was often). This kept Son D dependent on Son B and kept him from developing his own personality naturally. Son D from birth onward had to live up to Son B's impossible expectations for him.

Son C

Son C hated Son D and did to him what was being done to him by Son B and by the rest of the family. While he had been the youngest member of the family, Son C had enjoyed a kind of celebrity not only because he was the baby but also because of his musical ability. He was a celebrity and along with that celebrity there was a period of grace. During this period he had a protected status. However, as soon as Son D was born, he became the forgotten boy; the father and mother were preoccupied with each other and the mother with the new baby. When his mother no longer treated him as special and the family forgot and then ignored his musical talent, Son C became needy; his mother responded by displacing her anger at the father onto Son C, yelling, "I don't need two babies!" The older brother, who had been his ally, was preoccupied with his junior high and high school activities (being an honor student, etc.). And Son B was suddenly allowed to unleash all his pent-up jealousy and rage at Son C, who no longer enjoyed his protected status.

Son B's teasing and physical abuse of Son C knew no bounds; he was constantly degrading and hitting him, and continually demeaning his musical talent, of which he felt so jealous. This harassment was so unrelenting and traumatic to Son C that when he became an adult he chose not to develop his talent but went into another field entirely.

Meanwhile, Son C began dishing it out to Son D. While Son B was treating the new baby like a god, cooing over him and worshipping him and welcoming him as his own personal avenging angel whose genius would far outstrip Son C's, at the same time Son C was telling Son D that he was a stupid jerk who would never amount to anything. An intense rivalry ensued between the two youngest sons. Son C harassed Son D at every step, teasing him, making him cry, ridiculing him, shaming him, and generally abusing him.

On one occasion, he refused to let Son D play with him and some neighborhood kids, humiliating him in front of the others, calling him "too young and stupid to play with older kids," exhorting him to "go away and stop bothering them." Later he lacerated the younger brother for embarrassing him in front of his friends, and emulated his father's attitude toward the mother. "Why do you always have to follow me around? You're the cause of all my problems. I wish you had never been born." Sometimes the mother managed to come out of her depression long enough to intercede on Son D's behalf, but sooner or later Son C would have his way with Son D and punish him for

existing. In short, the buck always stopped with Son D. He bore the brunt of everybody's rage.

The Seeds of Schizophrenia

As I wrote the foregoing section, I wondered if it would all sound confusing to the reader. If so, imagine how confusing the situation must have been to Son D. It is easy for a grown-up parent to drive a small, defenseless, impressionable infant or small child crazy. After all, an infant is a totally vulnerable and complete slave; no one has more power than a parent over an infant. Hence, we all know what it is like to be slaves; but some slave owners are better than others.

In the case under consideration, slave owners (parents) were quite disturbed, and the seeds of madness were laid in the first few vulnerable years of Son D's life. To begin with, he could not have felt entirely safe and restful in the womb. Then, upon being brought into this dysfunctional family milieu with its swirling currents of jealous, despairing and murderous rage, he must have experienced very early emotional trauma. A number of psychoanalysts (Freud, 1911; Winnicott, 1965; Mahler, 1968; Pao, 1979; Searles, 1979; Kernberg, 1980, Frosch, 1983; Seinfeld, 1990) have theorized that people diagnosed with schizophrenia have major fixations in the symbiotic phase, the earliest phase of development. During this phase it is assumed that the infant experiences itself

and the mother as one and the same organism. If the infant during this stage does not become adequately bonded with the mother, or cannot successfully separate from her (but remains emotionally and symbiotically connected with her) a health ego will not be formed, with all its attendant and necessary functions such as frustration toleration, reality testing and self-soothing. Nor will healthy self-esteem develop.

It seems likely that this kind of fixation may have been the case with Son D. During the first months of his life his mother and father had reached the most destructive point in their marriage. They had separated and contemplated divorce shortly before his birth, and the mother had moved back into the house only a month before having her fourth child. It is not unusual for mothers to feel some degree of postpartum depression following birth, but for a mother in the throes of marital discord, a battered woman who had no network to turn to for help in the small town where she lived, and who was scorned by her father and her own older sisters, the postpartum depression would probably have been much deeper.

Let us look at it from the perspective of Son D. He opens his eyes to see his mother. She picks him up and she is smiling. Then she is frowning and yelling. Then she is rocking him too fast and he is crying. She whispers and sings to him, but she is not really looking at him and sometimes she is even glaring at him, and she is always yelling. He can feel her stomach and her

breasts shuddering against him when she yells, and he is scared. When she rocks him it does not comfort him because he can feel her shaking like some human earthquake. Sometimes he can hear her voice shrieking in another room, and other strange voices, and he does not understand that he does not feel safe.

She dresses him in girl's clothes and curls his hair and says, "You're the daughter I always wanted!" At the age when he discovers he has a penis and his mother does not, he asks, "What is that?" She replies, "It's nothing." "Am I a boy?" "No, you're the daughter I always wanted. I'm just kidding. You're a boy." He does not know what he is, and the mother gives him confusing messages.

These confusing signals are compounded by the conflicting forces of other members of the family. His father frightens him and he shrinks from this menacing man and clings to the mother. His oldest brother disregards him as though he did not exist. And his two immediately older brothers use him for a human tug o' war game. One is treating him like a god, the other like a devil. Son D had no healthy relations; no male figure to model himself on and learn healthy coping methods from, and no female figure with whom to form a healthy attachment.

The sibling relationships in this family were crucial to the formation of Son D's psychopathology. If Son D had had a sibling to turn to who could have

given him a sane and accepting response, he might have survived. Unfortunately everywhere he turned he got another twisted response. It is true that Son B took Son D under his wing and treated him like royalty, but his response to Son D was neither sane nor accepting. Son B could not accept Son D as he was, for he had grandiose expectations for him. He expected Son D to be more talented than Son C so that Son C would be forced to experience the same humiliation he had felt. The trouble was, Son D turned out to have only a fair ear for music. Year after year Son B touted Son D's musical prowess, and year after year that prowess failed to develop and Son D became a disappointment in Son B's eyes. When he proved not to be musically inclined, Son D tried to live up to Son B's intellectual expectations for him. Now Son B told Son D over and over that he would be smarter than Son C and smarter than everybody—the true genius of the family. Unfortunately, Son D also had only average intelligence. Yet, just as he had pushed himself to please his older brother who so believed in him by trying and trying to excel at music, so now he desperately pushed himself to prove his intelligence, burying himself in vocabulary books, poetry, and generally posing as the genius. But ultimately, these grandiose expectations only served to add to Son D's frustration. Is there anything more agonizing than being constantly expected to do something that you do not have the wherewithal to do?

Meanwhile, Son C attempted in every way he could to make Son D's life one of complete misery, and often he succeeded. Son C was with Son D more

than any of the others, and he had ample time to undermine, tease, beat up, and deceive, scorn, and befuddle the younger brother. For example, when Son D learned to belch and could even belch out the letters of the alphabet, Son C used this achievement (of which he was jealous) to undermine and tease the younger brother. He would ask Son D to belch out the alphabet. The latter would have to swallow a lot of air to belch that much. After he had swallowed a lot of air, Son C would rush up and push in his stomach, thus jamming up the potential belch. Son D would scream and frantically begin swallowing more air to try to start a new belch. Son C would again press in his stomach at the last minute, then laugh at the younger brother's misery. A few days later Son C would beg Son D to belch the alphabet again, promising he would not press in his stomach. Of course he would press it again and laugh even more loudly.

Not only did this youngest son have nobody to turn to for a sane response, he had nobody on whom to dump his frustration. Each of the other sons had a younger brother as an object for displaced rage. The abuse trickled down from parent to oldest son to next oldest to next oldest. For Son D, there was nobody else. He had to take everything that everybody dished out and “eat it”—or, to put it psychoanalytically, internalize it. Obviously, his internalized object relations began to mirror those of his external world—they became a miasma of confusion, grandiosity, jealousy and rage.

Shengold (1979) has written extensively about this kind of psychological

murder that so often happens unwittingly to children, describing it as a process in which “the victim is robbed of his identity and of the ability to maintain authentic feelings. Soul murder remains effective if the capacity to think and to know has been sufficiently interfered with—by way of brainwashing’ (Shengold, 1979, p. 557). Day by day Son D was told to think what others wanted him to think and be what others wanted him to be. He was told to be a girl, to be a musical genius, to outsmart his brothers. He was also told he was a jerk, and that he should shut up and go away and die. Not only was he being brainwashed, but he was also being brainwashed by three separate prison guards—his mother and his two older brothers—all of whom had conflicting messages for him to learn and follow.

The seeds of schizophrenia had been set by the time he entered elementary school. The actual onset of madness would not occur until he left home, but the fixations were there and the resulting conflicts in her personality (like underground faults in the formation of land) and would cause an eruption when the time was right. He appeared normal, though rather eccentric, during his adolescence. He played in the high school band, as had all his brothers, and made fairly good grades (though he did not distinguish himself as had the oldest brother). The only abnormality was that he seldom dated. But nobody really noticed, because it was felt he was too brainy to be interested in girls.

The one family event that may have exacerbated his condition during his

high school days was the divorce of the parents. They had separated several times during the years, usually after the mother had called the police and the father had been held in jail overnight. Finally, when Son D was in his second year of high school, they did get a divorce. This left Son D at home alone with the mother (all the other sons were in college or in the army by then). During these years he began making more and more demands on her financially and otherwise, and several times he came home drunk after a night out with friends. Their relationship became increasingly problematic, and the mother complained to the oldest son, "I don't know what to do about Son D. Sometimes he scares me." Her denial of her own aggression and her treating him as if he was some kind of bad seed probably further confused him and hastened his withdrawal.

It was after he left home and went to college that he began to self-destruct. Very early on he got into trouble over taking and selling drugs and was put on probation by his college. By the end of his Freshman year he had dropped out of school entirely. He then disappeared for a few months and nobody knew where he was. Then his mother received a letter from him saying he had decided to disown the family. He had changed his name legally, and included a copy of the legal paper indicating that his name had been changed to one that alluded to a pure heart. After this letter, nobody heard from him for a year. Yet, nobody felt any remorse or guilt about his break from the family.

The family went into shock. Nobody could understand why he would want to cut himself off from the family and change his name. For the most part they could not fathom that he might be angry at them, or that he might have had to run away from their twisting messages, jealousies, and rages in order to try to salvage his lost self. The family was in complete denial about their complicity in the matter, and suggested that he had inherited their uncle's madness. The oldest brother seemed to speak for all when he remarked, "He's just trying to get attention."

It was not bad genes or attention seeking, but faulty ego formation and arrested emotional development that did him in. Unfortunately, Son D had never been able to develop a strong enough ego to stand independently, nor the emotional maturity to bond with others outside the family, and so his attempt to find himself failed. A year later they received word about him from the warden of a prison. He had held up a cab driver at gunpoint in another state and was serving time. During his time in prison his behavior became so bizarre that he was transferred to a mental hospital, where he was diagnosed as suffering from paranoid schizophrenia.

The Clinical Picture

When he came to the hospital he had regressed to a childlike, dependent state of being. Symptoms of his oral fixations abounded. He chain-smoked

cigarettes. If he could get his hands on any alcohol or marijuana he would drink or smoke it down as fast as he could. He slept very little and spent his days agitatedly pacing his room or sitting in a chair rocking back and forth, his eyes darting around.

Generally, he appeared to be meek toward the staff in the hospital, while at the same time continually trying to get them to give him more cigarettes, more medication, more books, etc. However, this appearance of meekness was merely a cover, and occasionally his narcissistic rage would spurt out in the form of an insulting remark or a barbed question that seemed to come out of left field during the course of some otherwise trivial conversation.

He was no longer very much in touch with reality. He had a delusional system in which he saw himself as a misunderstood genius, a poet, a man of vision whom nobody could understand because nobody else was on his level. Due to this superiority, he felt entitled. In his mind, when he had held up the cab driver at gunpoint, he was simply acting out his entitlement. Superior people such as himself did not have to live according to common rules. He saw himself as a superior man like Raskolnikov or a romantic philosopher like Nietzsche, or a poet like Rilke, and idiot savant whose poetry and philosophy would some day be discovered—when the world was advanced enough to discover it.

In actuality his poetry—and the sketches with which he decorated it—constituted a kind of confused rambling and doodling. Spiral notebooks were scrawled with handwriting that turned this way and that without consistency, and with words crossed out and put back in and crossed out again. The poems were filled with the long words he had so studiously learned during his adolescence when he pored over vocabulary books to please his older brother, and often seemed, in a crude way, to be an imitation of the poems of nineteenth century romantics.

I feel a coldness inside me,
A malevolent coldness inside me,
A maleficent chilliness inside me,
A splendiferous cold of yore inside me.
And I wonder, what would Nietzsche think
The great Nietzsche if he were sitting here
In my room, looking at my bottle of beer.
Without any fear,
Drinking with an insipid leer
Until he got good and drunk and began to jeer?

Other poems were intended to be visionary and Biblical, permeated with prophesies of

Death will come inexorably
Invidiously
And then a hundred and one trillion skulls
Will explode all over the highways and byways
But it's okay with me
They do not know, but they think they know,
They do not go, but they think they go.
I look at them from my inviolate perch.

And watch the skulls splatter into a trillion pieces—
Brother, can you spare a dime?

The poems, like dreams, could be interpreted as symbolic expressions of his delusional system (the oneness with Nietzsche, etc.) his depression (the malevolent coldness), his paranoid rage against the world (exploding skulls), and his feeling that only he on his “inviolable perch” would be spared the inevitable doom, while his brothers would not be. In fact, he had projected the rage that he had internalized from his family, onto the world, seeing the world as an evil thing that would try to destroy him but would eventually, in a triumphant reversal, destroy itself.

This rage had not simply taken possession of him from nowhere. It had come from the dysfunctional family. He had become the carrier of the family’s psychopathology, had been emotionally contaminated by their collective acted-out animosity. All his smoking, drinking, pacing, twitching, rocking and the rambling tone of his speech and poetry, were symptoms of this rage and his attempts to keep it under control.

He had regressed back to the point of his fixations. Emotionally he was a child, a child of about two years old. He was a dependent toddler, dependent now on the hospital where once he had been dependent on his mother and his older brother—Son B. Both the mother and older brother had cultivated his dependency, always doing for him and thinking for him instead of letting him do

and think for himself. The older brother, Son B, continued to nurture that dependency, as well as the grandiose delusional system, during the ensuing years, allowing Son D to live as an outpatient in his apartment, again doing for him, still waiting for and urging him to prove his genius. Son D reciprocated Son B's kindness by exploiting him financially and getting into trouble (exposing himself from a window of Son B's apartment to a teen-aged girl across the way). Soon he was sent back to the hospital.

There were also, in his poems and in his behavior, indications of a homosexual conflict, but this homosexual inclination did not fit into his grandiose view of himself and had to be repressed. This latent homosexuality echoes Freud's theory about paranoia. "On the basis of clinical evidence," he wrote, "we can suppose that paranoiac are endowed with a fixation at the stage of narcissism, and we can assert that the amount of regression characteristic of paranoia is indicated by the length of the step back from sublimated homosexuality to narcissism" (Freud, 1911, p 67). In Son D's case, his latent homosexuality revolved not only around the negative oedipal complex (stemming from his intense attachment to his mother and the fear of a hostile father), but also around his relationship with his hostile older brother, Son C. Indeed, once when he was ten and Son C was 15, the younger brother had, on his own initiative, walked over and fondled the older brother's genitals while the latter was lying on his bed, and some of his later fantasies contained homosexual allusions to Son C. In instances such as this, homosexuality

represents a need to appease a hostile and dominant male figure by offering himself sexually. Ironically, this need had to be repressed for it would have been totally unacceptable to Son B, who had become Son D's alter ego—or more correctly ego (since Son D never managed to develop his own ego). To avoid awareness of this homosexual conflict, he had retreated—true to Freud's theory—back to an earlier pregenital kind of narcissism.

Unfortunately, none of the state hospitals to which Son D was sent had adequate programs of psychotherapy. They were mainly facilities for dispensing psychiatric medication. Son D was put on tranquilizers and given only perfunctory counseling, which focused primarily on the practicalities of his present life. There was little attempt to go back to his early childhood and help him unravel the pathogenic upbringing that had so early on derailed him. At any rate, by the time he had come to the hospital, he was in such a state of regression and so paranoid that it would have taken many years of extensive psychotherapy to reach him.

He is now nearing the age of 50. He lives on Social Security Disability allowance in a cheap rooming house. He spends his money as soon as he gets it on cheap wine and an occasional prostitute, to whom he reads his poetry. He makes no attempt to get in touch with his family any more, and they make no attempt to contact him.

A Predisposition?

The theory of hereditary schizophrenia has not been proven. Twin studies, even though there have been a great number of them over many years that have been replicated, do not prove that schizophrenia is hereditary in non-twins. They prove only that twins may have a certain predisposition to schizophrenia, due to the nature of being a twin and all it entails, and that only about 40% of identical twins are both schizophrenic. Other studies that point to a chemical imbalance or changes in the hypothalamus are not conclusive evidence of genetics since such imbalances or brain changes can also be caused by stress. At the same time environmental studies of families, of the link between prenatal stress and later psychopathology, and those that show there is a greater proportional incidence of schizophrenia in the ghetto than in wealthy neighborhoods (Shean, 1978), provide evidence of an environmental explanation. Finally, evidence that schizophrenia runs in families is, at best, a confounding variable; since we don't know if it's genetics or generation upon generation of bad parenting that causes this phenomenon.

But even if there is a supposed genetic predisposition to schizophrenia, the environment cannot be dismissed as a factor. Unless families are perfectly healthy, there will always be some psychopathology to deal with. And unless we understand and deal with family dysfunction, as well as the societal factors that impinge on it, we will continue to be a breeding ground for mental illness.

References:

- Dingfelder, S. F. (2004). Programmed for psychopathology. *Psychological Monitor*, Vol. 34, Number 2.
- Freud, S. (1911). Psycho-analytic notes on an autobiographical account of a case of paranoia (dementia paranoides). *Standard Edition*, 12, 3-84. London, Hogarth Press.
- Frosch, J. (1983). *The Psychotic Process*. New York, International Universities Press.
- Glover, V. (2002). Prenatal stress and psychopathology. *Journal of the American Academy of Child and Adolescent Psychology*, Vol. 14, No. 12.
- Kernberg, O. (1980). *Internal World and External Reality*. Northvale, NJ, Jason Aronson.
- Laing, R. D. and Esterson, A. (1964). *Sanity, Madness and the Family*. New York, Basic Books.
- Laing, R. D. (1971). *The Politics of the Family*. Harmondsworth, Penguin.
- Lidz, T., Fleck, S. and Cornelison, A. R. (1965). *Schizophrenia and the Family*. New York, International Universities Press.
- Mahler, M.S. (1968). *On Human Symbiosis and the Vicissitudes of Individuation*. New York, International Universities Press.
- Pao, P. (1979). *Schizophrenic Disorders: Theory and Treatment from a Psychodynamic Point of View*. New York, International Universities Press.
- Searles, H. (1979). *Countertransference and Related Subjects*. New York, International Universities Press.
- Shean, G. (1978). *Schizophrenia: An Introduction to Research and Theory*. Cambridge, MA, Winthrop Publishers.
- Shengold, L. L. (1979). Child abuse and deprivation: soul murder. *Journal of the American Psychoanalytic Association*, 17, 533-60.

Winnicott, D. W. (1965). *The Family and Individual Development*. London, Tavistock.