The first definition, the more concrete of the two, describes my feelings about a mentally ill son, the responsibility for whose life I bear. The second, with its psychological overtones, describes my feelings about a mentally ill mother. As different as the two parts of the definition, are my responses and survival mechanisms in each situation. In this article I try to compare and contrast the feelings of a child growing up with a schizophrenic mother to those of a mother whose son becomes schizophrenic. As difficult as it is to recapture experiences of childhood faded by age or locked into the unconscious to escape from the horror of insanity, I have tried to bring these memories back to the surface for an analysis which, I hope, will lead to better understanding of how one's reaction to and acceptance of psychosis depends on age and relationship to the person who's mentally ill.

Growing up with a mentally ill mother (Schizophrenia Bulletin, 10:467-471, 1984) was oppressive and worrisome, and it interfered with the development of my sense of self. I was terrified that I was like my mother and therefore had something wrong with me. Acutely self-conscious, I felt inferior to other children. I had to create strategies to survive, break out of the confines of the family, and become a person in my own right. Not until adulthood was I able to overcome the insecurity and lack of self-confidence that developed during my childhood.

If I had known that Mother was mentally ill in my early years, I would have feared that I, too, had...
the label “mental illness” stamped on my forehead. Although I made a tremendous effort to be accepted by the “in-group” of children my age, I was inevitably excluded. I vacillated between blaming my lack of popularity on Mother’s strange behavior and a basic defect in my personality. When I was in a good mood, I opted for the former, but most of the time I had a gnawing sensation in my stomach that something integral to my being made me unattractive to peers. An almost exact copy of my female parent except for the shape of my nose and the color of my eyes and hair, I was afraid of being taken for her, and having the same interests as she intensified my fears.

It was embarrassing and almost shameful to have a family like mine. I couldn’t bring friends home, because the house was in shambles, Mother always looked terrible, and I was never certain how she would behave. If one of my classmates had heard her screaming, I would have been branded for life. I felt so bad that I wanted the sidewalk to open up and swallow me when she stopped on the street to lash out at innocent bystanders, looking like a witch with straggly, black hair, piercing steel blue-gray eyes, and a hostile look on her face. “What’s the matter with you, mister? Why are you looking at me like that? I’m going to tell my lawyer,” she shouted.

Since I was convinced that I would have been better off an orphan, I tried to hide my mother and deny her existence by pretending she didn’t exist. My childhood, adolescence, and young adulthood were spent disguising my feelings and feigning to be someone else—a total stranger. To lessen my dis-

Loving the arts as much as she, I volunteered to accompany her to cultural events, but I was ashamed to be seen with her. I was proud of my bohemian mother who gave a party for Ballet Russe when it performed in Kansas City. I bragged to my classmates about being picked up by the male dancers, but I hated her arty, bohemian friends who flitted across the living room as she played Chopin waltzes on the piano.

Making up for Mother’s shortcomings, particularly in housekeeping and getting to places on time, was a major activity of my childhood. I played the “little mother,” even organizing birthday parties for my brothers, although I was furious that nobody gave a party for me.

The echoes of my grandparents’ admonishments resounded throughout my childhood. “Never forget,” they said when Mother first came out of the hospital, “that you’ll have to take care of your mother when you grow up.” I think they must have suspected that something was wrong with my mother even before the break, because they started to train their granddaughter from a very early age to look out for her. It seemed that my grandparents only loved me as their daughter’s future caretaker instead of as their oldest grandchild, and I deeply resented it.

As a child, I thought Mother was spoiled. I criticized my grandparents for overprotecting her and thus preventing her from growing up. I thought that if only they would be strong and insist that she do things for herself, she could learn to fulfill the role of mother and wife. After I was introduced to the concept of the “schizophrenogenic mother” in a psychology class in college, I studiously
fitted my grandmother into this category. It wasn't until later that I understood that my grandparents couldn't have forced Mother to help herself. She was totally helpless.

My life was guided by uncertainty resulting from a lack of understanding and information about Mother's illness. She was completely disorganized, and chaos reigned at home. There was no stability, and I never knew what to expect. When I went out, I imagined our house would be blown away by the same hurricane that transported Dorothy to Oz by the time I returned. After Mother disappeared and my grandparents flew to New York to rescue her, my father unexpectedly came back home to take care of us and stayed for a year and a half while Mother was hospitalized in California for a "vague" illness that was never explained.

More alarming was the new person I had to call "Mother" after her discharge from the hospital, a woman with my mother's face and body structure, but a different personality. Where had my real mother gone? I was upset by having to learn how to relate to this new person. In spite of conflicting emotions, I wanted my own mother back. Since no one ever explained what was wrong with her, I had to explore the meaning of mental illness on my own as I grew up.

My only salvation was to get away from home. The mecca of my childhood was college, and I applied myself to my studies in order to be accepted by the university of my choice. No one in the family was concerned about my academic career, and as usual I had no help filling out college applications. I applied to three universities as far away from Kansas City as possible, but it wasn't until the letters of acceptance arrived that anyone commented on my choices. My grandfather insisted that Chicago was not a good place for a young girl, but I knew he was opposed because of Mother's experiences there. He claimed that Barnard and Stanford were too far from home, but he hadn't objected when my uncle went to Harvard. He would have approved of the University of Kansas. It was obvious that the real reason that my grandfather didn't want me to go away to school was because I would be distancing myself from Mother. Without a tantrum and my uncle's intervention, I might never have gone to college at all.

The only certain way to fight against madness was escape. Until my marriage, my life consisted of running away, first to college and then to France. Escape, however, brought guilt feelings from shirking my duty as Mother's caretaker and disappointing my grandparents by not accepting the responsibility. I made my escape permanent by marrying a French architect and residing in Paris. I chose an architect because of my background in the arts. I was drawn back to Paris as the haven where I had gained self-confidence when I spent a year there studying ballet. Our son was born in Paris in 1961, and I was overjoyed with my healthy and beautiful infant. I thought a French son wouldn't be vulnerable to mental illness.

Accepting my husband's desire to build skyscrapers as a valid reason for changing our environment, I didn't object when we came to New York. I no longer needed the surroundings of Paris to control my emotions. Besides, Mother was in a hospital in Newton, Kansas.

Our son was delightful. He was enrolled at the United Nations School, where he was a favorite of faculty and students. At age 10, he was one of the few children selected from the student body for major roles in a television Christmas special for UNICEF which starred famous movie stars. My pride in my son couldn't have been greater, but it was colored by a feeling of relief that his childhood was the opposite of mine. He was well-adjusted, happy, popular with peers, and things came to him easily. A boy with an idyllic childhood could never have problems, even neurotic ones like his mother.

When our son dropped out of school at age 14, a psychiatrist diagnosed him as being in the throes of adolescent rebellion due to bad parenting. I was considered a chaotic-thinking, intrusive mother, and my husband was a rigid, French father. As our son increased his drug intake and the situation deteriorated to the point of a drug crime, my cries of "schizophrenia" went unheard. After no one listened to my concerns, neither our son's psychiatrist nor psychiatrist friends, I said no more.

My husband and I were shocked by this horrendous situation and embarrassed to tell our friends. When I ran into mothers from the sandpile days, they described their children's accomplishments in Ivy League schools. When they asked about our son, I wanted the sidewalk to open up and swallow me just as I had when I was a child. What had happened to our wonderful son? Crime and antisocial behavior were far out of our behavioral repertoires. Although consciously we didn't believe that bad parenting had resulted in our
son's delinquent behavior, sub-
consciously the suspicion of our
guilt eroded our belief in our inno-
cence and almost destroyed our
relationship.

Hospitalization at Payne Whitney
resulted in a diagnosis of "border-
line" and a prescription for Thora-
zine. Our son threw out the medi-
cation but finished high school.
When he started college, my
husband and I heaved a sigh of
relief. Thank goodness "the time of
troubles" was over. After the first
few months of college, our son
dropped out again. Although he
seemed interested in education and
a job, he was unable to follow
through with his plans, and his
longest job lasted for 3 weeks. By
time even his parents, like
everyone else, thought he was
lazy. He continued to decompensate
over the next 4 years, but not
until November 1984 was the
diagnosis of schizophrenia in-
contestable. After assaulting a
policeman whom he claimed was
following him down the street in a
car with no lights, he was sent to
Bellevue, where he remained for 7
months until transferred to a
halfway house.

When we first learned about our
son's troubles, I went into a state
of shock. First of all, how could
our son, a lovely boy who had
been brought up in a good, moral,
middle-class family, engage in anti-
social behavior? I was ashamed and
embarrassed. How could I tell my
friends that my son was a
delinquent? Second, how could this
wonderful boy, who had everything
going for him, become mentally ill?

Relief was the first emotion I
felt when I knew my son was
schizophrenic. After 4 years of
aimless wandering, unattached to
school or a job, he had finally hit
bottom, and the diagnosis of schizo-
phrenia could be made. Strange as
it may seem, it was easier to
accept a mentally ill son than one
who was a delinquent. It was not
his fault that he had inherited the
family curse.

Either because of the shock or
just wishful thinking, my husband
and I didn't realize immediately
that schizophrenia had destroyed
our son. The fantasy that once the
right medication was found our
dear child would return intact pro-
tected us from the disappointment,
but once the reality of the per-
manency of the change pierced our
consciousness, it was all the more
acute. The deterioration of our
son's functional level was
extremely painful. Nevertheless, we
had to dry the tears, overcome the
disappointment, and hold ourselves
together to help our son and pro-
vide for his welfare.

In spite of reassurances by pro-
fessionals and friends that we did
nothing to cause our son's dis-
order, there is still a residue of
guilt. If we didn't do something to
cause the illness, we should have
done something to stop it. We are
guilty of not having had super-
human strength to shield our son
from the illness. I also felt guilty
about Mother, fearing that I had
done something to make her sick,
but I couldn't acknowledge my feel-
ings openly.

The change in my son was sim-
ilar to the change in Mother, but
the disappointment was greater. I
had to become acquainted with a
new mother, but I was too young
to understand the changes and
deterioration in her functional
level. I never longed for the brilli-
ant artist who was destroyed by
the illness as my grandparents
must have. I dream of my son's
return, although I know this is
nothing more than a pipedream.

My mourning never ends, and the
pain of this living death pierces my
body like an open wound. Unlike a
natural death where pain dimin-
ishes over time until only the
memories remain, in mental illness
the pain is felt anew after each
visit of the ill son.

The stigma of mental illness has
not yet been effaced. We feel
embarrassment talking to friends
about our mentally ill son's partici-
pation in a psychosocial rehabilita-
program when their children are
great achievers, and we feel
extreme sadness when he's forgot-
ten by friends and close relatives,
even cousins with whom he grew
up. Invitations that include our son
are not forthcoming. Last year I
cried for 3 hours straight when
good friends withdrew an in-
vitation to a holiday dinner,
because we wanted to bring our
son with us. Fearing the same kind
of rejection due to my mother's
mental illness, I never told any of
my friends about her psychotic
break and hospitalization when I
was a teenager.

As parents we feel anxiety and
fear for the future of our son.
While he can be in control of his
own life if he takes medication and
lives in a structured environment,
what will happen if he decides to
discontinue the neuroleptics? Since
he's an adult, we cannot take
charge of his life for him now, and
we have no one to look after him
after our death. Long before they
died, my grandparents made cer-
tain that Mother would be cared
for by preparing her children to
take their place.

Anger is the same in both cases.
The anger that I felt being the
daughter of a mentally ill mother
carries over to anger directed
toward the Fates that cursed my
family with schizophrenia and put
me in the direct line of transmission. I even confess to being resentful because my son is diseased while other members of the family have been spared the curse.

My husband has been very supportive. Although our son’s initial rebellious, acting-out behavior almost ruined our marriage, his subsequent mental illness pulled us back together and healed the wound. Having blamed my “rigid French husband” for my son’s turbulent behavior, I was afraid my husband might blame me for carrying the gene for schizophrenia. This didn’t happen, and we are closer than before, united in our efforts to help our son. I also benefited from the support of friends and caring professionals.

Understanding the illness facilitated my acceptance of it. Knowledge acquired at Bellevue along with what I’ve learned from experience rounded out my education in mental illness. Schizophrenia is not the mystery it was when I was a child, and my understanding of it has made me taper my expectations about my son’s recovery. I can discuss medication with psychiatrists and should be aware of signs of relapse.

Sharing the burden of mental illness with my grandparents, I can now understand their feelings of loss, appreciate their concern for Mother’s welfare, and empathize with them for having to bear the burden of a mentally ill child. If I were granted one wish, I’d wish for my son’s return to the way he was before the onset of the illness, but if that wish could not be granted, I’d wish for a grandchild to take my place to care for my son after my death.

The Author

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