A LIFE LIVED WITH SCHIZOPHRENIA: WHEN MOTHER’S LOVE IS KEPT IN THE DARK EXPLORING MATERNAL COMMUNICATION AND ATTACHMENT ORGANIZATION IN FAMILIES WITH SCHIZOPHRENIA

Myrsini Stefanidou Marini

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A LIFE LIVED WITH SCHIZOPHRENIA: WHEN MOTHER’S LOVE IS KEPT IN THE DARK

EXPLORING MATERNAL COMMUNICATION AND ATTACHMENT ORGANIZATION IN FAMILIES WITH SCHIZOPHRENIA

A Dissertation

Submitted to the McAnulty College and Graduate School of Liberal Arts

Duquesne University

In partial fulfillment of the requirements for the degree of Doctor of Philosophy

By

Myrsini Stefanidou Marini

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ABSTRACT

A LIFE LIVED WITH SCHIZOPHRENIA: WHEN MOTHER’S LOVE IS KEPT IN THE DARK

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By
Myrsini Stefanidou Marini

May 2022

Dissertation supervised by Daniel Burston, PhD

In recent years, research into the transgenerational transmission of attachment styles has shown that a mother’s attachment style often predicts the attachment style of her infant. Fearsome parental behavior has been found to predict disorganized attachment in infants, which is further associated with a range of mental health disturbances in adolescence. Furthermore, regular patterns of disturbed communication between mother and child have also been found to lead to ‘schizophrenic’ thinking and behavior in the child’s life. While acknowledging that genetic and other biological factors contribute to the emergence of schizophrenia, this study focused on disorganized attachment and disturbed communication between mother and child, and on how these emotional vicissitudes can intensify the child’s genetic vulnerabilities and predispositions. The study’s focus was not to claim that disordered attachment causes schizophrenia, but merely that disordered or healthy attachment in childhood can significantly increase or mitigate the risk of schizophrenia later.
on. The Adult Attachment Interview (AAI) was conducted with six mothers who had an adult child with a diagnosis of schizophrenia. Thematic Analysis was used to analyze the AAI interviews, and five core themes emerged: ‘Death, Significant Losses and Different Expressions of Love’, ‘Instability, Memory Disturbances and Lack of Safety’, ‘Dysfunctional Family Systems and Poor Communication’, ‘Fear, Isolation and Pain’, and ‘Rejection, Hope and Resilience.’ Findings from the study suggest that the schizophrenia experienced by the participants’ children lend support to the transgenerational transmission of the disorganized attachment systems and the disturbed communication between mother and child. These findings further contribute to the fields of mental and maternal health research, offering a deeper understanding of maternal struggles and giving voice to these mothers’ stories. The clinical implications of the findings are discussed at an individual, societal, and organizational level. Suggestions are made on how to offer systemic and holistic support to families with a schizophrenic child.
DEDICATION

To my Mom and Dad

and the loves of my life: Spyros, Myrto, Thaleia and Phoebe Artemis
ACKNOWLEDGEMENT

First and foremost, I want to share my love and appreciation for my husband, Spyros, for supporting our family with hard work and resilience as we navigated the multiple challenges of my graduate school experience. Balancing my roles as a wife, a mother and a scholar was physically and emotionally exhausting.

I want to share my heart with my children, Myrto, Thaleia, and Phoebe Artemis, for providing infinite sources of love, laugh, snuggles and support in moments when I was ready to quit. I am so proud to see you growing up into happy, strong, curious, and sensitive girls.

I’m grateful to my parents for always supporting me and believing in me through all my wild endeavors in life -- my mother for being fiercely loving and strong, reminding me to dare in life and to have a voice; my father for answering all my life-inquiries and for teaching me with admirable patience how to respect and take care of things. Loving thanks to my brother, Yiannis, for being my wise soulmate. A big thank you to my mother-in-law, Argyro, and our nanny Alma, for being like mothers to me.

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CHAPTER 1: INTRODUCTION

Most often, the questions which guide our research originate from deep within ourselves. We care about the topics we explore –indeed, we care very much. While our projects may be presented with an appearance of professional detachment, most of us most of the time are personally involved in the research we undertake (Andrews, 2007, p. 27).

The complex relationship and communication patterns between the mother and the schizophrenic child will be explored in this study in relation to the mother’s own history. Given the data from many studies that early attachment and family dynamics play a significant role in incidents of schizophrenia (Berry et al., 2007; Dozier & Kobak, 1992; Gumley & Schwannauer, 2006), this study hopes to explore the lived experience of mothers who are struggling to understand their schizophrenic children and their own emotions toward those children. How is the mother relating to her child? How did these mothers in childhood relate to their own mothers? Have they been ‘mothered’ and loved in their own lives? Have they experienced any trauma, rejection, threat, or abuse growing up? Is there a transgenerational transmission to attachment and family communicational patterns?

As this study aims to argue, the factors that cause schizophrenia cannot easily be identified. Each of the medical, psychoanalytic, and relational models explored in this study is, on its own, insufficient to explain what causes schizophrenia. There is clearly a need to integrate all these approaches in a holistic way, exploring the interdependence of all these factors in the onset of schizophrenia. The absence of such an integrated approach has inspired the current research effort.
The aim of the study was to listen to the voice of those ‘silenced' mothers who have a child with a diagnosis of schizophrenia. By learning from the struggles of these mothers, the study aimed to help these mothers understand their own early childhood experiences, so that they may learn to connect and communicate with their children.

This study hopes to apprehend the attachment histories of this marginalized group of mothers and explore the role of attachment in relation to their communication styles. Situating these mothers’ stories within the context of attachment theory will allow for themes to emerge which help us to understand maternal struggles within a history of disturbed communication, unresolved trauma, and loss. Hopefully, this study will contribute to developing more efficient and relevant ways to support ‘hard-to-reach’ vulnerable mothers and their family systems.

The current study was mainly influenced by Attachment Theory, although Family Systems Theory and Psychoanalysis also inspire and inform this work. These approaches were chosen in an attempt to understand human development, caregiving behaviors, communication, and mental distress.

**Attachment Theory: Overview and Criticisms**

The history of Attachment Theory has been described by researchers, academics, and clinicians. Harry Harlow’s controversial experiments are an example of important research on attachment, conducted during the 1950s (Harlow & Harlow, 1962). By using rhesus monkeys, Harry and Margaret Harlow demonstrated the physiological and psychological anxiety evoked by the lack of maternal care. More specifically, they found that baby monkeys chose warmth and closeness over nourishment (even at the risk of starving to death). This research demonstrated other interesting findings relating to the behavior of the mother. As soon as the emotionally deprived monkeys gave birth, they had no idea how to care for their own babies. The monkeys were distressed in the presence of their offspring, and became
physically violent towards their babies, even killing them in some instances. This finding raises questions about the impact of early childhood care on subsequent adult/parent life – in particular, about which aspects of maternal behavior are innate as opposed to learned.

Subsequently, the collaborative research of Mary Ainsworth and John Bowlby gave rise to what is widely known nowadays as Attachment Theory. Bowlby (1969) described that all humans have a homeostatic mechanism, called the ‘attachment system’ for regulating stress and anxiety; humans deal with these emotions by searching for protection and security through attachment figures. This system can be seen as a psychological and biological system, governing how we manage, regulate and understand stressful feelings, especially at times of vulnerability, illness, and loss; it also describes the ways we seek care for ourselves and give care to others (Ainsworth & Bowlby, 1991). Attachment is not only relevant to children’s development. Adults also search for closeness to the figure they have been attached when they feel anxious (Weiss, 1982). Thus, attachment can be seen as as a cross-cultural theory that sheds light on the basis of all intimate relationships (Williams, 2017). Bowlby hypothesized that the style of attachment that developed early on, will remain quite stable over time. Indeed, there is recent research arguing that attachment styles remain quite stable throughout life, and ultimately affect adults’ relationships with their infants as well (Waters et al., 2000).

The Theory of Attachment has made important contributions to the conceptualization of relational patterns, child development and bonding processes. However, it should be understood that Attachment Theory does not offer an adequate explanation for all human relationships, and, for this reason, should be seen as a ‘theory in progress’ (Williams, 2017). Rutter (1991) and Liotti (1999) have focused their research on the limitations of Attachment Theory, pointing out important criticisms regarding the theory. They point out, for example, that the development of Attachment Theory was in a Western middle-class context and within a nuclear family structure; therefore, it can be argued that it is a culture-specific theory. As
such, the theory does not address the ways in which social marginalization, immigration, and poverty may influence and impact the lives of parents and their offspring. In addition, Attachment Theory does not consider the impact of neurodevelopmental disorders, such as intellectual disabilities (Rutter, 1991).

Rutter (1991) also took issue with Bowlby’s conception of the ‘sensitive period.’ In his study, Bowlby argued that attachment security should be achieved during the sensitive period of the first two years of a child’s life. If a child lacks the nurturing needed to form a secure attachment in the first two years, Bowlby argued, it is impossible for that child ever to form a secure attachment, regardless of the quality of care received later on. However, more recent research in the field has argued that the sensitive period is significantly longer than the two first years of life, and as such, the attachment effects are also more flexible and reversible than once believed (Rutter, 1991). Rutter (1991) further argued that Attachment Theory cannot offer an adequate explanation of relationships between more than two people; as such, research on Attachment needs to focus more on the wider social systems’ influence. Finally, Attachment Theory has mainly focused on mothers, and although through the years ‘mother’ was changed to ‘primary caregiver’, the fact is that in child development research, the focus is still not on fathers (Williams, 2017).
CHAPTER 2: LITERATURE REVIEW

“I thought of the voices as... something a little different from aliens. I thought of them more like angels ... It’s really my subconscious talking, it was really that... I know that now.”

John Forbes Nash, Jr. (Nobel Prize winning mathematician)

Deconstructing the Myth of Madness

Schizophrenia is a serious psychiatric disorder whose symptoms both mask and express some of the most mysterious forms of human psychological experience. Symptoms of schizophrenia include a wide range of behavioral, emotional and cognitive dysfunctions; however, no specific symptom on its own is characteristic of the disorder. According to the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; American Psychiatric Association, 2013), schizophrenia is defined by abnormalities in one or more of the following five domains: delusions, hallucinations, disorganized thinking (speech), grossly disorganized or abnormal motor behavior (including catatonia), and negative symptoms (American Psychiatric Association, 2013, p. 87). The diagnosis encompasses a constellation of symptoms and signs linked with impaired social and professional functioning. Given that schizophrenia is a heterogeneous clinical syndrome, its features can vary widely from person to person. Individuals with schizophrenia can experience inappropriate affect (e.g. laughing when there is no appropriate stimulus); dysphoria that can lead to depression, anger or anxiety; a disturbed sleeping pattern (e.g. nighttime activity); and food refusal or reduced interest in eating. Derealization, depersonalization, and auditory hallucinations (perception-like experiences with no external stimulus) may occur and sometimes reach the level of delusional experiences (usually fixed beliefs that are not susceptible to change in light of conflicting evidence). Individuals may further express a variety of unusual or odd beliefs that are not of delusional proportions (e.g.
ideas of reference or magical thinking); they may have unusual perceptual experiences (e.g. sensing the presence of an unseen person); their speech may be generally understandable but vague; and their behavior may be unusual but not grossly disorganized (e.g. mumbling in public) (American Psychiatric Association, 2013, p. 88).

Cognitive deficits are common in schizophrenia and are linked to functional and vocational deficits. These impairments usually include declines in working and declarative memory, language function, as well as slower processing speed. Reduction in attention spans, sensory processing, and inhibitory capacity abnormalities are also found. Social cognition deficits are also present in some individuals with schizophrenia. This can include the inability to understand the intentions of others. As a result, individuals with schizophrenia may interpret irrelevant stimuli or events as meaningful, usually leading to the generation of explanatory delusions. These impairments frequently persist during periods of symptom remission (American Psychiatric Association, 2013).

Is Schizophrenia a Brain Disease?

Despite substantial time and resources spent on research, we still lack comprehensive evidence that schizophrenia has a biological basis. As a result, the psychiatric community still lacks clarity of etiology, diagnostic precision, and knowledge on the pathophysiology of schizophrenia (Lavretsky, 2008). One of the mysteries in schizophrenia research is the disparity in outcomes for patients with schizophrenia in ‘developed’ countries as opposed to those in ‘developing’ countries’ (Whitaker, 2001). In a five-year-study from 1979, the World Health Organization (WHO) announced that patients with schizophrenia in ‘developing’ countries had fared better than those in ‘developed’ countries such as the USA, where the standard of care was presumably better. The WHO researchers concluded that in ‘developing’ countries, patients with schizophrenia enjoyed an exceptionally good social outcome, whereas patients who living in ‘developed’ countries had far fewer opportunities for a full recovery (Whitaker, 2001).
Robert Whitaker, an American author and journalist who primarily writes about medicine, history, and science, traced the history of medical treatments for schizophrenia to the present day. In Mad in America (2001), Whitaker explained the reasons behind the poor outcomes for schizophrenia patients in the modern era. His review of the literature revealed that long-term outcome studies of antipsychotics regularly showed that they increase the likelihood that people diagnosed with schizophrenia will become chronically ill. The book also investigated the marketing of the new atypical antipsychotic medications in the 1990s and uncovered scientific fraud at the heart of that enterprise (Whitaker, 2001).

Nevertheless, the National Institute of Mental Health (NIMH), on its home page on Schizophrenia, claims that “schizophrenia is a lifelong neurodevelopmental disorder that affects how a person thinks, feels and behaves,” and that “the factors that may cause schizophrenia include genetics, environment, and disruption in brain function and brain chemistry” (National Institute of Mental Health [NIMH], 2019). Yet if you examine the NIMH webpage’s literature carefully, even NIMH admits that the causes of schizophrenia are still not clear. For example, it is stated that: “scientists believe that many different genes may increase the risk of schizophrenia, but that no single gene causes the disorder by itself.” They also admit that “scientists think that an imbalance in the complex, interrelated chemical reactions of the brain involving the neurotransmitters dopamine and glutamate, and possibly others, plays a role in schizophrenia.” (National Institute of Mental Health [NIMH], 2019).

Similarly, the webpage of the American Psychiatric Association (2013) claims that “schizophrenia is a chronic brain disorder” although acknowledges (on the same page!) that “since multiple factors may contribute, scientists cannot yet be specific about the exact cause in individual cases.” According to the website for the Mayo Clinic (2019): “It's not known what causes schizophrenia, but researchers believe that a combination of genetics, brain chemistry, and environment contribute to the development of the disorder.” A few sentences down, they also
state that “while researchers aren't certain about the significance of these changes, they indicate that schizophrenia is a brain disease.”

A serious challenge to the “brain disease” hypothesis emerged when Lewine (1998) found brain abnormalities in only 20-33% of people diagnosed with schizophrenia: ” The brains of the majority of individuals diagnosed with schizophrenia are normal, and this in spite of the fact that most of these participants were likely exposed to other brain-changing factors such as trauma and/or antipsychotic medications” (p. 493). Another study that contradicts the widespread myth that schizophrenia is a “brain disorder” was done by Williams (2012). The research showed that full medication-free recovery from schizophrenia is possible, and indeed, the positive outcomes in many of the poor countries such as Columbia, India, and Nigeria are the result of psychological and social interventions such as the Open Dialogue Approach used in Lapland, Finland (Williams, 2012).

Since no clear-cut etiology for schizophrenia has been identified, the claim that schizophrenia is merely a brain disorder is untenable on purely scientific grounds. Of course, construing schizophrenia in this manner is highly profitable for the pharmaceutical industry and the psychiatric profession, which has mostly embraced Emil Kraepelin’s view of the matter as axiomatic, or as an article of faith. This explains why the belief that schizophrenia is a ‘brain disease’ has been established for so many years, despite the absence of compelling proof (Williams, 2012). But if schizophrenia is not caused by brain disease, the question that remains unanswered is: what does cause schizophrenia?

Psychoanalytic Theories of Schizophrenia - “The Bad Mother”

Fromm-Reichmann: The Schizophrenogenic Mother

The debate about the causes of schizophrenia is an old one. From the 1940s through the 1970s, the prevailing consensus among American psychiatrists who did not privilege the medical
model was that schizophrenia was caused by bad parents, and especially by bad mothers (Harrington, 2016, p. 95). Clinicians used to blame the mother for delivering conflicting messages of rejection and hope. The idea was simple: the mother was “schizophrenogenic,” to use Fromm-Reichmann’s (1952) phrase, and as such, the mother’s ambivalence was the one paralyzing her own child and leading her/him into the illness. Fromm-Reichmann described the schizophrenic as painfully resentful and distrustful of other people, having been warped by the rejection he or she encountered from caregivers in infancy and childhood, mainly by a schizophrenogenic mother. As the theory developed, schizophrenia was construed as the result of overprotective, dominating, and rejecting mothers who were driving their children to craziness. An article by Trude Tietze (1949), a psychoanalyst/psychiatrist, illustrated this theory well. Tietze interviewed the mothers of twenty-five hospitalized adults with schizophrenia and concluded that in each case the mother was the cause of her son’s mental illness: “Once their superficial smiling front was broken through, one was appalled at the emotional emptiness one found. There was a lack of genuine warmth” (Tietze, 1949, pp. 55-65).

**Harry Stack Sullivan: The Mother-Infant Relationship**

Fortunately, with the passage of time, research on attachment and psychosis gradually started to dispel this simplistic formula. Harry Stack Sullivan (1974), an American interpersonal psychiatrist, devoted years of clinical work and research to helping people with psychotic illnesses. In the process, he developed his own model of the etiology of schizophrenia, focusing more on the actual relationship between mother and child. Influenced by Freudian principles, Sullivan argued that the onset of schizophrenia can be linked to unsuccessful interpersonal relationships between the infant and the mother all the way up to childhood. As such, repeated distortions in the mother-infant interaction can result in a significant loss of self-esteem, precipitating a schizophrenic break (Sullivan, 1974, p. 70). Fromm-Reichmann was influenced by Harry Stack Sullivan’s focus on disturbed interpersonal relationships and started focusing less
on the authoritarianism of her patients’ mothers and more on her patients’ lack of authentic love and presumed rejection (Harrington, 2016). According to her own clinical observations, patients with schizophrenia needed “their doctor”—someone they could be in a relationship with and talk to—as their problems were also relational (Harrington, 2016, p. 105).

**Melanie Klein: The paranoid-schizoid position**

Along the same lines, Melanie Klein, an Austrian-British psychoanalyst, became known for her work in child development. According to Klein (1946), a newborn’s relations were not to whole objects but to “part objects,” such as the mother’s breast, the mother's hands, her face, etc. She described the earliest stage of psychic development in terms of a successful transition through certain positions that normally occur during the first year of life, but which can be reactivated at any time (Klein, 1946). Klein identified two major positions: the paranoid-schizoid and the depressive position. More specifically, Klein argued that the paranoid-schizoid position typically lasts from birth to four or six months of age. If an infant's environment and upbringing are satisfactory, the individual progresses to the depressive position. Prior to that point, however, the infant’s central anxiety is the fear of invasive malevolence, or persecutory anxiety (Klein, 1946). Why? Because before the secure internalization of a ‘good object’ that protects the ego, the immature ego has to deal with anxiety by splitting off the bad feelings and projecting them outward. Although this anxiety may be experienced as coming from the outside, Klein argued that the malevolence the infant fears is actually the projection of the infant’s own death instinct. Klein asserted that this process, if prolonged, causes paranoia. The term schizoid, by contrast, refers to the central defense mechanism the infant relies on, namely splitting: the separation of the ‘bad object’ from the ‘good object’ (Klein, 1946).

According to Klein, healthy development requires that the infant first splits its known world into two categories: the bad (all that is hated, frustrating, persecutory), and the good (all that is loved, gratifying, loving). This splitting helps the infant identify with and introjecting from
the ‘good object.’ At this stage, splitting is useful, as it protects the good from being destroyed by the bad. Later, when there is enough ego development, the bad can be integrated, since conflict and ambivalence can then be tolerated. However, if the adult has regressed completely to the paranoid-schizoid position (for whatever reason), Klein wrote that schizophrenia was likely to ensue (Klein, 1946).

**Wilfred Bion: Attacks on linking**

Wilfred Bion furthered the Kleinian view of the way external and internal objects relate by proposing three different forms of links. Bion (1959) designated H, K, and L linkages, that correspond to Hate, Knowledge, and Love respectively. These linkages point out how two objects relate to one another. For Bion, K, and its inverse -K, were of great importance; however, Bion argued that for many reasons, a person may have a difficulty to create K links or to learn from experience. As stated earlier, Klein believed that early on in life, a baby can introject a nourishing, loving, and warm breast and see, together with the breast, the whole external world as warm and loving (Klein, 1946). As such, a K link is formed between breast and baby, as the baby “knows” that whenever it is near the breast it feels safe and secure (Rowan, 1998).

Bion argued that the three linkages form the root of both relationships and emotional experience (Billow, 1999). As such, an individual who attacks linkages between objects is considered to have a significant challenge experiencing feelings and emotions. The world for such an individual is seen as rather scary. According to Bion, “In this state of mind emotion is hated; it is felt to be too powerful to be contained by the immature psyche” (Bion, 1959, p. 315). Bion further believed that these attacks on linking can also serve as the basis for developing schizophrenia (Bion, 1959).

**John Bowlby: The intergenerational transmission of attachment**

The British psychologist, psychiatrist, and psychoanalyst John Bowlby was influenced by
the work of Melanie Klein and the school of ‘object relations’ (Bretherton, 1992, p. 760). Bowlby was introduced to Kleinian ideas first through Joan Riviere—his training analyst and a close associate of Klein’s—and later on through mentorship by Klein herself. Although he acknowledged Klein and Riviere for exposing him to the object-relations theory (Bowlby, 1969, p. xvii), Bowlby had objections to several aspects of the Kleinian ideas on the psychoanalysis of children. More specifically, Klein had argued that children’s emotional problems are primarily related not to external events but rather to fantasies generated as a result of internal conflict between libidinal and aggressive drives. In the course of his postgraduate training at the London Child Guidance Clinic, Bowlby—who rejected the idea of a “death instinct”—argued that family experiences were, if not the single main reason for the infant’s emotional disturbance, at least of significant importance (Bowlby, 1969).

Bowlby’s efforts to counter Klein’s ideas through rigorous infant research were foreshadowed in one of his early theoretical papers. In it, Bowlby (1940) noted that for challenged mothers with parenting and emotional difficulties, a weekly analytical session in which their own problems were traced back to their childhood could be tremendously effective. Having recognized and recaptured feelings she herself had as a child and finding that these feelings are accepted and understood by her therapist, a mother will be more tolerant and sympathetic toward these feelings and behavior in her own child from early on (Bowlby, 1940). In this way, Bowlby was able to illuminate the transgenerational transmission of attachment, and further the possibility of not only helping the children but also helping and supporting their parents.

**Donald Winnicott: The false - self**

Donald Winnicott was an English pediatrician and psychoanalyst who emphasized that inadequate maternal responses to infants constitute a threat to children’s psychological health. Ideally, said Winnicott, the mother is like a mirror for the child. The baby sees himself as his
mother looks at him. As a consequence, the baby learns to identify with humans through the mother. Progressively, however, the baby will separate from his mother, and the mother needs to adapt to this separation. If the mother welcomes this transition toward greater autonomy, the child experiences the feeling of being real. However, if she doesn’t, feelings of unreality are created. Winnicott argued that when a mother is poorly attuned to the infant’s needs and feelings on a consistent basis, the child is forced to dissociate, developing a false self (Winnicott, 1960, p. 591). Winnicott argued that under these circumstances, the baby needs to become “his own mother” and try to hide his real self for protection. For the sake of survival, he learns to adapt by showing what his mother expects to see.

Winnicott proposed different levels of “falseness.” Some who suffer from this kind of parenting simply adopt a courteous attitude; they become conventional adults and comply with all parental regulations and rules. To all appearances, they are “normal.” By contrast, a schizophrenic individual has become so deeply separated from his own needs and feelings that the real self nearly disappears. Winnicott argued that the false self predominates in all serious mental illnesses; the person will try to maintain the false self at all costs, as the world is perceived as unreliable or unpredictable (Winnicott, 1965).

**Gregory Bateson: The Double Bind Theory**

From a psychoanalytic perspective, all human relationships entail some measure of ambivalence and conflict. However, Gregory Bateson (1972), an English anthropologist, famously characterized the destructive ambivalence of the mother-child relationship as a double bind; a pattern of communication in which there is a striking discrepancy between different “levels” of communication. For example, a mother might convey (verbally) that she welcomes her child’s embrace. Her child could then reach out to give her a hug. But if the mother then flinches as the child approaches—a non-verbal or “meta-communication” that contradicts her stated desire—the child will withdraw, to which the mother might then say, “Don’t you love
me?” Either way, in this transaction, the child “loses.” If the child initially withholds the embrace, the child communicates his own distrust of his mother, and risks being reproached. If he heads to give the embrace, he is informed—by his mother’s gestures, not her words—that the desired intimacy is really not welcome by the mother after all (Gibney, 2006). If this pattern is repeated often enough, the child becomes chronically confused and mistrustful. Either the child mistrusts the mother (because of her ambiguous communications), or he mistrusts his own judgement of interpersonal situations.

Bateson discovered the existence of double binds from his observation that schizophrenics had great difficulty understanding metaphor, but also from his own theory of communicational frames. He thought that people developed schizophrenia because, when caught in a series of double binds—e.g., hug me, but don’t touch me—frame sorting becomes impossible. Patients confuse the communicative frames: the literal and the metaphorical, the verbal and non-verbal, the explicit and the implied (Bateson, 1972). Bateson’s approach was revolutionary because it could be applied to patterns of communication among all family members, not just the mother-infant dyad. In the work of Lyman Wynne and R.D. Laing, the focus of research on schizophrenia shifted away from the mother-child dyad to the patient-family nexus (Staub, 2011). The idea now was that schizophrenia is a reaction to pathogenic communication patterns within the family as a whole; this model conceived of the entire family as a dysfunctional system. Mothers were not the only ones to blame anymore.

**R.D. Laing: The ontological insecurity**

In a very similar vein, Scottish psychiatrist R.D. Laing argued that schizophrenia is mainly a symptom of extreme “ontological insecurity,” wherein the individual’s identity and autonomy seem always to be in question. As a result of this insecurity, the individual—scared of being engulfed by other people—experiences a feeling of unreality, and misses the experience of
their own continuity (Laing, 1960, p. 43). Ontological insecurity entails a significant fear that one’s very existence is constantly under threat. While “ontologically secure” individuals are capable of having gratifying relationships with others and maintaining a strong sense of personal identity, ‘ontologically insecure’ individuals understand everyday life experiences as potentially menacing. They cannot experience their own identity autonomously and have a low threshold of basic security. Relating to others is not particularly pleasant, as people with ontological insecurities are mainly concerned with preserving their own identity in order not to lose themselves. As such, they often become withdrawn and isolated.

Laing and Esterson: Madness in the Family

The person who took the concept of ‘family as a dysfunctional system’ farthest was R. D. Laing. Using a method that he named “social phenomenology,” R.D. Laing sought to discern the “social intelligibility” of schizophrenic symptoms. He “bracketed” both psychoanalytic interpretations and biological-psychiatric diagnoses and instead focused on studying the recursive patterns of communication between the patient and the family system as a whole. In Sanity, Madness and the Family (1964), Esterson and Laing tried to demonstrate that the symptoms of schizophrenia often become intelligible within the communication patterns and experiences in the family system. Nevertheless, Laing and Esterson also stressed that their research was not designed to discover the cause (or causes) of schizophrenia, because, in their estimation, there really is no disease entity that corresponds to that label. There are only various forms of madness and misery that are lumped into one and the same category (Burston, 2000). However, their careful research was widely interpreted to mean that dysfunctional families, not schizophrenogenic mothers, are the real “cause” of schizophrenia, and that mainstream psychiatry, with its emphasis on genetics and the brain, was ignoring the real problem.

The Biological Theories on Schizophrenia – “The Bad Brain”

In the late 1970s, new brain scanning and genetic decoding techniques, along with
promising pharmacological treatments (drugs), almost put the mother/family-blaming clinicians entirely out of business. This was a huge relief for the parents of schizophrenics (Burston, 1996). Led by E. Fuller Torrey and like-minded psychiatrists, the families of schizophrenics were now told that their kids were not sick because of a lack of love, or familial double binds, but because of severe defects in brain functioning (Burston, 2000). Psychiatrists reassured them that schizophrenia was a disease like any other and nobody needed to be blamed. It was the brain’s chemistry, not the person’s character, that was at issue; in other words, schizophrenia was caused by a ‘bad’ brain, not a ‘bad’ mother or family. Parents were now construed as a part of the cure rather than the cause of the problem. Removing the stigma on mothers and families made many parents more open to helping their children in a supportive and caring way. However, the blame and guilt of parents did not vanish entirely. Now parents were wrestling with the idea that a genetic vulnerability toward schizophrenia could run through their family line (Harrington, 2016).

Books like Nancy Andreasen’s The Broken Brain: The Biological Revolution in Psychiatry (1985) focused on schizophrenia as the exemplary case for the biological nature of severe mental illness. Moreover, the 1990s became NIMH’s “Decade of the Brain.” Psychiatry reasserted its earlier, Kraepelinian convictions, abandoning its decades-long dependence on psychoanalysis. It began to advertise itself as a field of medicine like any other (Luhrmann & Marrow, 2016, p. 2).

Epigenetics: The Biological, the Social and the Psychological

Nonetheless, with the rise of epigenetics over the past few years, we have come to understand that even things that have a biological basis always unfold in relation to our social world. Research demonstrates that genes are activated or shut down in response to environmental cues, and that this epigenetic interaction shapes our lives in a deep and significant way. This is also true of schizophrenia (Luhrmann & Marrow, 2016). People are more likely to become
schizophrenic in some social settings than others; these people are also more likely to recover in some social settings (and not to recover in others). Because of this new research, psychiatric science has started to acknowledge that our social worlds make a difference (Luhrmann & Marrow, 2016, p. 3). While attention to the biological theory of schizophrenia does persist, there is also increasing attention to the psychological and social aspects of mental illness including schizophrenia. When it comes to mental illness, then, we do not have to choose between social and biological understandings. On the contrary, it is evident that those with biological vulnerabilities for succumbing to schizophrenia are embedded in an interpersonal and social world that deeply affects them.

**Mother’s Love and Schizophrenia: The “Bad Relationship”**

*Early Attachment and Family Communication*

According to a study by Tienari et al. (2004), individuals with a high genetic vulnerability to psychosis had only a 1.5% chance of experiencing schizophrenia when they were raised in a family with a healthy environment. The same individuals had a 13% chances of experiencing schizophrenia when they were raised in a family with a disturbed environment. While it is clear that blaming the mother helps no one, it is also increasingly clear that family relationships are important and should be included in the discourse on mental illness. When we ignore the child’s lived experience — particularly his experience with the adults to whom he is most intimately connected — we risk advancing a narrative that places sole responsibility on the child, suggesting that it is the child himself who must change. This focus can be a mistake. A mother’s love is a difficult issue to explore and address because none of us is ourselves emotionally removed from the question; some of us are mothers, and most of us have either been mothered or longed for that mothering. As Hart (2011) put it:

The formation of attachments is crucial in interpersonal relationships, and practically all developmental psychologists agree that the most basic relational disorders occur if
parents are unable to derive happiness or joy from spending time with their baby. Adult clients who have suffered severe abuse often say that the worst thing that happened to them was not feeling loved. Regardless of what sort of mutual attunement and psychobiological rhythm that caregiver and child engage in, this structure, organization, or rhythm will be incorporated into the child’s developing nervous system. (p. 313)

As this quotation illustrates, it can be argued that a lack of attunement between the caregiver’s experience and actions and the child’s needs can lead to relational disorders.

**The Caregiver’s Attunement**

Generally, a child has the capacity to modulate low-level negative affect states, provided they are of moderate intensity (Hart, 2011). But the infant’s nervous system is not sufficiently robust to handle negative states that escalate in intensity, frequency, and duration. An infant who remains in a state of negative affect, or who is not met with attuned affect from the caregiver for a prolonged period, is at particular risk of developing psychological disorders (Hart, 2011, p. 316). The caregiver’s attunement to the infant is also crucial for the child’s ability to shift from negative affective states back to positive states; the infant learns to modulate affective states through the caregiver’s ability to regulate her own affect in relation to the infant (Hart, 2011, p. 316). Winnicott (1960) argued that “the ego support of the maternal care enables the infant to live and develop in spite of his being not yet able to control, or to feel responsible for, what is good and bad in the environment” (Winnicott, p. 586).

Daniel Stern, Colwyn Trevarthen, and Edward Tronick’s video recordings of micro interactions between mothers and babies have revealed how quickly and easily these micro interactions become part of the baby’s communicative repertoire (Hart, 2011). Through daily contact, micro interactions come to form ever larger wholes, which can eventually be characterized as relational or attachment patterns. It is these attachment patterns, among other things, that Mary Ainsworth and Mary Main studied and categorized (Hart, 2011, p. 317). A
moderate stress level enhances learning, but stressors that exceed the capacity of the nervous system have the opposite effect. If the stimulus level is constantly too low, the infant will lose interest, and if the stimulus level is too high, the infant will turn away and start crying. In that sense, whether the infant is exposed to excessive levels of arousal (in cases of abuse), or inadequate levels of arousal (in those of deprivation or neglect), the consequences for the development of the nervous system can be dire. A lack of attunement or frequent failures of maternal attunement expose the infant to frequent negative affect states with no ability to influence his own regulation and situation. An infant who is frequently subjected to an escalation of arousal states without affective regulation will eventually become traumatized (Fonagy et al., 2002). The infant needs loving and caring adults both to feel worthy of love and so that the nervous system develops (Stern, 1985). Whether the child’s personality development is abnormal or healthy depends largely on the caregiver’s ability to be emotionally available, to attune with the infant, and to welcome and celebrate the infant’s innate and evolving competencies (e.g. crawling, walking, talking) in developmentally appropriate ways.

**Mother’s Early History and Attachment**

However, these maternal traits (or competencies) depend on the mother’s own early history. After all, a mother’s behavior does not develop in a vacuum. According to Hart (2011), the mother’s bond with the child emerges in a complicated process that is related to the internal representations that she has developed through her attachment with her own parents. Research demonstrates that a mother’s manner of affective expression predicts aspects of the attachment pattern that develops between her and her own child. Parents who describe their emotions when they talk about their own childhood attachments are able to distinguish their own needs from the child’s needs, and are capable of containing and responding to the child’s mental state. This predicts a high likelihood that the infant will develop a safe or secure attachment with them (Hart, 2011, p. 296).
Parents who suffer massive neglect or abuse in childhood, and who live without love and closely attuned contact, usually lack the opportunity to develop self-regulating functions and object permanence. These parents are frequently emotionally unstable and socially dysfunctional (Williams, 2017). They are incapable of affective regulation in stressful situations, and there is a high likelihood they will not be able to promote their own child’s self-regulation (Siegel, 1999).

However, Bowlby (1988) did not think that a parent’s negative feelings toward the child were necessarily harmful. Rather, Bowlby believed that such emotions occur from time to time in most parents. In his view, it was more important that parents tolerate their own negative emotions instead of denying them. A dismissive mother is often filled with feelings of anger, rejection, and abuse, which drown out her positive feelings toward her child. According to Bowlby, the denial of certain emotions is a serious matter, since these parents will often act without reflecting on their actions, attributing feelings to the infant that in fact are their own. Bowlby (1988) argued that a mother may find it so difficult to distinguish her own needs from the child’s and be so distanced from her own emotions that she is incapable of sensing the child’s state of mind. In this case, the mother tends to project her own negative feelings onto the infant, which forces the infant to view himself as worthless and unloved. Some mothers reduce their own discomfort by trying to make the child behave in a certain way to match their own needs. For example, if the caregiver is unable to deal with her own anger, she may direct it toward the infant, and engage in an interaction that makes the infant angry and spiteful (Schibbye, 2002). Fonagy et al. (2002) have also described how the infant is only able to develop a secure attachment if the parents are able to reflect on what it is that makes them harbor negative feelings toward their child.

Every child is unique, and the caregiver must respond to the child’s unique needs. For example, if a child is fearful, it requires a different response than a child who is active and outgoing. Similarly, an angry child requires a different response than a calm one. As it was argued earlier, a mother’s internal representations are crucial for the way in which she relates to
her child. For example, a dismissive mother may fail to mirror the child’s distress because she
does not have the capacity to intuit the child’s mental state. An overregulating mother may grasp
the child’s internal experiences with a high degree of clarity but fail to attune with the child on
the child’s terms, and an ambivalent mother may be so vague or contradictory that the child is
unable to communicate his or her own ambivalence (Hart, 2011, p. 357). Similarly, when the
infant’s signals provoke inappropriate interventions or rejection by the caregiver, the infant will
learn to respond by inhibiting his behavior. Relevant research in the field has found that
intervening, dismissing, and ambivalent caregivers all use affective signals that are confusing.
For example, the caregiver’s behavior may display an affect that signals a desire for closeness,
but when the infant responds, he is met with rejection (Hart, 2011). When an infant is unable to
predict the caregiver’s behavior, he becomes insecure, frightened or angry and becomes
incapable of organizing his behavior (Crittenden, 1983; Fonagy et al., 2002). Controlling and
intrusive behavior from the caregiver is one of the most common causes of overstimulation and
includes interference with the child’s self-regulating behavior (Hart, 2011, p. 358).

**Salvador Minuchin: The Enmeshed Relationship**

Salvador Minuchin (1978), one of the prominent figures in structural family therapy,
described the overregulating relationship as enmeshed. The relationship is characterized by
inadequate boundaries between the child and the caregiver, and the caregiver acts on her own
ideas and needs, dictating the child’s identity and the role he needs to play in order to satisfy the
caregiver. In an enmeshed relationship, the caregiver does not attend to the child’s needs and is
incapable of promoting the child’s self-regulation. At first glance, the caregiver’s interactions
with the child seem caring and warm, but closer observation of their micro-interactions reveals
that the caregiver is oblivious to what the infant or child is really trying to communicate. In this
context, the caregiver does what she imagines any good mother ‘should’ do for her child,
covering up her own insecurity because she is unable to actually ‘read’ her child. However, when
the child attempts to establish communication on his own terms, the caregiver feels threatened, and clings rigidly to her own reality. In her fantasy, she imagines that she is responding to the child’s needs, but she does so in a way that negates the child’s reality. Therefore, the child attunes with the mother in a way that ensures attachment but negates the child’s own affects and needs. In order to ensure the attachment, the child has to adapt his behavior and experiences to match the mother’s needs. The child loses the ability to create psychological space and differentiate from the mother, and the relationship usually becomes symbiotic (Minuchin et al., 1978).

Daniel Stern: Inauthentic attunement

Along the same lines, Daniel N. Stern has discussed the notion of inauthentic attunement. According to Stern (1977), inauthentic attunement is characterized by a mismatch between verbal messages and body language. For example, the caregiver may correct the child in a friendly and cheerful tone of voice, which means that the child is unable to interpret the message. The child does not understand what the mother wants, and whether she means what she says; her emotional expression is difficult to interpret. This inauthentic attunement also reflects the so-called paradoxical stimulation, wherein the caregiver can be attentive without engaging in an attuned way. For example, when the infant is ready for contact, the caregiver disengages, and when the infant disengages, the caregiver seeks his attention. Paradoxical stimulation may involve the caregiver stimulating the infant only when he is hurt or has an unpleasant experience. Thus, the infant’s main moments of joy are associated with an immediately preceding unpleasant feeling. It can clearly be seen how this idea of paradoxical stimulation relates to Bateson’s double-bind theory (discussed above): the double bind can be characterized as paradoxical stimulation and also as an ambivalent attachment. For example, a mother’s message of wanting to be kissed while she is also sending a metamessage of anger and disgust constitutes a double-bind: the child will be rejected whether he responds to the message or to the metamessage, or even if he makes
no response at all. The result of a double bind may be confusion, uncertainty, and, in extreme case, borderline states and psychosis (Schibbye, 2002; Stern, 1985).

Evidently, these experiences of regulation vs. dysregulation, of attunement vs. lack of attunement, become part of the child’s internal representations. These experiences provide the foundation for the child’s familial relational patterns, as well as his relational patterns with others later in life. Nevertheless, even troubled mothers should be seen in a sympathetic light. Mothers who have troubled children tend to be deeply unhappy with their own marriages and lives in general. Some may also have suffered from what is called ‘primary affect hunger,’ experiencing significant deprivation in their own childhoods (Levy, 1937). Some mothers who experienced such deprivation respond by rejecting their children emotionally. Thus, the maternal instinct to protect and comfort a dependent and vulnerable baby can either present ambivalently or be completely absent (Levy, 1937). There is a dominant social narrative that ‘mother knows best’; but what happens when mothers don’t know what is best for themselves or their children? There is a clear need to focus our attention not only to the children in need, but also to maternal needs and development as well.

On Motherhood

The process of becoming a mother can be quite complex. Many women share feeling overwhelmed and have many conflicting and negative feelings about their baby and about their role as a mother (Williams, 2017). It is well-known that as many as 1 out of every 500 mothers experience psychosis after giving birth to their baby (Sit et al., p. 353). These mothers struggle to care for their children as they are lacking an internal model of what a safe and nurturing mother is. If faced with a crying baby, they will not intuitively how to respond. As Raphael-Leff argued, it is completely different to carry a child psychologically than to carry it physically (Raphael-Leff, 1993).

Recent research on the transgenerational transmission of attachment styles has produced
strong evidence that the attachment style of the mother can predict her infant’s attachment style (Ward et al., 2001). The transmission of attachment can occur by the way a mother thinks and feels about her baby, as well as via maternal mental processes (Williams, 2017). Meins et al. (2006) suggest that the mother's mindedness—her ability to think that a child has a mind of its own—can help in the formation of secure attachment. Furthermore, a mother’s ability to mentalize about her own attachment in childhood can help her own transition into motherhood.

With the exception of the victims of severe abuse, a child will always seek attachment, splitting off internal emotional states and excluding and denying certain experiences from the intersubjective field to maintain the attachment (Stern, 1985). Bowlby (1988) stated: “all of us, from the cradle to the grave, are happiest when life is organized as a series of excursions, long or short, from the secure base provided by our attachment figure(s)” (p. 62). Not only does the child always seek attachment, but the mother always wants to love her child; however, it may just be difficult for her to find this love, if she herself was not loved in infancy and early childhood. Crittenden and Newman (2010) emphasize that mothers who neglect their children desperately wish to avoid having the children removed from the home and placed in foster care. They are attached to the children in their own way, which is hard to identify until the threat of separation appears (and may, even then, be hard for outsiders to understand).

There is a large body of research indicating that our early attachment experiences quite literally shape the right hemisphere of our brains (Glaser, 2000; Hart, 2011; Schore, 2005). More specifically, the infant’s developing right hemisphere has connections with the autonomic and limbic nervous systems and is responsible for the stress response in humans; as such, the attachment relationship helps and supports the expansion of the child’s coping capacities. According to this model, it can be argued that infant mental health is defined as the earliest expression of flexible strategies for coping with the stress inherent in human interactions. Thus, intact right brain functioning provides a source of resilience that promotes optimal development
over the later stages of the life cycle (Schore, 2001, p. 7).

**Attachment and Communication**

Early on, Bowlby (1988) had proposed that insecurely attached children would adapt their behavior in order not to lose the connection with the parent they have been attached. He believed, however, that if the attachment figure was a source of fear, absent or inconsistent, the attachment system would not develop appropriately. Melanie Klein (1946) had further argued that an infant’s pattern of subjective experience form "internal objects" that continue to influence them throughout adult life (Greenberg & Mitchell, 1983, p. 145).

Gumley and Schwannauer (2006) argued that psychosis and schizophrenia are mainly characterized by affect dysregulation and thus can be supported within the attachment theory framework. The Adult Attachment Interview (AAI) studies that focused on attachment styles in samples of patients with psychotic disorders, tentatively suggesting the connection between disorganized attachment and schizophrenia (Dozier & Kobak, 1992). Furthermore, recent studies of psychotic phenomena have found evidence that positive and negative symptoms of schizotypal characteristics are related to insecure attachment (Berry et al., 2007).

Insecure and disorganized attachment style can further reflect the communicational patterns among family members. Disorganized attachment often occurs when caregivers introduce double-bind messages to children, also called a “paradoxical injunction” (Kolko & Milan, 1986). An example of this is a “go away - come here” parental message, creating an unwinnable and unsolvable situation for the child. More specifically, a parent may ask a child to mop the floor, and when the child starts the task, the parent will criticize the child for the way he is doing it. As such, the child will probably attempt to mop the floor again, taking into consideration the parent’s criticism and direction, only to be criticized once more. The child will stop doing the task, and the parent may criticize the child again for not obeying, punishing them for not mopping the floor.
When confronted with these paradoxical and impossible-to-solve situations, over and over again, the child will learn not to solve the problem. When parents interact with their children in a disorienting, frightening, and disorganizing way (that sometimes may involve violence), they become a source of terror. When the desire to detach from a confusing and dangerous parent is conflicting with the need to feel close to the same parent in order to feel safe, the disorganized pattern arises in the child. The same holds true for adults: when people are held hostage emotionally, they are holding the conflictual tension between the desire for intimacy and the fear of it (Blizard, 2003).

The theme of ‘splitting’ also becomes relevant when discussing impossible-to-resolve situations. Splitting is a psychic defense against intolerable stress and manifests as dichotomous, all-or-nothing thinking. Splitting can be observed in children who have experienced high levels of threat and unpredictability. According to Bowlby, these children lack a ‘psychic organizer’ (Bowlby, 1951, p. 53), and as such, from early on, they learn to disassociate, when confronted with challenges (Schore, 2005). Dissociation can be described as a psychological strategy that helps to separate (and thus cut off) challenging mental conflicts the children are faced with (i.e. wanting warmth and closeness from an unemotional and scary parent).

Blizard (2003) argued that incoherent and disorganized representations of attachment may prevent aspects of the self from being integrated, predisposing the self-structure to dissociation and fragmentation. Just as a significant and terrifying traumatic experience can cause dissociation, so too the contradictory and incomprehensible communication with attachment figures can create double binds, bringing about dissociated self-states and disorganized attachment. Several parental behaviors may lead to disorganized attachment: disrupted affective communication; insensitive, frightening, or intrusive behavior; or neglect and abuse. Longitudinal research on the field of disorganized attachment has demonstrated that disorganized attachment in infancy can predict dissociation in childhood and early adulthood (Williams,
27. Given that relationships within the family of origin appear as important as trauma in the development of dissociated self-states, this has important implications for treatment of child abuse survivors (Blizard, p. 27-28).

The above findings give us a renewed appreciation for Bateson’s belief that if there is a regular pattern of disturbed communication between the child and the mother from infancy, it can lead to disturbed ‘schizophrenic’ behavior and thinking later. That being said, I hasten to point out that the primary purpose of this study is not to offer an explanation of the causes of schizophrenia. While taking under consideration that biological and genetic factors contribute to the emergence of schizophrenia, the current study focuses on disorganized attachment and disturbed communication between mother and child, and how these emotional vicissitudes intensify the child’s genetic vulnerabilities and predispositions.

Meanwhile, given the current state of schizophrenia research, it is unrealistic to assume that either set of factors—biological or environmental—is solely responsible for the development of schizophrenia. In recent years, studies on the environment-gene interaction (E x G) have significantly increased (Kendler et al., 2008), helping us to shift away from ‘either/or’ approaches. Although studies in epigenetics are relatively new, their potential in offering us a physiological/biological understanding on how gene expression is influenced by the environment is becoming more and more apparent (Caspi et al., 2010, p. 510).

Since early environmental interactions are unquestionably important in the development of schizophrenia, we should find a way to help mothers, and to support the whole family as a system. As Bowlby recognized long ago, mothers should be offered an opportunity to undergo therapy and receive support at the same time as the child. Families should also be helped to create safe boundaries and disentangle potentially pathogenic communicational patterns. Neither mothers nor families should be burdened with stigma.

As the above literature review points out, the factors that cause schizophrenia cannot
easily be explained by any single model. The medical model’s focus on the “bad brain,” the psychoanalytic focus on the “bad mother,” and the focus of attachment research on the “bad relationship” are all insufficient on their own. There is clearly a need to integrate all of these approaches in a systemic way, exploring the interrelation and interdependence of all these factors in the onset of schizophrenia. Taking a systemic and holistic approach to the interactions between mothers and their schizophrenic children will hopefully shed light on the complexities of understanding, humanizing, and conceptualizing schizophrenia, giving voice to the deep and personal suffering behind this highly stigmatized and feared disorder.

**Adult Attachment Interview (AAI)**

For the purpose of the current research, the Adult Attachment Interview (George et al., 1984) was used with six mothers whose adult child has a diagnosis of schizophrenia. George et al. (1984) developed an interview that was open-ended, asking adults to describe their early childhood relationships (and thus their attachment), and the way that these relationships have influenced their lives in adulthood. (Questions can be seen in Appendix 4.) Interviews are audio-recorded, transcribed, and then thematically coded. (A section of a transcribed interview is available in Appendix 6.) There is focus on what is expressed purposely by the individual, as well as to what was unintentionally communicated—such as inconsistencies.

The main feature of the AAI is that the discourse and language used will reflect the subject’s attachment style (Waters et al., 2000, p. 68). More specifically, there are three patterns of responding: the preoccupied-insecure, the dismissing-insecure, and the autonomous-secure. George et al. (1984) argued that secure-autonomous adults usually gave coherent and clear descriptions of their early attachment relationships; on the contrary, preoccupied-insecure adults have a tendency to focus more on distressing and conflictual childhood relationships, further displaying some confusion and incoherence in their memory recollection. Adults who were classified as having a dismissing attachment, in their responses, struggled to recall memories
relating to attachment, and the memories they were able to recall and report were usually contradicting their actual experience (Williams, 2017). This may reflect the contradictory messages they had been accustomed to receiving within their family system. An important question for the AAI was whether the attachment style of the mother could predict the attachment style of her child. Indeed, there has been a large body of research showing how the attachment of adults further affects and shapes the attachment of infants (Crowell & Treboux, 1995). A plethora of studies analysed the AAI attachment classifications for three generations, and concordance rates were as high as 75% and 80% (Benoit & Parker, 1994; Zeanah et al., 1993). More specifically, a three-generation study conducted by Benoit and Parker in 1994, found a three-way correspondence of 75% between the grandmothers’ AAI classifications and the attachment classifications of their daughters in adolescence (Williams, 2017).

The AAI is a reliable and valid measure of adult attachments; it has been argued to be the ‘gold standard' (Hesse, 2008, p. 552). The AAI offers important perspectives and highlights an individual’s cultural expectations and belief system pertaining to parenting, family life, and communication (Williams, 2017). Moreover, the AAI has shown incredible validity with respect to memory, social desirability, intelligence, social adjustment, and cognitive complexity (Sagi, et al., 1994); it has further demonstrated stability of classifications over time (Benoit & Parker, 1994).

The AAI can offer a profile of an individual’s attachment strategies and can further provide important information on an individual’s attachment style and history. However, we should not forget that the AAI was developed in a westernized culture with normative samples. Therefore, there is a clear need to improve the accuracy and expand the clinical utility of AAI’s scoring system with ‘non-normative’ populations (Williams, 2017).

An important task of the current research will include finding themes and meaning within the transcripts of the interviews that are not easily captured by the current simplistic categories of
the AAI. The intention of the researcher, however, is not to develop new categories; the researcher’s intention is to read through the lines and listen to the latent material that usually goes unheard when marginalized mothers are interviewed. This study, therefore, hopes to shed light upon the lived experience of mothers who have been (inadvertently) silenced in complex and obscure ways and to help mental health services create more efficient ways to assist vulnerable and hard-to-reach mothers.

In order to analyze the data from the AAI, qualitative research—and, more specifically, Thematic Analysis (TA)—will be used. The term ‘qualitative’ emphasizes the quality without focusing on quantity. Using a qualitative approach is appropriate for this study because it is able to focus on intrapsychic and interpersonal processes which may otherwise be invisible or difficult to assess, given that many aspects of human experience cannot be quantified precisely or expressed in mathematical terms (Mishler, 1990, p. 420).
CHAPTER 3: METHOD

Design

Recruiting the Participants

Participants were recruited from various psychiatric groups in Allegheny and neighboring counties; with the exception of the first interview, the five interviews that follow were conducted online, given the restrictions of the COVID-19 pandemic that started shortly after the beginning of the current research. Psychiatrists and social workers informed mothers who had an adult child with a diagnosis of schizophrenia about this study. If they expressed interest in participating, they were asked to provide the researcher with their number in order to talk with the researcher and learn more about the research project.

The researcher contacted the interested mothers, introducing herself as the researcher and interviewer, and explained that the interview was part of the research project and was completely voluntary. The researcher made it clear that the mothers could withdraw from the process at any point, without fearing that their child’s care would be affected by this. The researcher explained the nature of the interview, making the mothers aware that their attachment to their own mothers and to their children would be explored, with the aim of identifying possible risk factors that could contribute to the literature on attachment and schizophrenia. Participants were also informed that the researcher wished to better understand their histories and personal experiences in an effort to highlight and recognize maternal struggles that usually go unheard or are deemed irrelevant or unimportant.

Mothers who wished to participate were mailed or emailed the consent form, which they signed and returned to the researcher, allowing the interview to be recorded for research purposes and transcription(Appendices 1 and 2). Participants’ demographics were not included in the analysis of the data. Mothers were informed that their data would be anonymized and that their anonymous information would be used with respect and
confidentiality for educational, training, and research purposes. Participants were further informed that, should they wish, they could withdraw their consent at any point and stop the interview.

**Consideration of Inclusion and Exclusion Criteria**

Mothers who expressed interest in the research were screened for suitability according to exclusion/inclusion criteria that are included in table 1. The main exclusion criteria were diagnoses of either a serious mental disorder (including active psychosis) or a substance misuse that might compromise the capacity to consent. The screening was completed by the psychiatrists who informed the mothers about the research.

Table 1 - *Inclusion and Exclusion Criteria*

<table>
<thead>
<tr>
<th>Inclusion Criteria</th>
<th>Exclusion Criteria</th>
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</thead>
<tbody>
<tr>
<td>Mothers who have an adult child with a diagnosis of schizophrenia</td>
<td>active psychosis and other serious mental disorders</td>
</tr>
<tr>
<td>English-speaking mothers</td>
<td>Substance misuse</td>
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</table>

**Data Collection**

**Interview Design**

The AAI follows a specific format -- certain questions are asked in a predesigned order -- and is accompanied by designated follow-up questions or probes. Normally, the AAI takes around an hour to administer and consists of 20 questions (George et al., 1984). The whole interview is transcribed verbatim. The interviewee is asked to remember memories from her childhood, reflect on her life at present, and consider her wishes for her own child’s future (Williams, 2017). The interview process takes about two hours; there are twenty main questions, although plenty of prompts and sub-questions can be used throughout the
The interview starts with some ‘warm up’ questions, to help the interviewee become familiarized with the interviewer. The interviewee is then asked to describe her relationships with her parents in childhood. She is asked to provide five adjectives that would describe the relationship she had with each of her parents. Then, the protocol includes questions about the parent to whom the interviewee felt closer when growing up, including the reasons for this choice; what the interviewee did when she was physically hurt, emotionally upset, or ill in childhood; and in what way her parents reacted in these moments (Hesse, 2008). The interviewee is then asked to recall possible important separations from her parents or experiences of rejection, as well as any disciplinary threats she received. Next, the interviewee is asked to consider how these experiences had affected her adult personality; whether any of these experiences could account for a significant ‘delay’ in development; why she believes her parents behaved as they did, and whether there were people who, although were not official parents or guardians, yet were conceived of as parent-like during her childhood (Hesse, 2008). A very important part of the AAI protocol is the part that addresses the interviewee’s possible experiences of the death of significant persons—e.g. friends and family members—in her childhood. The interviewee is asked to describe details about the death, how she reacted to the loss back then, if she attended the memorial services or the funeral, possible changes in her feelings over the passage of time, possible effects of this loss on her personality as an adult, and also possible effects on her behavior with her own children. The protocol then asks for descriptions of any experiences of abuse, as well as any significant frightening experiences throughout the interviewee’s life. Toward the end of the interview, the questions ask the interviewee to describe her current relationships with her mother and father, if they are alive. Additionally, she is questioned as to how she would feel about being separated from her child, and how her experiences with her own parents in
childhood may have affected her relationship with her own child. Finally, the interviewee is invited to articulate her wishes for her child’s future (Hesse, 2008).

**Interview Process**

On arriving for her appointment (in most cases online), each participant was welcomed by the researcher, who then explained the nature of the interview. Each participant was informed that she could choose to withdraw her consent and to stop the interview at any point. The researcher made each participant aware that she was going to start the recording and then proceeded to ask each of the twenty questions according to the AAI protocol. The researcher was aware of the importance of saying little and using prompts only occasionally, enabling the participants to structure their own responses. The researcher allowed time for debriefing at the end of each interview, making sure the participant felt good and not too unsettled by the experience.

**Data Analysis**

**Thematic Analysis**

TA has been widely used in qualitative research. It consists of identifying, reporting, and analysing patterns of meaning—or themes—within data (Guest & Greg, 2012). Although TA has many strengths, it is especially useful for organising large data sets since, as its name suggests, it prioritizes allowing themes to emerge from the data (Saldana, 2009). TA seeks to illuminate the meaning of latent and semantic data, as opposed to simply measuring quantitative frequency (Williams, 2017). The use of TA was deemed appropriate for the current research because of the emphasis it places on reflexivity, as well as its methodological flexibility; the researcher believed that this approach would ensure that the participants’ own voices—and their often-overlooked stories—remained at the center of the research. However, the researcher was aware that themes are not simply located in the transcripts—that is, they do not passively emerge; rather, the TA approach necessitates that
the researcher select and edit material according to their own judgment (Fine, 2002).

Braun & Clarke’s 2006 study details many pitfalls to be mindful of when conducting TA. One of these possible pitfalls is a failure to actually *analyze* the data, instead simply reporting and summarizing its themes. Another pitfall concerns the possible confusion of themes with the initial questions posed; if the themes identified in the data merely echo the research questions, this clearly indicates that no real analysis has taken place. Finally, Braun and Clark identify a pitfall of ‘too much overlap between themes’ – that is, a situation in which the identified themes are so similar or broad that none can demonstrate a coherent point of its own (p. 25). Nevertheless, Braun and Clarke (2006) conclude that the flexibility that characterises the TA approach allows it to be used within a range of epistemologies.

*Analyzing the data*

In the transcripts, participants were identified only by their initials; during data preparation, the researcher changed all the possibly identifying information. The researcher highlighted all of the significant/relevant excerpts to aid in both identifying themes and retrieving quotes verbatim. The researcher made extensive notes on the electronic transcripts, reading and re-reading each of the transcripts several times. The researcher focused on the latent content and wrote tentative interpretations of this content while also paying attention to the explicit spoken words. For example, one participant said: “You know…we didn't look on my grandfather’s amputations as a painful experience. I think, in general, I grew up with a pretty positive attitude; we all did. It probably stems from our upbringing in church.” In this case, the researcher didn’t only create codes based on what was said explicitly (e.g. ‘rejection and resilience’, ‘reference to family’) but also attempted to identify latent content and develop codes for these areas as well (‘defensive normalizing’ and ‘painful events’ in the given situation). Thus, TA was used in an interpretive and flexible manner.

Each transcript contained plenty of excerpts that were later connected to various sub-
themes. The researcher, therefore, developed a process by which to synthesize the information. In analyzing the first transcript, the researcher made notes connecting the themes to various sub-themes. After four of the six transcripts were analyzed, she had recorded approximately 60 sub-themes. At that stage, the researcher paused and grouped together several of the sub-themes before working on the two final transcripts, since she had by that point noticed repetition among some of the sub-themes. After this streamlining and merging process, 28 of the original sub-themes remained. The two remaining transcripts were analyzed deductively rather than inductively, in order to further test the robustness of the identified themes.

**Reflexivity**

In qualitative research, it is extremely important to lay aside personal beliefs and values in an effort to minimize bias. Although this ‘bracketing’ process is crucial, Aherne (1999) has argued that absolute objectivity ‘is not humanly possible’ (Aherne, 1999, p. 407). As such, in an effort to set aside and bracket her personal assumptions as much as possible, the researcher used a personal journal (Schutz, 1994; Williams, 2017). In this journal, the researcher considered her motivations for conducting the research (i.e., what prompted her own interest in the fields of schizophrenia, attachment, communication, and parenting), noting her personal reactions to and reflections on the material that was discussed.
CHAPTER 4: RESULTS

The current chapter includes the results of the Qualitative Analysis and is organized around the five main themes that emerged. Each theme has also around five sub-themes, and all themes and sub-themes are illustrated through verbatim quotes. Each theme can be found in most, if not all, of the participants’ interviews. However, the chapter includes only a selection of typical exemplary quotations. All verbatim quotes supporting each theme can be seen in Appendix 5.

Table 4 provides an overview of all themes and subthemes described in this chapter.

<table>
<thead>
<tr>
<th>Main themes</th>
<th>Sub-themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death, Significant Losses, and Different Expressions of Love</td>
<td>Death - Separation - Significant losses - Maternal attachment Immigration and belonging - Different expressions of love Feeling unwanted</td>
</tr>
<tr>
<td>Instability, Memory Disturbances and Lack of Safety</td>
<td>Changes - Communication confusion - Forgetting Memory disturbances - Defensive normalizing</td>
</tr>
<tr>
<td>Dysfunctional Family Systems and Poor Communication</td>
<td>Cultural norms - Living situations - Caretakers Parental roles - Anger and acceptance Transgenerational patterns of communication</td>
</tr>
<tr>
<td>Fear, Isolation and Pain</td>
<td>Fear of punishment - Violating relationships Emotional pain Isolation, loneliness, and lack of support Traumatic experiences…then and now</td>
</tr>
<tr>
<td>Rejection, Hope and Resilience</td>
<td>Care and nurture Self-confidence and helplessness Choices and voices - Strength and determination Wishes, worries, and hope for the future</td>
</tr>
</tbody>
</table>
Death, Significant Losses, and Different Expressions of Love

All six transcripts featured sub-themes of significant and sudden losses, various forms of loss and love, and feelings of rejection. Although the AAI asks direct questions regarding experiences of loss, most participants spoke about loss throughout their interviews, even before the researcher introduced the concept. Losing came in many forms, such as the loss of a loved one, loss of closeness (both physical and psychological), loss of a relationship, loss of cultural identity due to immigration, and ‘loss’ of the participant’s child with the onset of the child’s schizophrenia. Love and loss of love were spoken about in diverse ways; related to both loss and love were many experiences of rejection. More specifically, all participants described feeling unsupported, dismissed, and misunderstood by their parents.

Death

The interviews touched on many kinds of loss, from sudden and permanent losses (like the unresolved death of a loved one) to more abstract losses (e.g. ‘losing a child to psychosis’). The majority of participants described having experienced the death of a loved one (usually a family member) without being allowed to process and mourn this loss:

D.: Actually, my mom died when I was a baby; I was about three years old when my mom died. And she had enough kids that my dad couldn’t handle them, my dad was brutal. You know, after my mother died, he was a mess… the mother runs the family, not the father. (p. 1)

M.: They...eh, my mother was in the kitchen making salad...cabbage and coleslaw. And there was a doorway to the kitchen from a hallway and then the front door, a hallway and then a door to the kitchen. And I was standing there watching her cooking, and then a boy ran and said, “Mrs. C., Victor is dead.” And then two men appeared behind him and she put on her coat and went with them. I was well aware at that moment that life had changed forever. (p. 5)
F.: I have another brother…between us, there was another brother, but he got the meningitis. He died when he was five. I was only three years old, so I don’t remember. (p. 2)

Moreover, many of the participants’ parents had experienced a sudden and significant loss while they were themselves children:

T.: When my mom was born, her mom had an illness and within a year she died. My mom was still a baby…she was the third sibling. My grandfather ended up remarrying and that was the lady that I knew as grandma, but she's like a step-grandmother. (p. 2)

K.: My mother's mother had a tough life. Her second baby died in her arms at the doctor's office, and she had to walk home with that baby…. I've written about it a lot, and my mother remembers that very vividly. Oh, yeah… It was very hard. It's a very sad story. (p. 10)

When discussing these sudden losses, participants shared being informed about a loved one’s loss in an insensitive and unthoughtful way, without any consideration of the potential impact these losses might have on them. As a result, they didn’t know what to do with this information:

M.: Yes, in the beginning, nobody was talking about my brother’s death…later on my mother was more open…and years later, I asked my other brother: “Well, how did mom and dad take it?” I knew how they took it. I asked him and he said, “oh, it was terribly hard for them. I think they were devastated. (p. 5)

F.: My mother still feels sad about losing her son, although we never talk about him. (p. 2)

K.: Yeah. And I recently heard my dad sharing a story about my grandmother, losing one of her children in her arms when it was two months old. And I never
knew about that. So, these losses, I mean, these women were going through a lot.

And it was unspoken, it was unprocessed. (p. 11)

Separation

Many participants also described the experience of losing relationships and connections with important people who, while still alive, were no longer part of their lives. The distance created by family disagreements or by geography was frequently described. In many cases, this distance appeared to preclude the formation of stable and intimate relationships:

D.: It was always better to have my kids at home with me, even with their friends, than not knowing where they are. I wanted them to feel the family I never had. (p. 3)

M.: If we were close with other relatives…hm…yes and no… we didn't see our relatives very often, but we were trained to write a letter to them once in a while. You know you wrote letters to your grandparents. (p. 8)

Physical distance—that is, not being held or hugged—also emerged as a prominent feature of half of the participants’ stories:

J.: No. I don’t remember being hugged or held when I was young…that’s terrible, but I don’t remember this kind of care….and I wish I had. (p. 11)

D.: No, I did not at all. I don’t remember getting hugged when I was little. I was completely on my own, very unprotected…but it was okay, I learned to survive and be resilient. (p. 5)

One participant described having been separated from her parents for six months as a baby. However, even if no such physical separation occurred, other participants also reported a vast emotional distance from their parents, originating from their parents’ inability to be emotional with them:
M: Well, I don't remember it... but there was a part of a family story. When I was about...about six months old, and I had my sister who was older, and two brothers who were older. So, our parents both went to England for six months, my father was on a ship... My parents were gone for six months. So, some stayed with one grandmother, some stayed with another grandmother. (p. 3)

F: No, I wanted to, but I hadn't learned how to express myself. I was feeling emotionally distant even from my own self.” (p. 9)

D.: I have a memory of my mom; we couldn’t take her up in the house because of the stairs in Kalamata, so we had to put a bed down in my daddy’s shop. So, she had to sleep away from us. She used to say, “this is my bed-time,” and I would cry. Even now as I am telling you the story, tears come in my eyes.” (p. 9)

Some participants reflected that when they reached adulthood, they stopped having any kind of support from their siblings, parents, or children:

M.: Exactly. And the one kid who is close and could help more, she is successful and very busy. She is also very sharp, and she won't have anything to do with her brother. (p. 10)

J.: But I think that it will be very tough for him. And I’m really estranged from my older son, so that’s also concerning to me...John was the one that has precipitated that estrangement. (p. 27)

**Significant losses**

Most participants experienced “losing” their connection to their children after their first schizophrenic episode. They described sudden and unexpected changes in their children, the vicious cycle of repeated hospitalizations, and the abrupt termination of their role as a mother. They shared having difficulty reconnecting with their children, mourning the loss of opportunities to get to know them, and to watch them grow into a normal life with a future:
T.: Once she started getting into drugs and alcohol, it just compounded the problem; apparently, she started at age 14. She said that's when she first started using marijuana. She had—as I call it—a “love affair” with marijuana and I think it made things worse. It felt as if it exacerbated the problem; maybe because she was prone to mental illness. We noticed after she had used marijuana, she became mean, she got violent, she would throw things, she would physically try to altercation and assault you. She wasn’t recognizing us as parents anymore…we lost any control over her…it was so hard…(p. 19)

M: Yes, it came as a surprise. Well, let's put it this way. He has a bachelor's degree in physics, and a master's degree in marine science. He worked for about two years as an electronic engineer for the navy. So, it was a breakdown of a high functioning individual. After this breakdown, I lost him. (p. 11)

F.: “Yes, immediately. I flew back from Japan to the US, and then flew to Lebanon to be with her. But she was a different person... she was not the daughter I knew anymore…I feel like I lost my child…and then, you know, culturally, in Lebanon they’re like hush-hush with mental illness. (p. 14)

**Maternal Attachment and Void**

Many participants described feeling some kind of void—feeling, that is, as if something (such as love, a parent, maternal closeness) was missing in their lives.

K.:…and this mother would talk about all sorts of things with her children, and it was so amazing. I wanted a mother like that. (p. 5)

D.: Yes, I wanted to be the mother that I didn’t have. (p. 4)

F.: So, my mother and I had a good relationship, but again, the emotional side, I never opened up to my mother. I longed for that to happen…(p. 10)

Several participants also reported a lack of meaningful relationships, and not feeling
wanted or seen by others:

T.: It wasn't uncommon back in those days for a family not to say “I love you” … but you knew they loved you and it was fine. I mean, I know that a lot of people get hung up on that, but it was absolutely ok for me, I mean… (p. 1)

D.: We were kids, we grew up, all family grew up fine, but we had to grow up alone. No parents around… (p. 1)

F.: No, the only ones who were a bit more involved were the ones who adopted my father. But there was no laughing, no relationship, nothing… just regular grandparents. (p. 4)

Many participants felt that they had missed out on opportunities and positive childhood experiences:

D.: Yes, I wish I had my mother, and I can give anything in the world to have her back. When I see girls who don’t get along with their mother, I feel sad. Yeah, that one bothers me a lot—still today (p. 6)

K.: My mother is a very introverted woman, and I reflect on that in my writing. She was very quiet, and I longed for someone who… now as I think back, I wanted her to be connected in a more verbal way, to talk to me… (p. 3)

Immigration and belonging

Another common sub-theme was immigration, and the loss of belonging and attachment resulting from parents’ or grandparents’ immigration to the United States:

K.: She was a very closed woman. She did not want to leave her family. She had six sisters there, and she never saw her mother again when she left, she knew she would not see her mother again” “My mother tells a really sweet story, and this will make me cry. My mother said, her classmates in Czech walked her and her
mother to the next town to the train station. And they said goodbye. And my mother was waving. She remembers waving to her classmates. I think it was her fourth-grade class. And until she got on the train, she did not realize that she wouldn't see them again. So, there's a lot of loss in that so my grandmother didn't go back until the 50's. (p.10)

M.: As I said, my mother’s mother was actually born in Ireland, although brought around when she was two, in 1964. And her father was American, as far back as they went. He said he ran away from home, so they don’t know much. He's worked his way around the world and eventually settled out west. But anyway, they knew their background. (pp. 7-8)

It is interesting how some participants described their desire to feel more connected and attached to their heritage:

T.: No, just the normal, you know, sadness that comes with that. I think that you always wish you could have had conversations with him then, would have asked more questions about what he remembers from when he was growing up and all that, which when you're a young teen or whatever, you don't think to ask questions like that. But I do like looking at the ancestry stuff. In fact, we have stuff that we've held on to, like photos and booklets that show our ancestry, so I like to look at some of that and work on that. It connects me to my roots, you know…it feels as if I know where I am coming from and feel closer to my family. (p. 14)

K.: Yes. I think it was like the tradition. Then I forgot it growing up, when we moved away, but it was important for me to try and relearn it at various times in my life, as Czech was part of my identity. (p. 2)
K. described her parent’s efforts to assimilate to American culture, and the impact this had on her adult life:

K.: My parents, because they were immigrants, they were always trying to overcome this sense of being “the poor immigrants.” So, it’s funny to me and I look different now, I have a sweet little yellow brick house in the suburbs and a nice car. So, my mother always wanted to make me nice clothes and make me look nice. So, I built up this persona. (p. 6)

**Different expressions of love**

Participants frequently referred to the concept of love as they described the different ways their parents showed love to them. Most participants shared how one or both parents were unavailable emotionally but did attend to their children’s needs for shelter and food. Some participants felt that this was their parents’ way of sharing their love:

F.: It’s easier for me to do or show in action. That’s how my mom was, and that’s how I ended up being as a mom. Taking care of the practical aspects of life, not the emotional. (p.12)

K.:…our connection was around doing things; she was a beautiful seamstress, and she taught me to sew. So, our connection was around sewing or in the kitchen, doing things. (p. 3)

J.: Yes, for sure. That’s how we received our parents’ and grandmother’s love, through providing for us. (p. 15)

T. described control and dominance as the way her father showed love and care:

T.: Well, I think that early on, when dad was instilling discipline, we got spankings whenever we disobeyed. Although, it was never abusive or anything like that. It
was more in the sense of making sure we will not disobey again. He cared for us. 

(p. 9)

More explicitly affectionate relationships were less frequently described. However, when affectionate relationships were remembered, they were moving. Three participants expressed having a warm and loving relationship with their fathers, and only one participant described experiencing the unconditional and enduring love of her mother. In these descriptions, words such as ‘nurturing’, ‘accepting’ and ‘warm’ appeared frequently:

M.: He called me a princess. We used to dance around the kitchen. I would put my feet on his shoes, and he would dance around the kitchen with me. He was a very affectionate father. (p. 1)

K.: …there was a lovingness about my father- more of a warmth about him-but also, he was authoritarian. (p. 4)

F.: Because my mother was tough, I had a very good relationship with my father. I think personality-wise, I’m closer to my father. (p. 5)

T.: My mom was more of the “always loving and very accepting” and that unconditional love type. She was always accepting, nurturing and warm. (p. 4)

**Feeling unwanted**

Many participants described seeking love from a parent only to be met with avoidance and rejection. Most participants reported feeling dismissed, unwanted, or ignored as children:

D.: My father as a father figure…No, nothing like that. He did nothing for us…I feel like he didn’t want us, he didn’t care for us, he was rough… (p. 8)

T.: If I felt any rejection as a kid…. hmm…I can't actually think of anything. Yeah, I just can't think of anything, but I probably had. It’s hard to remember details though… (p. 11)
Instability, Memory Disturbances, and Lack of Safety

Most participants reported experiencing lots of instability and changes in their environments, leading to a loss of safety, confusion, and a need to explain difficult memories by ‘normalizing’ them.

Instability

Many participants experienced instability and significant changes when growing up, mainly due to frequent moving.

M.: We travelled a lot. My father was transferred a lot within the United States. Always travelled with family. I was one of five children” (p. 1)

F. reported a different catalyst in bringing about change, namely her father’s illness:

F.: Then we moved, and things changed a bit. My father had gotten a college job, he became a college professor; but the college was far away. My father was exhausted, he had a long commute every day, and he worked all day long. Then he got the tuberculosis; he had to go under treatments, and that aged him. So, because it was too hard for him to commute, we decided to move closer to the university where he was teaching. When I was in seventh grade, we moved, and I also changed school. (p. 2)

Communication confusion

Confusion within relationships was frequently discussed, particularly confusing communications and unpredictable responses from parents. Most participants described having poor communication with their parents, and some of them described feeling confused by their parents, or not knowing what to expect from them. An example of this was when a parent would say one thing and then enforce something different:
D.: He was the same with all of us. We were three sisters and four boys. I don’t know why my father was so hard with us though… we were scared of him…we didn’t know what to expect…fear and confusion was everywhere…he was fine, he was not crazy, but he was a womanizer. I remember he used to dress up and just go. (p. 2)

T.: If it would have, it would have been my dad more so… just because he didn't want to talk to me at the moment because he was still a little bit agitated about something that may have occurred or whatever…It was hard to understand him…he would say one thing, and then would mean the other way… (p. 12)

F.: So naturally, though, I wouldn’t want to give her anything to worry about, because then I wouldn’t know how she would react. I preferred to keep silent, although I was getting the message that I could talk to her. (p. 10)

**Forgetting**

Many participants displayed memory challenges when recalling childhood experiences, with some memories being lost or forgotten. Participants had difficulty recalling certain memories, suggesting that, unconsciously, there was a dire need to forget these details, particularly those related to difficult and unwanted memories:

T.: I have a hard time remembering things with my father. I don't know if other people have that problem or not, but it's hard. I just don't know why… (p. 7)

M.: No, no, no, no. I actually think my brother died in the year 27, he was about 20 years old. I'm trying to remember...It’s hard…I just don’t… (p. 9)

K.: I don't know if I felt closer to one more than the other. That's hard to say. Well, you 'll have to ask me again later about that... I'm not sure now… (p. 4)
**Memory disturbances**

Half of the participants displayed memory disturbances when describing their children’s first experience of psychosis. At these times participants appeared to experience confusion surrounding these painful events, or to have blocked out memories related to them:

T.: And I know that she did acid and that's what put her into this, the first episode of psychosis that occurred when she was 19. It’s just hard to remember…things are blurred in my mind…she would have been in college and apparently, she had some acid trips and put her into a psychosis and then she ended up coming home. And her oldest sister was home with us, thank God she was. (p. 19)

D.: Yeah. And the one kid that was his friend, he was trying to be a lawyer and he went crazy later after that. My son, I took him to the psychiatrist. It was horrible. His thoughts were so mixed up, he didn't have any respect for anyone. I really cannot remember much, but I remember he just changed into a different person. (p. 18)

**Defensive normalizing**

Another common theme among most participants was one of needing to “normalize” painful or confusing events. While describing these events, many participants paid considerable attention to trying to explain and rationalize these events:

T.: You know…we didn't look my grandfather’s amputations as a painful experience. I think, in general, I grew up with a pretty positive attitude; we all did. (p. 3)

D.: If I felt ignored or rejected…hmm…I didn’t have many people in my family that I cared for, so I didn’t get that feeling. (p. 6)

M.: No, I was not concerned as a child. If anything, my brother’s death was buried, I had a happy childhood. (p. 5)
Two participants felt the need to defend and normalize difficult and painful experiences relating to their children:

D.: Kids have a good heart. She was taught to respect her parents, respect her father no matter what, it’s her father, even if he hits her. (p. 21)

M.: That's where that came from; there is depression in my family, but this illness came from my husband’s family. We didn’t do anything wrong, it just happened, you know…it was in his genes. (p. 11)

**Dysfunctional Family Systems and Poor Communication**

Social discourses around cultural norms appeared often in participants’ responses. Role reversals and parental roles were discussed, as well as the role of siblings, grandparents, and other extended family members in supporting or adopting the parental role. Transgenerational patterns of parenting and communication were also included in most of the participants’ descriptions. Several participants also mentioned feelings of resentment and forgiveness toward their parents for letting them down.

**Cultural norms**

In describing their childhoods, several participants used the idea of “cultural norms” to describe, justify, and contextualize behaviors in their own families. Most participants, for example, referenced gender roles at one point or another:

T.: The relationship with my mom was much warmer. I think my dad was a bit colder, but I don't think that was unusual for fathers in that era. (p. 4)

F.: Oh, yeah, you know, the male privilege, yes. It’s has been changing now, but in old Japan that I grew up, the male was the one carrying the family tradition, the male was the one making more decisions. (p. 7)
K.: Oh yeah, my mother was not equal to my father, I saw the woman's role as subservient, and I think I was not conscious of that. I think I automatically took a step-down role when I got married. (p. 14)

**Living situations**

Many participants described living in complicated family networks. In several cases, participants recalled the sudden arrival of half-siblings, stepparents, or extended family such as uncles, aunts, or grandparents. Participants also reflected on unusual living situations, as well as significant age differences between family members:

T.: My mom’s mom had my mom, and then she died. Then my grandfather remarried my step-grandmother and ended up having two children together. They all stayed with us when we were growing up… (p. 15)

K.: When my parents married, they lived with my grandparents in this tiny little house in the country, because they had no money” (p.6)

D.: I saw that we didn’t have any home, any family…. We were kids, we grew up, all family grew up fine, but we had to grow up alone. No parents around… (p. 1)

**Caregivers**

Most participants expressed a belief that their parents wanted the best for their children and were trying to be good parents, though they were (participants believed) often limited by their own upbringings.

K.: And I remember the anger. I remember going through a phase of being very angry with my mother, because she was so withdrawn, and I was able to work that through. Yeah, anger you know. Although she did what she could do with what she came from. (p. 11)

D.: My father was never a warn father, he was not the one to sit down and talk to you, but I guess that’s all he knew, he just didn’t know how… (p. 11)
J.: So, as I mentioned, my mother was very spoiled, and she had this built-in babysitter who was next door. We spent a lot of time with Anna… Yeah. So, she was in our life, literally till she died. (p. 6)

However, only one participant explicitly aspired to be like her mother:

T.: I think so. I hope so. I have been trying to be like my mother because I thought she was a good role model. (p. 20)

Participants reported many negative experiences with their parents in childhood, in which they had not felt nurtured, loved nor safe as children:

D.: You have to choose a role, you either go front, back, left, or right. And that’s the role you have to take. I didn’t have anybody to teach me, to spoil me, to give me things. But I don’t mind…because I learned to be ok on my own…I had such a hard life, I would have gone crazy if I wasn’t resilient enough. (p. 7)

F.: So, until sixth grade, I don’t remember having family dinners… she always took care of the family, but family time was more like a special occasion, not an everyday thing. We would go to the beach maybe once in the summer, or just going out to eat as a family, but not like every day. When I was getting up, I was eating breakfast on my own. (p. 5)

Some participants attributed these experiences to their parents’ unfortunate upbringings:

F.: Anyway, my father, when he was only three years old, he was adopted by a couple, and these are my adopted grandparents. But the reason for adopting him was not because they wanted a child, but more so that he could take care of them. In the old Japan, children had to take care of the elders when they grew up. So, this couple had no children and adopted my father so that he can take care of them. So,
my father felt that he grew up with not enough luck and love… that’s why he was also unable of expressing his love. (p. 3)

J.: I think a lot of my mother’s inaccessibility was steaming from her own mother; we were all a little afraid of our grandmother. (p. 14)

**Parental roles**

Participants shared how their actual parents were not always the ones fulfilling traditionally parental duties. Siblings and grandparents were frequently described as taking up parts of the parental role, providing safety, care and affection:

J.: I think my grandfather…yeah, I never knew him as a father, I only knew him as a grandfather, but he certainly-- he took very good care —as best as he could– of the four of us after my father died. He was there for us and he was there, and not in a “here’s $5 to go to the movies,” kind of way. He was at home… (p. 15)

M.: We always traveled together. We were always sort of a basket. I always felt I had a big brother who took care of me. (p.1)

D.: Yes, my siblings were like parents for me…especially my sister and my brother. My brother was so…he was very nice. (p. 2)

Child-parent role reversals also appeared in some participants’ narratives. Some participants felt that they had to be responsible for their siblings and parents:

M.: Well, my mother had a lot of pain already…. And in general, I did not want to upset her. I preferred to take care of her (p. 2).

J.: Yeah. And I really, I didn’t like my stepfather and I resented him a lot. And I found myself taking on very much of a motherly role with mostly my younger
sister, but to some degree with my brother as well. My sister Robin didn’t need that at that point, we’re only two years apart. But my younger sister would come to me rather than go to our mother because I was available. I guess the way to describe my mother was that she was unavailable (p. 7)

**Anger and acceptance**

Most participants expressed anger for the ways they had been parented; some participants, however, were able to forgive their parents, despite feeling let down by them:

K.: I was able to settle into an easier relationship with her, to let go of some old resentments about who she was and accept her for who she is, understand her better. Understand that my brother was always going to be her favorite. And that's just the way she is. You know, she comes from a patriarchal existence. He's the prince. (p. 14)

D.: I don’t hold anything within me, because probably my father didn’t know any different. He didn’t know how to care for us. (p. 8)

One participant felt unable to forgive her mother for her upbringing and described holding a lot of anger for her mother’s selfishness:

J.: Yes…And I think as I got older, I went through years of really resenting my mother and her selfishness. And there are just so many instances of how, in my opinion, she would put herself and her husband and her friends above her children. One of my sister’s family jokes is that my mother would never come meet us at a train or plane. We always had to figure out our own way to get home because she was too busy doing something else. (p. 7)

**Transgenerational patterns of communication**
Most participants described a lack of communication in their families, often leading to uncertainty and fear. Many participants reported feeling silenced and unheard as children:

D.: My relationship with my father…. oh well, it was pretty bad. No love, no communication. Nothing…(p. 2)

T.: I probably would not have approached my dad as easily as I would have approached my mom. He was a bit more standoffish or whatever that word is. (p. 8)

F.: Yes, with everybody, so I am not good at expressing myself; communication never came easy to me from a very young age, my voice was never heard. (p 12)

Some participants linked their experiences of parenting their children with those of being parented themselves. More specifically, participants pointed to common difficulties in parent-child communication, and in getting closer to their own children:

T.: I would say that yeah, I mean, I talked to them all. Not sure we have an emotional connection though…I didn’t have that with my mother either…. well…I’d say that with my middle daughter, I probably tend to have more in common… but I love them all. ( p. 20).

J.: He had friends, he participated in all sports, all the rest of it. We didn’t have a good communication though…I didn’t know how to approach them in that sense. I was never approached either, so…I think that created distance with my kids as well… (p. 29)

F.: Understanding my own emotions, could also help my kids understand their emotions, in a way my mother never helped me understand. (p. 11)
Fear, Isolation, and Pain

Most participants reported feeling unsafe throughout their childhoods. Fear, maltreatment, and violation of personal boundaries were common experiences. Many participants reported instances of verbal or physical abuse while growing up. Themes of loneliness, pain, and isolation were prominent, along with many traumatic experiences throughout the participants’ lives.

Fear of punishment

Participants described many experiences of their personal boundaries being violated or threatened by parents. Yelling parents and threatening situations were frequently reported. Even less-serious violations – such as a generally punitive or frightening atmosphere – resulted in participants behaving from fear of punishment. This fear itself could become a kind of boundary violation, interfering with the participants’ sense of safety in childhood:

J.: She was pretty severe, and not somebody who… I don’t remember her having a great sense of humor, I don’t remember… I mean she was just harsh; she had a temper. (p. 14)

D.: I remember my father and the lady were talking about something, and she was not agreeing with him. My father got really mean; he just grabbed one of the sticks from the fire to hurt her, and I stepped in the middle, and I said, “You can’t do that,” and I pushed the lady away…I don’t think I connected with the lady as much, but I couldn’t stand him being cold and mean. (p. 11)

M.: We just knew that some things we did and some things we didn't. I don't remember ever being told, oh, this is the wrong thing to do. I mean, I think we just sort of absorbed it. We learned how to behave from fear of punishment. (p. 6)

A sub-theme of critical and dismissive fathers also emerged; several participants described their fathers as controlling and volatile figures:
T.: Okay…hmmm…my father, this is a little different because he was a disciplinarian, so I would say the word “discipline” would really fit our relationship. So, he was more of the “ruler”; but we had good times too. He would teach me how to drive, but he would sometimes be less patient…you know, he would yield… (p. 7)

K.: …his yelling was enough to frighten me. So, I was afraid of my father but not afraid of a particular punishment. It was his voice. And so, he had a way of instilling fear with his voice. (p. 8)

J.: And he looked at my report card. And my father just took it all in and he had this big sigh and this really long face, and he didn’t say a thing. Hmm. And that hit me like at a ton of bricks. I was so scared of his silence…That was much more… (p. 12)

**Violating relationships**

Many participants described memories of threatening situations and maltreatment when growing up. Some of the boundary violations reported by participants also involved domestic violence:

K.: There was one time where I saw him take a belt off to my brother. And he did not hit my brother, but I remember my brother was insolent to him as a teenager. He took off his belt as if he was going to do something, and that was all he had to do to instill fear and threaten us. But nobody was ever hit. It was just, you know, that was like, oh my God, is he going to hit him? (p. 8)

T.: Well, I think that early on, when dad was instilling discipline, we got spankings whenever we disobeyed. (p. 9)

When recalling the intra-familial violence that they themselves experienced in childhood, some participants drew a connection between these early memories and the violence they
later experienced in their marriages – as well as to the abuse that their own child experienced:

D.: No, I don't even hear anything from my ex-husband anymore. He hit me, he hit me hard sometimes...like my dad when I was little. My ex-husband was abusive, and the kids had to witness that… I will never forgive him for this. That's the story of my daughter too…she has a little daughter, and her boyfriend was drinking and hitting her, and she didn't want to marry him. So, we took care of her baby. (p. 18)

J.: But it’s funny, not a lot of strong heritage about that—more jokes about how badly behaved the Irish are, and how much they drink. So, heavy drinking is very much part of the culture of my father and his brothers, very much. That’s why I ended up marrying an alcoholic” (p. 14)

K.: Yes…I had a first marriage that was very difficult, because he drank. Of course, I married someone who drank, like my father was drinking…and I left when the children were little… (p. 20)

**Emotional Pain**

All participants described feeling unprotected as children and having nowhere to go when they were hurt and upset. Many participants associated the lack of safety and protection experienced while growing up, with great emotional pain:

M.: No... when I was upset, I would just keep quiet. (p. 2)

K.: If it was an emotional problem, I kept it inside. You know, there was a lack of safety around really disclosing something deeply emotional” (p. 5)

F.: Emotionally upset? You see, I am a very easy-going person, so I didn’t have many times, you know, that I needed support. Probably the cat I had was helping me. I had a cat that was born when I was born. So, I grew up with the cat until I was sixth grade. (p. 5)
D.: I get upset, and then I put logic and try to solve the problems that are making me upset, one at a time. And I don’t talk about my problems. I never had anybody to hear my problems, so I learned to deal with them on my own. I just deal with them on my own. (p. 4)

**Isolation, loneliness, and lack of support**

An immense sense of isolation and loneliness from most participants appeared to lead to despair. Participants described resigning themselves to adverse situations in childhood, feeling incapable of changing these situations. Some participants also believed that they had cut themselves off emotionally in their adult lives in an effort to psychologically protect themselves:

K.: Negatively I'm aware that my own need to withdraw in order to take care of my emotional life stems from having parents that I couldn't go to for emotional resources. This created self-consciousness. I could not express what I wanted to express. As a woman, I've had to spend years and still struggle with trying to find my own voice. (p. 9)

J.: I think I remember the feeling of not being taken seriously, in my opinion, not being valued, ignored, when I was growing up. (p. 11)

M.: And, you know, I had to leave all my friends... I didn't have any company every time I moved; I was pretty lonely growing up. (p. 6)

Finally, half of the participants related how their parents’ emotional absence shaped their sense of loneliness and distance from their partners as adults:

J.: Yes, he was of very little help. He was of no help financially, and he was of very little help in any other way. I mean, he was really, really emotionally inaccessible. And I guess that comes from my history of inaccessible people in my life. (p. 19)
D.: I was always alone raising the kids. Like I had been all my life, I was always alone growing up, and I found a partner that was not there either... I had no help at home. He was the provider, but he had to work all day, so he was never home with us. (p. 13)

Traumatic experiences, then and now

Most participants also reported that they had endured traumatic experiences. A grandfather’s double amputation, a child’s suicide attempt, a screaming-match with a drunk father, living through a war, and the Israeli bombing of Beirut were among the experiences described by participants:

T.: My grandfather had circulation problems and he had to have a leg amputated… I was little when this happened, although I remember him going around with a walker at first. Later in life though, he actually had to have the other one amputated, so he ended up in a wheelchair eventually. (p. 2)

D.: She was 22 years old when she died, it was, for me the hardest moment in life… I said God take everything I have but leave my daughter here with me…. (p. 16)

F.: My daughter was in Lebanon in 1999, visiting family with her father. Unfortunately, she was there when the Israeli bombings happened in the city... so, she had a terrifying experience, and that triggered her onset.” (F., p. 13)

Rejection, Hope and Resilience

The participants’ narratives were filled with descriptions of feeling rejected, vulnerable, and violated. Participants shared how their identities as parents were significantly shaped by their own feelings of vulnerability as children, and how these emotional legacies of powerlessness and entrapment kept following them throughout their later lives. However,
participants did also share many stories of protective figures in their early lives. And, despite their challenges, the majority of participants had maintained hope in the face of adversity, especially with respect to their children’s future lives.

**Care and nurture**

Almost all participants described having had at least one protective figure growing up. For some participants, this figure was a family member; in one case the participant’s mother fit this description, and for others the role was filled by an uncle or grandfather. In J’s case, nurturing and protective relationships emerged not with relatives but with family friends. And M. described church and faith communities as having played a similar part in her childhood. The protective figures had tried to provide nurturance, and/or had kept the participant safe from danger:

**T.** I might have gone to my mom, I might have…Yeah, I probably would have liked to be comforted when I got hurt by my dad… and I'm not sure she would have comforted me. But, yeah, I think she would. (p. 9)

**D.** Yes, my mother’s brother, he took us, and we stayed there with my brother for a while. That’s how we grew up, with my mother’s friend, my aunties and my uncle. (p. 9)

**J.** Yes, our grandfather was available… we could go and talk to him, we could go, and he would read to us and…he was there for us when we needed him the most (p., 15)

**Self-confidence and helplessness**

All participants described feeling vulnerable, helpless, and lonely growing up. They all also acknowledged the impact this had had in their adult relationships:
**J.** Well, and I think you also learn, if people have disappointed you, and haven’t been there for you, like my parents, that you have to figure out a way to do it on your own. (p. 20)

**D.** Not at all. Our father didn’t care for us, he didn’t take care of us. We were completely on our own... At that time, it was very difficult there too, we had war... (p. 2)

**M.** I am coping on my own... I don’t have support. I never had... That's one of my problems. (p. 8)

*Choices and voices*

Some participants reported feeling controlled and/or trapped as children—a lack, that is, of both voice and choice. This hopelessness and perceived lack of autonomy was so intense that one participant recalled running away from home, wanting to escape from a chaotic family situation. Another participant had wished to be able to run away:

**D.** Well, yes, although I didn’t stay there a lot... My sister was in another city, she was married there, and she invited me to go there, so I was there for a while, and after that I went to Athens. I was still young, but I just needed to run away from our house... it was hell. (p. 1)

**F.** My mom was very tough and controlling, many times, but I had a lot of freedom. I don’t think my brother had a lot of freedom; she was always on him. But I had a lot of freedom, and when she was tough, I had time and place to escape. (p. 4)

*Strength and determination*

Participants spoke of trying to move on from their painful childhoods. Indeed, most of them believed that they had managed to find the inner strength to move forward. One way this
strength was demonstrated was in participants’ steadfast determination to be there for their own children:

T.: Indeed. We tried pretty much everything, consistently, year after year. We went through so many different therapists and we ourselves went to classes and support groups and learned about mental illness and addiction. We still do. (p. 25)

D.: I don’t know if I was not strong, if I would be here today. I have had a lot of sadness in my life, and I learned to survive and move forward on my own. I had to watch my son and my daughter pass away. It was difficult. (p. 16)

Wishes, worries and hope for the future

Finally, when asked about the future, all participants elaborated on both worries about and wishes for their children. Some wished they had had more support from their surroundings and health care systems:

T.: I would like her to develop that kind of a lifestyle where she could be healthy on her own and be able to make a good life of her own. I don’t know if that’ll happen, but that’s my wish and I am praying for this to happen. I want her to find people to love her for who she is, and care for her, you know… (p. 23)

J.: What I want for him is for him to be able to continue to work and find value in that. To continue his relationships with the friends that he has now and with his cousins. In the summer, his cousins come here, and he really enjoys that. (p. 27)

All participants expressed feelings of worry about their children’s future. They wanted their children to have better lives and more support:

D.: I'm very worried about him. It just comes times when I'd say my prayer and I cry just for myself, because his whole life is gone. (p. 19)
M.: He is, finally, back on medication. You never know though... This is very recent. But he's back on, and I pray to God he stays on it. I don't know what will happen to him. I am actually worried for him. (p. 10)

T.: But we will keep being strong, there is nothing else we can do...we need to help her...we worry for her...there is not enough support out there...we are completely alone, but we are a team...I wish there was more support from the health system...that's a big disappointment... (p. 24)
CHAPTER 5: DISCUSSION

Overview of the findings

When discussing the findings of this study, it is of great importance to be mindful of the participants’ surrounding context. Bowlby argued that a person’s attachment status is fundamental in determining their way of relating in adult life. Either functioning smoothly or challenged, attachment patterns have a significant influence on how one sees the world and their behavior. When the base is secure, a person feels good about both their effectiveness in pursuing their objects and about themselves. When the base is insecure, however, defensive strategies can emerge as a result (Holmes, 2014). Bowlby (1988) argued that if the primary figure was frightening, non-consistent, or absent, the attachment of the child would certainly be an insecure one. All participants were classified as having an insecure attachment style. Four participants were classified as having an insecure-preoccupied attachment style, since negative events and attachment experiences were forgotten or viewed as irrelevant while attachment relationships were characterized as normal. One participant was classified as having an insecure-dismissing attachment style, since she often described confusion and anger when discussing attachment experiences. Another participant was found to have an unresolved-insecure attachment style, expressing unintegrated thoughts and beliefs about the causation, timing, and reality of traumatic experiences. These classifications supported a meta-analytic study of data from 10,000 AAI’s. More specifically, the study concluded that the rates of preoccupied attachment were significantly higher in samples with a clinical pathology than in samples of a non-clinical population (Bakermans-Kranenburg & van Ijzendoorn, 2009).

Most participants described several forms of childhood maltreatment, and/or abuse and neglect. Childhood maltreatment has been found to predict a disorganized attachment style
(Bakermans-Kranenburg & van Ijzendoorn, 2009, p. 250), which strongly suggests that the psychological disorders of the participants’ children were impacted by the transgenerational transmission of disorganized attachment. Disorganization of attachment is further linked with clinical disturbance and dissociation phenomena (Bakermans-Kranenburg & van Ijzendoorn, 2009).

One important finding of the study was that all participants shared significant losses beginning quite early in their lives. In addition, each participant described having had one or more experiences of maltreatment when growing up. It may be inferred, therefore, that participants experienced a high level of unresolved trauma and grief. Furthermore, participants described feeling helpless and trapped, unable to act in ways that could have protected them against loss and maltreatment. Participants reported how their difficult childhood experiences had influenced them in adulthood, mainly compromising their ability to be ‘good enough’ mothers. Many participants drew links between their own behavior and that of their mothers, expressing shame and sadness upon the realization that a cycle of maltreatment had unconsciously been repeated.

**Significant Losses, Different Expressions of Love, and Attachment**

Given the adversity experienced by all participants in both childhood and adulthood, it was no surprise that themes of death and significant losses were so prominent. What was impressive were the different kinds of losses experienced, and the differing degrees of their severity.

All of the participants had expressed ‘losing’ their children after the first episode of schizophrenia, and when describing this experience, participants used language indicating powerlessness and shock. Two kinds of losses—of their children and of their own sense of
agency—appeared both painful and unresolved in the participants’ minds. The insufficient understanding of how the loss had come about seemed to be related to this lack of resolution.

Immigration and the sudden—in many cases traumatic—loss of safety was another prominent theme in all of the participants’ stories, especially when describing their own parents’ histories. Losing their extended family and a sense of connection with their culture of origin had a prolonged impact on the participants’ families, directly influencing the way participants were raised.

Bowlby and Parkes research becomes relevant when trying to make sense of the way that these losses may have been processed (or left unprocessed). The research conducted by Bowlby on infant attachment helped propose bereavement and grief models that later on, were led by Parkes Murray (Williams, 2017). The Bowlby/Parkes (1970) bereavement model described four adult grief stages, namely: Numbness and Shock, Searching and Yearning, Dispair and Disorganization, and Reorganization and Recovery. They further found that adults respond to loss in very similar ways to infants whose parent has disappeared from sight. Parkes and Bowlby described disordered or ‘atypical mourning’ as a state in which the individual experiences prolonged symptoms of anxiety and depression, becoming very preoccupied with thinking about the deceased person while at the same time has great difficulty accepting or understanding this loss (Bowlby, 1980). Over the last few years, individuals presenting atypical grief responses have tended to receive a Post-Traumatic Stress Disorder (PTSD) diagnosis. Other terms have also been used, such as ‘unresolved or complicated grief’ (Williams, 2017). There is also recent research showing an association between preoccupied attachment and unresolved mourning (Bakermans-Kranenburg & van Ijzendoorn, 2009, p. 246). Thus, according to the findings of the current research (in particular, the finding that most participants were classified as having an
insecure-preoccupied attachment style), the unresolved and profound grief reported by participants becomes relevant.

Research on unresolved grief tends to involve cases where there is an actual death of a loved one. When a loved person dies, people mourn; they are comforted by the rituals that signify the passing, and also turning to people close to them for support. However, unresolved grief can emerge when there is no actual death or closure, as in the case of people who are still alive but lost to their loved ones. The participants of the current study had not experienced the death of their children; for most participants, their children were away, living in various mental health facilities under the supervision of healthcare providers. Thus, Boss’s concept of ‘ambiguous loss’ is of interest in the current study. Boss (1999) argued that those who experience an ambiguous loss vacillate between hopelessness and hope. If suffered for a long period, these difficult emotions can block people from moving on with their lives. A recent study of mothers whose children had been taken away from them had described experiencing high levels of ambiguous loss (Memarnia, 2015).

Participants further discussed the theme of loss in relation to the theme of love. Participants referred to the concept of love frequently and shared ways in which love was or was not present in their childhoods (for instance, practical expressions of love were described in contradistinction to emotional expressions of love). Five out of six participants described being housed and fed adequately and yet feeling no emotional connection with one or both parents. The occasions when emotional love and affection were experienced, although rare, were much appreciated by participants.

This common story of basic needs being met (for example, participants being fed and washed) while emotional needs were left unmet may also be interpreted in light of Maslow’s
model, developed in the 1940s. Maslow (1943) proposed a model of the hierarchy of human needs, organizing these needs in five distinct categories: physiological/biological needs (e.g. water, sleep, breathing, food, homeostasis), needs of safety (e.g. security of body of employment of resources), belonging and love (e.g. sexual intimacy, family, and friendship), esteem needs (e.g. self-esteem, confidence, achievement, respect of and by others), and needs of self-actualization (e.g. morality, creativity, problem solving, self-growth). According to Maslow’s hierarchy, once the individual has his basic needs met, he can climb up the hierarchy all the way up to self-actualization. All participants in the current study reported that they had had their physiological/biological needs met in childhood; however, they were not able to fulfill higher-level needs such as affection, love, and respect.

A similar study by Rene Spitz and Katharine Wolf (1946) further supports these findings. Spitz (1945) and Spitz and Wolf (1946) studied institutionalized children in hospitals and orphanages where the staff rarely interacted with the children. They found that one-third of these children had died before the age of 1, and the other two-thirds failed to thrive, showing signs of ‘anaclitic depression’ (Spitz & Wolf, 1946). The symptoms of anaclitic depression included helplessness, withdrawal, and apathy. However, things were reversed if the deprivation was experienced in three or fewer months. Spitz further compared children living in a penal institution (cared by their mothers) against children living in an orphanage. Although the children in the orphanage had better physical conditions, they were inferior developmentally (Spitz & Wolf, 1946). In two years’ time, one-fourth of the orphanage children had died; after five years, all the children in prison were alive. This research was able to show that the emotional attachments were far more important than the food itself for the babies (Spitz & Wolf, 1946). And Spitz’s provocative research on ‘anaclitic depression’ further supported and impacted Bowlby’s work on maternal
deprivation. In light of the above findings, it can further be argued that the participants’ parents were only able to offer them basic level care, having themselves experienced significant psychological distress in their environments.

Just as ‘losing’ and ‘loving’ were themes that emerged in many forms, so too did an immense sense of feeling unwanted and rejected. All participants experienced feelings of rejection in their childhood and adult lives. Most participants shared feeling like a burden to their parents while growing up, in some cases also referencing parental abandonment.

Rejection was not always straightforward and sometimes occurred without warning among various family members. Some participants shared feeling rejected and also excluded from their parents’ marital relationship. Some participants also felt unwanted and thus rejected by their family systems. Only one participant said she was able to forgive parental rejection; the rest described feelings of anger toward their parents’ behavior, and a need to reject their parents as well.

In an effort to explain the participants’ need to reject their parents as well, a Cognitive Analytic Therapy (CAT) model can be examined (Ryle, 1997; Williams, 2017). An important part of CAT is the idea of reciprocal roles, meaning that a pattern of relationship develops, where an individual is placed in a specific role (Ryle, 1997, p. 65). Roles are split between two poles: the ‘rejected’ and ‘rejecting.’ Reciprocal roles are maintained through a network of relational processes, keeping the individual in a familiar position. When the individual tries to move away from this position, they usually tend to go towards the opposing position. This model can be useful in understanding the participants’ frequent experiences of feeling rejected as children. More specifically, it can be argued that participants have internalized the rejection and the position of the ‘rejected’ one. Although it is a well-known to them position, it is not a desired
one, and as such, there are attempts to move away from this position and move to the opposite pole: “rejecting” (Williams, 2017).

**Safety and memory disturbances**

Many participants described having memory disturbances and a feeling of confusion surrounding certain childhood experiences. AAI research has previously reported confusion as a theme and is argued to be related to conflicts in the parental relationship (Dallos & Smart, 2011). However, memory disturbances and confusion may further operate as defenses to reject the past. In that sense, dissociation is regarded as the outcome of an early disorganized attachment in childhood (George & West, 2003).

Research in the field has further supported the idea that children who have attachment relationships with abusive parents frequently respond with dissociation (Berthelot et al., 2015). More specifically, during stressful and frightening situations, the child needs to disengage from the outside world and focus on an internal stimulus with the hope to be able to ‘escape when there is no escape’ (Putnam, 1997, p. 147).

Moreover, it has been found that repeated dissociation results in long-term brain functioning alterations (Chambers et al., 1999.) Schore Alan has done extensive research on the impact that early trauma has on the right hemisphere during the development period, as well as the direct connection between inefficient right brain regulatory functions and traumatic attachment (Schore, 2005).

Although dissociation was not observed during the interview process, it can be argued that mild forms of dissociation were reflected in participants’ difficulty recalling childhood memories and their sense of confusion around the past. Participants also often recounted unnecessary details when referring to stressful situations, which can, according to the AAI rating scale, be indicative
of dissociation. The scale states that focusing on unnecessary information is one piece of evidence for dissociation; in this case, the mind focuses on non-important details in order to reduce distress and arousal (Williams, 2017). It can further be argued that participants lacked a ‘psychic organizer’ during childhood (Bowlby, 1951, p. 53), and instead learned to manage stressful situations by developing defense mechanisms—such as dissociation—to help cut themselves off from painful events.

**Family systems and family relationships**

Most participants reported feeling as if they did not belong as children. This lack of belonging, as well as the frequent changes in the family dynamics, prompted the participants’ desire to have families of their own, in an effort to have more control.

The AAI is designed to pose questions about parents and parental relationships; however, the participants’ descriptions of parental relationships often went beyond these questions. Most participants described how other members of the family played different roles in their lives. There were many examples of extended family members such as uncles and grandfathers taking up the role of a parent. In most cases, these members played a protective and important role, providing stability and love that was missing from the participants’ lives.

This finding supports a major criticism of Attachment Theory as a Westernized theory, mainly based on a family structure that is nuclear (Rutter, 1991; Williams, 2017). Basant and Treasaden (2009) stated that, anthropologically, childcare can be shared between a permanent and solid group of adults, and although the mother’s care is of great significance, it doesn’t have to be exclusive (Holmes, 2014).

The boundaries of the participants’ families were described as changeable, and they were experienced by most participants as confusing and chaotic. Most participants described role
reversals in which they had to take on the role of parent to their own parents; Bowlby related this process to disturbed-insecure attachment and described as ‘parentification’ (Bowlby, 1979, p. 126). Almost all participants had experienced maltreatment and some form of boundary violation as children. More specifically, participants described being neglected. With the exception of one, all participants described emotional abuse by caregivers who were in a trusted role. Physical abuse was described by 3 participants, predominantly in the form of spanking. Although the majority of participants described the abuse as being inflicted by their fathers, a few participants also shared details of verbal and emotional abuse by their mothers.

Participants shared how their experience of boundary violations and abuse impacted their development as adults. Therefore, it comes as no surprise that most participants found it challenging to parent their children in a caring and loving way, with security, boundaries, and a sense of safety. Most participants felt afraid of their parents and unprotected by them, and when becoming parents themselves found it challenging to care for and protect their own children. Despite their desire to parent their children differently, participants were saddened by the realization that a the transgenerational cycle of emotional distance and boundary violations had unconsciously continued.

Other salient themes were parental distance and deception, and the complications that arose from these. Being told one thing by their parents when their parents actually meant the opposite was an experience most participants had fairly often when growing up. At times like these, participants reported frequently feeling powerless, helpless, and trapped. These feelings were re-experienced in their adult life—in romantic relationships with partners, in relationships with their own children, and in experiences with social services. These ambiguous and conflict-laden communication patterns are extremely reminiscent of Gregory Bateson’s double-bind
theory, and of the more encompassing idea that schizophrenia is a reaction to pathogenic communication patterns within the family-as-a-whole. It also lends some support to the research conducted by Laing and Esterson, who probed the social intelligibility (i.e., the meaning) of their patients’ symptoms. Laing and Esterson were not positing any kind of “cause” for schizophrenia because they believed that schizophrenia as a medical disease does not exist.

Theories on developmental trauma can further explain the participants’ feelings of helplessness in their adult life. Van der Kolk (2005) argued that the development of a child can get ‘stuck’ or get delayed if an unresolved traumatic experience happens during the formative years of a child. According to these theories, it can be argued that the participants’ overwhelming distress has kept them developmentally stuck at a stage younger than the one they were supposed to be. Moreover, ‘learned helplessness’ as a phenomenon can also explain the participants’ sense of helplessness and powerlessness in adulthood; even when there is the possibility of escape, they are ‘conditioned’ not to believe in themselves, and feel as if change is not possible, thus remaining in entrapping situations (Seligman, 1972).

**Rejection and resilience**

Despite many accounts of rejection, loss, and confusion, and abuse, participants further shared feelings of strength and resilience. In a relevant study, it was argued that individuals who have been mistreated as children develop remarkable resilience, developing a kind of ‘armor’ (Massie & Szajnberg, 2006, p. 476)). This was also observed in the participants’ narratives in this study.

The Kauai studies (Werner et al., 1971) in 1955 was a longitudinal investigation of a large multiracial group of children beginning at birth; it focused on sex differences in resilience and vulnerability, with an end goal of identifying protective factors within the family, the children themselves, and the caregiving and cultural environment throughout a lifetime. The studies found
that a third of the ‘high risk’ group of children that had experienced high levels of adversity and were born into poverty had actually “gr[own] into competent adults who worked, loved, expected, and played well” (Werner & Smith, 1992, p. 262). These resilient children arguably had a different behavior than the children in the low-risk group while growing up. When babies, the resilient children were observed to eat and sleep well, without causing distress to their caretakers. In early childhood, the resilient children had advanced self-help skills and advanced communication than children in the low-risk group. Werner and Smith argued that the differences between the two groups of children, for the most part, were that the children in the resilient group had created a secure and safe relationship with one – or more- caretaker(s). Frequently, this caretaker was not the parent, but an extended family member such as an older sibling or a grandparent.

Intriguingly, in the current study, an attachment to an animal was described as important for some of the participants’ well-being. It is possible that this relationship allowed the participants to shift from the position of needing to be rescued, into that of themselves rescuing. While this was not expected as a finding, the protective and healing nature of animals is well known. Florence Nightingale was a pioneer in promoting the presence of animals in hospitals; nowadays ‘Therapy Dogs’ are nearly ubiquitous in clinics, hospitals, care facilities, and schools (Williams, 2017). Recent research has begun to associate the presence of animals with improved mental functioning and mental health, further supporting the participants’ narratives of the importance of animals in their lives (Brodie & Biley, 1999).

Neuroscientists have also demonstrated that environmental conditions have the capacity to shape neural pathway development (Williams, 2017). More specifically, research has shown that when hippocampal activity is reduced, it has been associated with higher rate of PTSD, and
normal hippocampal activation functions protectively when managing trauma (Benoit & Anderson, 2012).

The process of overcoming adversity has been the focus of many studies. One such example is the Positive Psychology movement of ‘post-traumatic growth’; according to this theory, the size of growth is measured by the ways with which an individual copes after a significant trauma (Tedeshi & Calhoun, 2004). Indeed, the participants of the current study remained focused on resiliency and thriving, as was demonstrated by their efforts to engage with support groups and personal therapy, as well as their hopes and wishes to make their own and their children’s lives better.

**Multigenerational effects**

The evidence found in the current study further supports Bowlby’s argument that the attachment bond developed during infancy remains quite stable in adulthood, influencing the individual’s caregiving capacity. Indeed, the majority of participants shared how their difficult childhood experiences had negatively impacted them in their adult lives, most specifically in their ability to show love and care for their children. According to the participants’ narratives, the most challenging part of their current lives was having to witness their own adult children’s suffering.

The current findings further support research into the transgenerational transmission of attachment. Participants shared growing up in non-containing and chaotic environments with emotionally unstable caregivers. In their adult life, participants had struggled with the transition to motherhood and were classified as having an insecure attachment style. According to their
narratives, having to care for and protect their children was—for the most part—overwhelming for them. Moreover, some of the participants’ children had witnessed domestic violence or were victims of emotional and/or physical abuse and neglect. The husbands of some participants had further caused physical harm to them and their children (yet the participants often normalized and justified their partners’ actions).

Macfie et al. (2014) argued that insecurely attached children had mothers who were also having an insecure attachment. Research by Berthelot et al. (2015) had analogous findings, concluding that the attachment style of the child was affected by the mother’s lack of mentalizing. Although there was no data available about the attachment style of the participants' children, the majority of the participants described their children as enduring significant mental, emotional and behavioral difficulties. Participants described not knowing how to be open and emotional with their children; therefore, they could only see their children as the ones having the problem. Realizing and mentalizing the transgenerational patterns of parenting would have helped participants avoid the shame of being unemotional caregivers like their own parents. However, it can be argued that there is a parallel process operating here: the children’s development of schizophrenia may have increased due to the mothers' difficulty in caring for their children, which in turn made these children more difficult to care for.

Slade and colleagues (2005) promoted research in the field of mentalization; they hypothesized that the infant’s attachment style would be directly impacted by the mother’s ability to mentalize. Further studies also found that the mother’s high levels of mentalization for the child were linked with the infant developing a secure attachment (Meins et al., 2001; Oppenheim & Koren-Karie, 2002). In studies by Fonagy (1994) it was found that for mothers
who had experienced neglect and abuse as children, having the ability to mentalize their child was balancing the attachment transmission from mother to infant (Williams, 2017).

We can see from the above studies how mentalization theory, in addition to attachment theory, may further help us when trying to interpret the current study’s findings. Mentalization can be described as the ability to think of others and oneself as psychological entities. Mentalization has further been argued to mediate the transmission of attachment and facilitate sensitive parenting (Slade et al., 2005). The findings of the current study showed that almost all participants lacked a safe and consistent caretaker who would be able to mentalize and reflect the participants’ distress back to them. Therefore, it is apparent that participants grew up not knowing what to do with their distress, and they were later not able to tolerate it in their children.

Clinical implications

All participants seemed to experience the interview process as therapeutic and cathartic. Most of them shared their gratitude to the researcher for creating the space for them to open up about their stories without judgment or criticism. It can be argued, therefore, that coming from an environment where they were not respected nor welcomed, the opportunity to be heard and speak openly was a significantly validating and powerful experience. Although the interviews could not change the participants’ journeys into motherhood, the participants’ openness in sharing their stories and having a voice may influence and help other vulnerable mothers.

The findings of this study become relevant in light of the treatment interventions and assessment procedures in schizophrenia; they can, therefore, further support research in both attachment and maternal/infant mental health. While several US healthcare organizations are restructuring their care to create more systemic services, it is of great importance that such holistic and systemic approaches to mental health are emerging not only in name but in actual
practice. Schizophrenia is, and should be seen, as a family challenge, especially given that adults with schizophrenia usually struggle to function independently and continue to need understanding, care, and support—preferably by the family system or by a specialized healthcare system. In that sense, the whole family—and not only the individual who is suffering—should be part of treatment and care.

**Interventions**

Ideally, expectant women and their families would be emotionally and psychologically equipped for the inherent challenges that a transition to motherhood entails. As this is not realistic, however, we must focus our attention on when and how would be appropriate to intervene in supporting families’ transitions into parenthood. A UK government document called ‘1001 Critical Days’ (Durkan et al., 2013) points out the significance of early intervention aiming at improving the outcomes for families and children. The document suggests that a two-year period—starting at conception—is the ‘critical window of opportunity’ in which the greatest changes can take place. Research on pregnancies that are not planned, and the increased risk of child abuse and maltreatment, there is also a clear need to focus our attention on the crucial time preceding conception (Hillis et al., 2004). Recent research has provided evidence that women are more likely to have unplanned, high-risk pregnancies when exposed to childhood adversity (Hillis et al., 2004). Therefore, it is also important to reduce the number of unintended (or not carefully considered) pregnancies, including those provoked by a fantasy that the baby can repair relationships that are already damaged (Knight et al., 2006, p. 400).
There are many initiatives attempting to offer support and information to mothers who are expecting, including online forums (e.g., the Mommies Network), family planning clinics, and organization charities such as Every Mother Counts, Single Parent Advocate, and Save the Children groups. These are all helpful services, providing information to women who are expecting their first child and wish to start a family. However, it is important to think about the mothers who do not use such services and resources. Usually, mothers who schedule their prenatal appointments, tend to have a supportive environment with friends and family around them; these are the same mothers who are likely to engage with relevant resources and programs (Williams, 2017). Addressing the needs of women who do not engage with potentially supportive networks and who do not attend these appointments requires more serious consideration.

It seems important, then, to design targeted supportive and educational interventions for challenged, first-time expectant mothers—especially those with a history of unresolved trauma, abuse, and significant loss. Early intervention can bring about significant and important changes (Williams, 2017). However, the question that remains difficult to answer is: how do we approach and care for these mothers?

First, vulnerable mothers should be approached through their appointments with their GPs, midwives, or health care specialists. A prenatal questionnaire screening for their attachment style, as well as for any kind of trauma and/or childhood maltreatment will help to identify vulnerable mothers. A good screening tool is the Adverse Childhood Experience Questionnaire (Murphy et al., 2013). This screening tool has separate classifications for neglect, abuse, and family dysfunction, and its internal consistency has been highly rated (Cronbach of 0.88). Among a sample of 75 mothers, Murphy et al. (2013) found that 41 mothers in the clinical sample,
compared to 34 mothers from the sample in the community had experienced more than three Adverse Childhood Experiences. Using the AAI, the attachment style of the mothers was measured, and it was found that the probability of the mothers having an Insecure-Disorganized attachment style (making them unable to care for their children) increased as the number of ACEs increased. It has been suggested that this questionnaire should be utilized in pediatric clinics so that vulnerable mothers might be identified, in an effort to reduce problematic parenting that has been associated with the intergenerational transmission of insecure attachment style (Murphy et al., 2013, p. 224).

It is clear that screening tools during initial appointments with healthcare professionals can help in the early identification of expectant high-risk mothers who are having a hard time transitioning to motherhood. However, the next question is how to help these parents once they have been identified.

There are various parenting-training programs that offer recommendations for managing difficult and challenging behavior in children, such as the ‘Triple P: Positive Parenting Program ®’ (Sanders et al., 2000). The triple P teaches parents skills and strategies to help them build healthy relationships with their kids and has been argued to be one of the most efficient evidence-based programs for parents. There are countless other parent training programs: the ‘ACT-Raising Safe Kids’ program, the ‘Changing Children’s World Foundation’ program, and ‘The Circle of Security’ program, are only a few. Helpful though they may be, however, all these programs focus on more practical aspects of parenting (such as psychoeducation), and do not support change at a deeper level for the parent herself. However, research on the field has repeatedly demonstrated that the best interventions are the ones aiming to help mothers understand and resolve their trauma and also develop the capacity for reflective functioning (Williams, 2017).
A plethora of attachment and mentalization-based interventions have been utilized at various mental health facilities. One example of an attachment-based intervention is the Baby World (Parkinson, 2012) which uses mentalization theory to help mothers develop an ability to hold their baby in mind by acknowledging that the baby has a mind of its own; in other words, to develop their mind-mindedness.

There are also several therapies that use video interaction, aiming at helping the mother improve her reflective functioning and strengthen the infant-mother bonding (Williams, 2017). These therapies use videos of the interactions between the infant and the mother which are later viewed together with the mother who is seeking treatment. The aim is to help the mother understand more about her behavioral responses in relation to her baby’s communication. Video interventions have been argued to be effective in bringing about positive changes in parenting styles. They have been found to improve the relationships and communication between a parent and child, as well as to reduce children’s emotional and behavioral difficulties (Whalley & Williams, 2015).

The interventions outlined so far mainly focus on mothers; however, the current findings shed light on the crucial role that grandparents and other family members play. It is thus important to extend this research and use this resource to consider ways of involving the extended family in relevant programs and interventions, ensuring they will also receive advice and support.

Additionally, more attention needs to be paid to parents who care for their adult children with poor mental health. Support for parents in the aftermath of a mental illness could have significant effects.

The interventions outlined so far offer suggestions and examples for approaches that are direct; however, there is also a need for indirect approaches. It is of immense importance to
ensure that attachment theory and mentalization-theory practices are part of the curriculum in courses of psychiatry, social work, psychology, and other clinical practitioners. The more practiced professionals are at conceptualizing problems within a transgenerational, relational, and systemic framework, the more these problems will be conceptualized and discussed in an effective, caring, and non-judgmental way. Professionals need to be reinforced to think from and utilize attachment and systemic/holistic perspectives, seeing problems as not only within the parent or the child. Psychologists should be placed in positions to support this kind of supervision and training, further providing teaching and consultation about psychological theories of parental mental health and child development.

The participants of the current study reported feeling marginalized and condemned by society. Regardless of culture, status, and class, a degree of understanding of what the mother and the whole family system are going through is also required. From a cultural perspective, it is essential to change the way that motherhood is often either idealized or belittled. It is not helpful for mothers to be seen as either good or bad. Marginalized groups whose members are disdained or ignored by society—and as such positioned as ‘bad’—end up experiencing enduring and serious stigma which significantly impacts their psychological well-being (Williams, 2017; Williams et al., 2011). This social stigma has further been characterized as a second illness (Wahl, 1999). As such, we need to bring about a different sensitivity for these mothers, filled with understanding, compassion and a willingness to support and help them.

**In Conclusion**

*Research Limitations and Future Recommendations*

The findings of the current study support previous research that associated loss and unresolved trauma with difficulties in parenting ability and reflective functioning. A variety of
Interventions and evidence-based parenting support groups exist to target and improve a parent’s ability to mentalize their child. Identifying vulnerable, first-time mothers is of great importance, and recommendations for screening mechanisms have been suggested. Indirect interventions are also paramount, whereby clinicians are trained to use systemic and attachment lenses, offering non-blaming, effective, and holistic services. Reports of good and relevant research will hopefully help alter the overly simplistic beliefs about mothers who are depicted as either great or terrible.

Clinical psychology has much to offer in understanding the experiences of mothers whose children struggle with serious mental illness such as schizophrenia. Clinical psychologists are trained to draw from a range of psychological theories to understand these struggles. More importantly, clinical psychologists are concerned not just with the individual but with systemic ideas which include the influence of cultural, historical, and social issues.

Thematic Analysis was helpful and appropriate in trying to explore the attachment histories of hard-to-reach, vulnerable mothers. The inductive and flexible nature of TA allowed for themes to come to the forefront; such themes would not have been registered or ‘heard’ if using the traditional AAI scoring system.

Using Thematic Analysis to understand the AAIs of mothers who have an adult child with a diagnosis of schizophrenia has not previously been conducted in the US. Therefore, this study can be considered unique in its effort to conceptualize and give voice to the stories of this marginalized group of mothers. Attending to the mothers’ narratives in a caring way allowed for the emergence of themes that prove useful in understanding the maternal sequelae of unresolved loss and trauma.

The use of AAIs with socially disadvantaged mothers has been conducted in the US by Lyons-Ruth group; however, the mothers did not necessarily have a child with a diagnosis of
schizophrenia. Engaging these challenged and marginalized mothers was a unique aspect of this study. Furthermore, the current study has achieved what further studies have described as a necessary need to utilize attachment assessments and constructs for marginalized, at-risk, and vulnerable clinical adult samples (Lyons-Ruth et al., 2005).

The absence of a comparison group was a possible limitation of the current study. The six participants had been recruited from various mental health services where some mothers were also attending various NAMI support groups; they could therefore be unusually motivated. Recent research has argued that there needs to be focus on accessing hard-to-reach groups that become even more marginalized (Aldridge, 2012). This study could have also interviewed mothers who stopped attending the NAMI groups as a way to understand attrition rates.

According to the AAI’s protocol, adherence to the interview questions is crucial so that transcripts can be reliably coded. While this protocol is understandable and was followed, it restricted further questioning and limited the interaction between the participants and the researcher. Although the researcher was able to ask additional related questions, adherence to the structure of the AAI did not afford the opportunity for more spontaneous and narrative-based questions. Another possible limitation of the study was that the participants’ children attachment style was not really known, necessitating a degree of speculation in the discussion of transgenerational transmission. Furthermore, the generalizability of the findings of this research are limited, as they focus only on mothers with an adult child diagnosed with schizophrenia (it should be noted, however, that the number of these mothers is not insignificant).

One further consideration for the validity of the current study could have been the inter-reader reliability—that is, the disparity in the percentage of patients diagnosed with schizophrenia by psychiatrists in the U.S. vs. Europe. Before the adoption of the ICD-11 changes
(January 2022) to the diagnostic and descriptive criteria for schizophrenia, some of the participants’ children would have been diagnosed differently across medical cultures. (A specific example of changed criteria is the removal of the preponderance of Schneider’s first-rank symptoms from the ICD-10, according to which bizarre delusion or first-rank hallucination was valued as equal to hallucinations and delusions of any kind). Adhering to the ICD-11, in the U.S., these patients would have been diagnosed as schizophrenic without specific or significant differentiation from other non-affective psychoses or from affective psychoses. By contrast, some of the participants’ children may have not been diagnosed as schizophrenic if they were evaluated by a European psychiatrist. However, this potential disparity will be eradicated as of 2022, due to the essential alignment of ICD-11 with DSM-V. Therefore, the current study’s associations could be considered valid across the Atlantic in contemporary psychiatric diagnosis.

**Recommendations**

The use of TA as a methodology to analyze AAIs in future research is recommended. Such research could focus constructively on mothers who have an adult child with a diagnosis of schizophrenia, but who have not actively engaged or utilized therapeutic/support groups. It is possible that trusting issues can pose a challenge to this effort. Another recommendation is to use the Adult Attachment Interview with mothers having a child with serious mental challenges not only limited to schizophrenia.

Narrative Analysis and other methodologies may also be considered in analyzing the AAIs, helping us to further understand how mothers develop their identities. The lack of attention paid to partners is a very common criticism of attachment research. In recent research, Fearon et.al, argued that there is an urgent need for further research to focus on the contribution of father-child attachment security to children’s development (Fearon et al., 2010, p. 448).
Therefore, it is suggested that new research focus on the experience of fathers who are having a child with a diagnosis of schizophrenia.

It is also important that clinicians working with struggling mothers engage in deep listening to their patient’s pain, rather than offering well-intentioned interpretations or bromides aimed at ‘taking away their pain.’ Listening carefully to each patient’s personal narrative, the one they have secretly and quietly nurtured for years, can be the first step of the therapeutic journey and healing process.

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Appendix 1

Consent Form:

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE: A life lived with schizophrenia: When mother’s love is kept in the dark. Exploring Maternal Communication and Attachment Organization in Families with Schizophrenia. A Qualitative Analysis using the Adult Attachment Interview.

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SOURCE OF SUPPORT:  
This study is being performed as partial fulfillment of the requirements for the doctoral degree in Clinical Psychology at Duquesne University.  

STUDY OVERVIEW:  
The current study focuses on the lived experience of 6 mothers who have an adult child with a diagnosis of schizophrenia.  
The study explores the mother’s attachment to her own mother and the attachment to her child, through an interview using the Adult Attachment Interview. The interview consists of 20 questions and will take approximately 1.5 hours.  
The aim of the current study is to give voice to those ‘silenced’ mothers who have an adult child with a diagnosis of schizophrenia, to learn from their struggles and find ways to help them understand their own early experiences and learn to connect and communicate with their child.  

PURPOSE:  
You are being asked to participate in a research project that is investigating the attachment histories of mothers who have an adult child with a diagnosis of schizophrenia.  
Hearing the mothers through the theme of attachment styles will allow for them to be heard, and for themes to emerge which are helpful in understanding the maternal struggles and finding better ways to support these ‘hard to reach’ mothers and families as a whole.  
In order to qualify for participation, you must:  
  • have an adult child with a diagnosis of schizophrenia.  

PARTICIPANT PROCEDURES:
If you provide your consent to participate, you will be asked to virtually meet the researcher online in order to complete the interview. The interview will take place through a secure and HIPPA compliant video application. If participants cannot meet virtually, the interview can further be conducted over the phone.

The interviewer will ask you 20 questions, and you will be asked to answer without any pressure to be specific or provide more details. The whole interview process will be more of an in-depth conversation, rather than a strict interview.

The interviews will be audio recorded and transcribed. The interview should take between 1 to 1.5 hours.

**RISKS AND BENEFITS:**

There are low emotional risks associated with participating in this study, which include feelings of sadness or anxiety. The participant has the right to pause or withdraw from the interview at any point, without any consequences. Should the participant wish, the researcher will provide emotional support to help the participant cope with difficult emotions and deescalate any tension.

The benefits of participating in the current research include helping in the development of more efficient and relevant ways to support vulnerable mothers and support the whole family as a system, when living with schizophrenia.

**COMPENSATION:**

A $25 Giant Eagle grocery store gift card will be provided for compensation.

**CONFIDENTIALITY:**

Your participation in this study, and any identifiable personal information you provide, will be kept confidential to every extent possible, and will be destroyed 2 years after the data collection is completed. Your name will never appear on any survey or research instruments. All written and electronic forms and study materials will be kept secure. The researcher will use a locked and password protected computer, and all transcribed files will be password protected and stored in this computer.

Audio recordings will be secured by being uploaded on the locked/password protected computer, and then deleted from the password protected phone recording. Names and other information that may identify participants will be removed from the transcribed recordings. In addition, any
publications or presentations about this research will only use data that is fully deidentified and made anonymous; therefore, no one will be able to determine how you responded.

**RIGHT TO WITHDRAW:**
You are under no obligation to start or continue this study. You can withdraw at any time without penalty or other consequences. If you wish to withdraw, you may talk to the researcher at any point, and the researcher will delete all the data collected so far.

**SUMMARY OF RESULTS:**
A summary of the results of this study will be provided to you at no cost. You may request this summary by contacting the researchers and requesting it. The information provided to you will not be your individual responses, but rather a summary of what was discovered during the research project as a whole.

**FUTURE USE OF DATA:**
Any information collected that can identify you will not be used for future research studies, nor will it be provided to other researchers.

**VOLUNTARY CONSENT:**
I have read this informed consent form and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw at any time, for any reason without any consequences. Based on this, I certify I am willing to participate in this research project.
I understand that if I have any questions about my participation in this study, I may contact Myrsini Stefanidou Marini at 412-245 8405 or email her at stefanidoum@duq.edu. If I have any questions regarding my rights and protections as a subject in this study, I can contact Dr. David Delmonico, Chair of the Duquesne University Institutional Review Board for the Protection of Human Subjects at 412.396.1886 or at irb@duq.edu.

Signature and Date:

*This project has been approved/verified by*
Appendix 2

Consent Form for Recording the Interview:

The researcher/interviewer has spoken to me about the processes and procedures regarding the recording of my interview. I feel fully informed about this process and on the basis of this I agree to my interview to be recorded.

I have been informed that the audio material will be transcribed and fully deidentified, and may be used for teaching, training and research purposes and will remain strictly within the bounds of professional confidentiality. I have also been informed that the data will be anonymous, and I agree that anonymous data from my interview will be used as part of a research project.

Signed (Name and Signature):

Date:
Appendix 3

Recruiting Script:

My name is Myrsini Stefanidou Marini, and I am a clinical psychology Ph.D. candidate from Duquesne University Pittsburgh, PA. I am conducting a research focusing on mothers whose adult child has a diagnosis of schizophrenia and I am inviting you to participate, if you qualify. Participation in this research includes an interview about the lived experience of having an adult child with schizophrenia, exploring participants’ attachment to their own mother and their adult child. The aim of this study is to identify possible risk factors that can contribute to the literature on attachment and schizophrenia. My wish is not to blame participants, but to better understand their stories/histories and personal experiences, in an effort to highlight and recognize maternal struggles that usually go unheard or are deemed to be irrelevant or unimportant. The interview will take approximately 1.5 hour and it can be conducted online via a protected and HIPPA compliant video application, or over the phone. If you have any questions or want to learn more in order to decide if you want to participate, I will get in touch with you, so to provide you with more information and answer any questions you may have. Expressing interest to learn more doesn’t mean you are agreeing to participate. Agreement to participate will be discussed directly with me during our phone conversation. Your name and any information that can identify you will be deleted, and all data collected will be deidentified and kept in a password locked pc and locked cabinet at all times. You will have the right to withdraw from the research at any point, without any consequences and all data collected so far will be deleted. A 25-dollar grocery gift card will be provided at the end of the interview to compensate for your time. Thank you in advance for considering it. Warmly, Myrsini Stefanidou Marini, M.Sc., M.Ed., M.A. (412)245-8405 stefanidoum@duq.edu
Appendix 4

AAI Interview Questions

1. Could you start by helping me get oriented to your early family situation, and where you lived and so on? If you could tell me where you were born, whether you moved around much, what your family did at various times for a living?

Did you have brothers and sisters living in the house, or anybody besides your parents?

Are they living nearby now, or do they live elsewhere?

2. I'd like you to try to describe your relationship with your parents as a young child if you could start from as far back as you can remember?

3. Now I'd like to ask you to choose five adjectives or words that reflect your relationship with your mother starting from as far back as you can remember in early childhood--as early as you can go, but say, age 5 to 12 is fine. I know this may take a bit of time, so go ahead and think for a minute...then I'd like to ask you why you chose them. I'll write each one down as you give them to me.

4. Now I'd like to ask you to choose five adjectives or words that reflect your childhood relationship with your father, again starting from as far back as you can remember in early childhood--as early as you can go, but again say, age 5 to 12 is fine. I know this may take a bit of time, so go ahead and think again for a minute...then I'd like to ask you why you chose them. I'll write each one down as you give them to me. (Interviewer repeats with probes as above).

5. Now I wonder if you could tell me, to which parent did you feel the closest, and why?

Why isn't there this feeling with the other parent?
6. When you were upset as a child, what would you do?

*When you were Upset emotionally when you were little, what would you do? (Wait for participant's reply). Can you think of a specific time that happened?*

*Can you remember what would happen when you were hurt, physically? (Wait for participant's reply). Again, do any specific incidents (or, do any other incidents) come to mind?*

*Were you ever ill when you were little? (Wait for participant's reply). Do you remember what would happen?*

*I was just wondering, do you remember being held by either of your parents at any of these times--I mean, when you were upset, or hurt, or ill?*

7. What is the first time you remember being separated from your parents?

*How did you respond? Do you remember how your parents responded? Are there any other separations that stand out in your mind?*

8. Did you ever feel rejected (ignored) as a young child? Of course, looking back on it now, you may realize it wasn't really rejection, but what I'm trying to ask about here is whether you remember ever having rejected in childhood?

*How old were you when you first felt this way, and what did you do? Why do you think your parent did those things--do you think he/she realized he/she was rejecting you? Did you ever feel pushed away or ignored?" So, were you ever frightened or worried as a child?*

9. Were your parents ever threatening with you in any way - maybe for discipline, or even jokingly? How were your parents teaching you discipline?
Some people have told us for example that their parents would threaten to leave them or send them away from home.

Some people have memories of threats or of some kind of behavior that was abusive.

Did anything like this ever happen to you, or in your family?

How old were you at the time? Did it happen frequently?

Do you feel this experience affects you now as an adult?

Does it influence your approach to your own child?

Did you have any such experiences involving people outside your family?

10. In general, how do you think your overall experiences with your parents have affected your adult personality?

Are there any aspects to your early experiences that you feel had a negative effect (were a set-back) in your development?

Do you remember family stories of your parent’s past that have stayed with you?

What about your family’s traditions, gender roles, identity expectations, cultural norms?

11. What do you think made your parents behaved as they did during your childhood?

12. Were there any other adults with whom you were close, like parents, as a child?

Or any other adults who were especially important to you, even though not parental?

13. Did you experience the loss of a parent or other close loved one while you were a young child--for ex- ample, a sibling, or a close family member?

Could you tell me about the circumstances, and how old you were at the time?

How did you respond at the time?

Was this death sudden or was it expected?

Can you recall your feelings at that time?
Have your feelings regarding this death changed much over time?

Did you attend the funeral, and what was this like for you?

If loss of a parent or sibling: What would you say was the effect on your (other parent) and on your household, and how did this change over the years?

Would you say this loss has had an effect on your adult personality?

Were relevant How does it affect your approach to your own child?

13a. Did you lose any other important persons during your childhood?

13b. Have you lost other close persons, in adult years?

14. Other than any difficult experiences you've already described, have you had any other experiences which you should regard as potentially significant/challenging (traumatic)?

I mean, any experience which was overwhelmingly and immediately terrifying.

15. Were there many changes in your relationship with your parents after childhood?

16. Now I'd like to ask you, what is your relationship with your parents (or remaining parent) like for you now as an adult? Here I am asking about your current relationship.

Do you have much contact with your parents at present?

What would you say the relationship with your parents is like currently?

Could you tell me about any (or any other) sources of dissatisfaction in your current relationship with your parents? any special (or any other) sources of special satisfaction?

17. I’d like to move now to a different sort of question--it's not about your relationship with your parents, instead it's about an aspect of your current relationship with (specific child of special interest to the re-searcher, or all the participant's children considered together).
How do you respond now, in terms of feelings, when you separate from your child / children? (For adolescents or individuals without children, see below).

_Do you ever feel worried about (child)?_

18. If you had three wishes for your child twenty years from now, what would they be? I'm thinking partly of the kind of future you would like to see for your child I'll give you a minute or two to think about this one.

19. Is there any particular thing which you feel you learned above all from your own childhood experiences? I'm thinking here of something you feel you might have gained from the kind of childhood you had.

20. We've been focusing a lot on the past in this interview, but I'd like to end up looking quite a way into the future. We've just talked about what you think you may have learned from your own childhood experiences. I'd like to end by asking you what would you hope your child might have learned from his/her experiences of being parented by you
1. Death, Significant Losses, and Different Expressions of Love

Death

“Actually, my mom died when I was a baby; I was about three years old when my mom died. And she had enough kids that my dad couldn’t handle them, my dad was brutal. You know, after my mother died, he was a mess… the mother runs the family, not the father” (D., p. 1)

“They…eh, my mother was in the kitchen making salad…cabbage and coleslaw. And there was a doorway to the kitchen from a hallway and then the front door, a hallway and then a door to the kitchen. And I was standing there watching her cooking, and then a boy ran and said, “Mrs. C. Victor is dead”. And then two men appeared behind him and she put on her coat and went with them. I was well aware at that moment, that life had changed forever” (M., p. 5)

“I have another brother…between us, there was another brother, but he got the meningitis. He died when he was five. I was only three years old, so I don’t remember” (F., p. 2)

“That came to an abrupt end though when I was 18 and my father died very suddenly of a massive heart attack at age 41. Yeah, I was 18, and my youngest sister was 11. We adored my father. He was an architect, he was very creative, he was very funny, and he was adored by his friends” (J., p. 4)
“When my mom was born, her mom had an illness and within a year she died. My mom was still a baby...she was the third sibling. My grandfather ended up remarrying and that was the lady that I knew as grandma, but she's like a step-grandmother” (T., p. 2)

“My mother's mother had a tough life. Her second baby died in her arms at the doctor's office, and she had to walk home with that baby.... I've written about it a lot, and my mother remembers that very vividly. Oh, yeah... It was very hard. It's a very sad story” (K., p. 10)

“With my father’s mother and father who lived next door, we talked a little more with them about my father, because they had lost a child and they knew what loss meant...When my father was about 10, his younger sister –for whom I’m named–, died of some kidney thing that is now detectable and treatable in infants. These parents had lost 2 kids...that’s awful...” (J., p. 16)

“Yes, in the beginning, nobody was talking about my brother’s death...later on my mother was more open...and years later, I asked my other brother: “Well, how did mom and dad take it?” I knew how they took it. I asked him and he said, “oh, it was terribly hard for them. I think they were devastated” ...” (M., p. 5)

“My mother still feels sad about losing her son, although we never talk about him...” (F., p. 2)
“I don't remember how old I would have been when this incident occurred, but my brother died around the time that I got married. And like I said, I never really got to know him very well, but I learned later about some things that occurred with him earlier in life that I did not know. But anyhow...when he died around the time that I was getting married, it was a suicide. He had hung himself, so they found him in the woods. He did have schizophrenia, and that's the thing that I learned after he died” (T., p. 16)

“Yeah. And I recently heard my dad sharing a story about my grandmother, losing one of her children in her arms when it was two months old. And I never knew about that. So, these losses, I mean, these women were going through a lot. And it was unspoken, it was unprocessed.” (K., p. 11)

“My father was there one day and gone forever the next. It was a very significant and unexpected loss for me...I was only 18, I was still young. I am not sure I have mourned his loss, now that we are talking about it. You know, we never talked about him after he was gone, we tried to avoid the subject. It was too painful. And life moved on...” (J., p. 16)

“I was like four years or three and half something like that when my mother died. I don’t remember knowing she was sick...our father didn’t tell us anything, you know...he didn’t talk to us...we didn’t know what was going on, we were all confused of the situation at home. I really don’t remember much of these years, but only that they were hard years” (D., p. 9)

Distance and separation
“It was always better to have my kids at home with me even with their friends, than not knowing where they are. I wanted them to feel the family I never had” (D., p. 3)

“What I take away from that is that in death people can get all screwed up and they're thinking of money or greed or whatever...they don’t care about the relationships... And I just think that's pitiful. I just think it's just disgusting. I never had much of respect about my mother’s sister after that. So that's the memory I have from my grandmother's death. That specific memory...We got really distant from that side of the family after this” (T., p. 15)

“If we were close with other relatives...hm...yes and no... we didn’t see our relatives very often, but we were trained to write a letter to them once in a while. You know you wrote letters to your grandparents” (M., p. 8)

“So, my father’s real father had tuberculosis and passed away. So, my biological grandmother on my father’s side, got remarried. I grew up without knowing her though until I had hernia surgery when I was in fourth grade. My biological grandmother’s husband had the long-term illness, and she was at the same hospital with me, so I met her; I met her for the very first time at the hospital” (F., p. 3)

“Oh, no... I remember a friend of mine who commented on this physical absence...I was an adult and I had children. My parents moved to Chicago because my father had taken a job there, so they came to visit one evening. We had this friend over- very close friend of mine-. As my mother was getting ready to leave, she didn't come to hug me. And I had to go and hug
her. My friend told me: “your mother doesn't approach you”, I said, “I know. I have to hug her”. So, I had to teach my mother. I had to go to her; I had to teach her what I want and need. No, she’s physically constricted” (K., p. 6).

“No, in our culture, we do don’t have much hugging. I remember one time, after I came here, my parents were very upset I got married here. They were against it, so they didn’t approve of my first marriage until my daughter was born. So that was like almost three years that I hadn’t seen them. So, when they came at the airport, my ex-husband felt very strange that we didn’t hug each other...but hugging is not in our culture” (F., p. 6)

“No. I don’t remember being hugged or held when I was young...that’s terrible, but I don’t remember this kind of care....and I wish I had” (J., p. 11)

“No, I did not at all. I don’t remember getting hugged when I was little. I was completely on my own, very unprotected...but it was ok, I learned to survive and be resilient” (D., p. 5)

“Well, let's see... I went to camp when I was a kid, but I wasn’t young. I would have probably been about 12, 13, or 14. I really don't know what age I would've been. It was a Bible camp, and that’s the first time I remember being away from them” (T., p. 10)

“Well, I don't remember it... but there was a part of a family story. When I was about...about six months old, and I had my sister who was older, and two brothers who were older. So, our parents both went to England for six months, my father was on a ship... My parents were gone
for six months. So, some stayed with one grandmother, some stayed with another grandmother” (M., p. 3)

“No, I wanted to, but I hadn’t learned how to express myself. I was feeling emotionally distant even from my own self” (F., p. 9)

“I have memory of my mom; we couldn’t take her up in the house because of the stairs in Kalamata, so we had to put a bed down in my daddy’s shop. So, she had to sleep away from us. She used to say, “this is my bed-time,” and I would cry. Even now as I am telling you the story, tears come in my eyes” (D., p. 9)

“Exactly. And the one kid who is close and could help more, she is successful, and very busy. She is also very sharp, and she won’t have anything to do with her brother” (M., p. 10)

“Yes, I tried to make sure they stay in touch with her. I think that they do have a hard time with this though, because it’s their sister and they don’t know what to do… in some ways the oldest has probably escaped from this. She used to live in the neighbourhood, and now she lives in another state. And I think some of that was deliberate because she could not handle being so close and knowing that her younger sister could try to come and live with her” (T., p. 20)
“But I think that it will be very tough for him. And I’m really estranged from my older son, so that’s also concerning to me...John was the one that has precipitated that estrangement” (J., p. 27)

“So, I think growing up non-white, they had a hard time. But my kids never talked about this, maybe because in my culture too, we are not very vocal, we are not very expressive of ourselves. However, they told me later, after they grew up, they said, “okay, it was very tough”; they had quite a few disadvantages, which I didn’t know at the time” (F., p. 8)

**Significant losses**

“Once she started getting into drugs and alcohol, it just compounded the problem; apparently, she started at age 14. She said that's when she first started using marijuana. She had—as I call it— “a love affair” with marijuana and I think it made things worse. It felt as if it exasperated the problem; maybe because she was prone to mental illness. We noticed after she had used marijuana, she became mean, she got violent, she would throw things, she would physically try to altercation and assault you. She wasn’t recognizing us as parents anymore...we lost any control over her...it was so hard...” (T., p. 19)

“Yes, it came as a surprise. Well, let's put it this way. He has a bachelor's degree in physics, and a master's degree in marine science. He worked for about two years as an electronic engineer for the navy. So, it was a breakdown of a high functioning individual. After this breakdown, I lost him” (M., p. 11)
“I was so confused around his illness. I really don’t know what happened to him. I lost him so suddenly...And he was such a happy kid. He was such a good kid. His father though, he was really bad with him. His father didn’t take care of anything. He was abusive, physically and emotionally...so maybe there is something in there. He was a good kid. I never, ever believed that this could happen to him. His father was an instigator. He taught him bad stuff. My son was such a good boy...now he has no life, no future...I lost my child, you know...” (D., p. 19-20)

“Yes, immediately. I flew back from Japan to the US, and then flew to Lebanon to be with her. But she was a different person... she was not the daughter I knew anymore...I feel like I lost my child...and then, you know, culturally, in Lebanon they’re like hush-hush with mental illness” (F., p. 14)

“I don’t care, even If they throw me out now, I know where to go. I'm not afraid, I am not sad.... I don't worry about what will happen to me. I lost two kids...I don't make plans no more. Because plans never worked for me. Whatever comes comes, and we go for it. (D., p. 21)

“It's a toxic thing when you're dealing with drugs and alcohol...I would say we could absolutely have her come and live with us if it was only the mental issues she is dealing with, it wouldn't be a problem. But because of the addictions, it’s really difficult. We have lost her...I don't know how else to explain it. So, it’s better to be on her own” (T., p. 23)
Maternal Attachment and Void

“...and this mother would talk about all sorts of things with her children, and it was so amazing. I wanted a mother like that.” (K., p. 5)

“Yes, I wanted to be the mother that I didn’t have” (D., p. 4)

“So, my mother and I had a good relationship, but again, the emotional side, I never opened up to my mother. I longed for that to happen...” (F., p. 10)

“And as she is getting older things are getting more difficult in terms of our communication....and I know that's one of the reasons that I went into social work because of my struggle to understand my identity and how I felt about myself, the wounded healer, you know, and as I look back, my mother was always around; she was a homemaker. That was important. She was always a distant, a distant figure, emotionally distant” (K., p. 3)

“It wasn't uncommon back in those days for a family not to say “I love you” ...but you knew they loved you and it was fine. I mean, I know that a lot of people get hung up on that, but it was absolutely ok for me, I mean...” (T., p. 1)

“We were kids, we grew up, all family grew up fine, but we had to grow up alone. No parents around...” (D., p. 1)

“No, the only ones who were a bit more involved were the ones who adopted my father. But
there was no laughing, no relationship, nothing...just regular grandparents” (F., p. 4)

“Well, you know, my mother is very feisty, and when my older brother was growing up, she wanted him to be the best- she put a lot of effort into his education-. But then after my other brother passed away, those are the time she was very lost. So, I grew up kind of lonely from a mother. So, she still cared about my education though” (F., p. 4)

“Well, I wasn’t exposed to as many things as people who grew up in a big city or in a more populated area. They were exposed to more ethnic, diverse types of people. They were exposed to different viewpoints and different faiths and this and that, so I did not have all” (T., p. 12)

“Yes, I wish I had my mother, and I can give anything in the world to have her back. When I see girls, who don’t get along with their mother, I feel sad. Yeah, that one bothers me a lot—still today” (D., p. 6)

“My mother is a very introverted woman, and I reflect on that in my writing. She was very quiet, and I longed for someone who...now as I think back, I wanted her to be connected in a more verbal way, to talk to me...” (K., p. 3)

**Immigration and belonging**

“She was a very closed woman. She did not want to leave her family. She had six sisters there, and she never saw her mother again when she left, she knew she would not see her
mother again” “My mother tells a really sweet story, and this will make me cry. My mother said, her classmates in Czech walked her and her mother to the next town to the train station. And they said goodbye. And my mother was waving. She remembers waving to her classmates. I think it was her fourth-grade class. And until she got on the train, she did not realize that she wouldn't see them again. So, there's a lot of loss in that so my grandmother didn't go back until the 50’s” (K., p.10)

“As I said, my mother’s mother was actually born in Ireland, although brought around when she was two, in 1964. And her father was American, as far back as they went. He said he ran away from home, so they don’t know much. He's worked his way around the world and eventually settled out west. But anyway, they knew their background.” (M., p. 7-8)

“No, just the normal, you know, sadness that comes with that. I think that you always wish you could have had conversations with him then, would have asked more questions about what he remembers from when he was growing up and all that, which when you're a young teen or whatever, you don't think to ask questions like that. But I do like looking at the ancestry stuff. In fact, we have stuff that we've held on to, like photos and booklets that show our ancestry, so I like to look at some of that and work on that. It connects me to my roots, you know...it feels as if I know where I am coming from and feel closer to my family” (T., p. 14)
“Yes. I think it was like the tradition. Then I forgot it growing up, when we moved away, but it was important for me to try and relearn it at various times in my life, as Czech was part of my identity.” (K., p. 2)

“And I remember when I went off to school in Boston and sit around and gagged with the girls on the floor, people would talk about their family traditions and wonderful things that their grandmothers made and stuff like that. And I always kept my mouth shut, because I thought, “My grandmother can’t boil a pot of water.” She was brought up in such a rarefied way that she was hopeless in the kitchen. So, I felt quite cut off from people who had this real association, this bonding with their families and their heritage” (J., p. 14)

“My parents, because they were immigrants, they were always trying to overcome this sense of being “the poor immigrants”. So, it’s funny to me and I look different now, I have a sweet little yellow brick house in the suburbs and a nice car. So, my mother always wanted to make me nice clothes and make me look nice. So, I built up this persona.” (K., p.6)

**Different expressions of love**

“It’s easier for me to do or show in action. That’s how my mom was, and that’s how I ended up being as a mom. Taking care of the practical aspects of life, not the emotional.” (F., p. 12)

“…our connection was around doing things; she was a beautiful seamstress, and she taught me to sew. So, our connection was around sewing or in the kitchen, doing things” (K., p. 3)
“Yes, for sure. That’s how we received our parent’s and grandmother’s love, through providing for us” (J., p. 15)

“Well, I think that early on, when dad was instilling discipline, we got spankings whenever we disobeyed. Although, it was never abusive or anything like that. It was more in the sense of making sure we will not disobey again. He cared for us” (T., p. 9)

“He called me a princess. We used to dance around the kitchen. I would put my feet on his shoes, and he would dance around the kitchen with me. He was a very affectionate father” (M., p. 1)

“…there was a lovingness about my father- more of a warmth about him-but also, he was authoritarian” (K., p. 4)

“Because my mother was tough, I had a very good relationship with my father. I think personality-wise, I’m closer to my father” (F., p. 5)

“My mom was more of the “always loving and very accepting” and that unconditional love type. She was always accepting, nurturing and warm.” (T., p. 4)

Feeling unwanted

“My father as a father figure…No, nothing like that. He did nothing for us…I feel like he didn’t want us, he didn’t care for us, he was rough…” (D., p. 8)

“She always wanted me to be the best. You know, the best at school, the best at what I do. So,
schoolwork was number one priority for her. Even when I offered my help at home, she used to tell me to spend that time for my studies instead. I wasn’t the best at school, so I think I was probably a bit of a disappointment for my mother” (F., 7)

“If I felt any rejection as a kid…. hmm… I can't actually think of anything. Yeah, I just can't think of anything, but I probably had. It’s hard to remember details though…” (T., p. 11)

“My mother used to figure out a way to send my sister Robyn and me up to Maine for three weeks in our grandparents’ care. And she would stay at home in Pennsylvania and be a good wife. And, of course, my younger brother and my younger sister were there. But her sisters would say, “Jane, you can’t just send your children up to Maine,” you just can’t do that. My aunts were more maternal than my mother. I feel like my mom didn’t want us around sometimes, that we were a burden to her” (J., p. 6)

2. Instability, Memory Disturbances and Lack of Safety

Instability

“We travelled a lot. My father was transferred a lot within the United States. Always travelled with family. I was one of five children” (M., p. 1)

“Then we moved, and things changed a bit. My father had gotten a college job, he became a college professor; but the college was far away. My father was exhausted, he had a long commute every day, and he worked all day long. Then he got the tuberculosis; he had to go under treatments, and that aged him. So, because it was too hard for him to commute, we
decided to move closer to the university where he was teaching. When I was in seventh grade, we moved, and I also changed school.” (F., p. 2)

“Neither my parents graduated from high school, you know, these years, and they had to help support their parents. We moved several times... It was a bit hard to have to move frequently...” (K., p. 1)

Communication confusion

“He wasn't one to talk to us about anything personal. So, he had his own way of withdrawing emotionally. He was also withdrawn emotionally like my mom. I wasn’t sure what he was feeling, we couldn’t really understand him at an emotional level, I am sure things were not always easy for him, but the message was that he was fine, although it wasn’t always fine.... But I'm talking about the 1950s you know, a male in the 1950s. He didn't talk to us about anything personal...” (K., p. 4)

“He was the same with all of us. We were three sisters and four boys. I don’t know why my father was so hard with us though... we were scared of him...we didn’t know what to expect...fear and confusion was everywhere...he was fine, he was not crazy, but he was a womanizer. I remember he used to dress up and just go” (D., p. 2)

“If it would have, it would have been my dad more so... just because he didn't want to talk to me at the moment because he was still a little bit agitated about something that may have occurred or whatever...It was hard to understand him...he would say one thing, and then would mean the other way... (T., p. 12)
“There was no real communication… I don’t know what I shared with my mom, but I probably gave her the impression that it was okay. But inside me, I resented it. I just didn’t want to upset her, I didn’t know how she would take it…she was telling me it’s ok to talk to her, but she was also giving me the impression she didn’t want to hear, so I preferred to keep it in” (J., p. 7)

“So naturally, though, I wouldn’t want to give her anything to worry about, because then I wouldn’t know how she would react. I preferred to keep silent, although I was getting the message that I could talk to her” (F., p. 10)

Forgetting

“I have a hard time remembering things with my father. I don't know if other people have that problem or not, but it's hard. I just don't know why...” (T., p. 7)

“No, no, no, no. I actually think my brother died in the year 27, he was about 20 years old. I'm trying to remember...It's hard...I just don’t...” (M., p. 9)

“Yes. I forgot her name... I had my mother’s friend across the street from us, that’s all I remember. I was with her all the time. She was raising me after my mother died...but I cannot remember details...” (D., p. 1)
“I don't know if I felt closer to one more than the other. That's hard to say. Well, you 'll have to ask me again later about that... I'm not sure now...” (K., p. 4)

Memory disturbances

“And I know that she did acid and that's what put her into this, the first episode of psychosis that occurred when she was 19. It’s just hard to remember...things are blurred in my mind...she would have been in college and apparently, she had some acid trips and put her into a psychosis and then she ended up coming home. And her oldest sister was home with us, thank God she was” (T., p. 19)

“Yeah. And the one kid that was his friend, he was trying to be a lawyer and he went crazy later after that. My son, I took him to the psychiatrist. It was horrible. His thoughts were so mixed up, he didn't have any respect for anyone I really cannot remember much, but I remember he just changed into a different person” (D., p. 18)

“Oh...it’s wasn’t easy, and I was alone...I had no help and support when this happened. I had to deal on my own, as usually. Things changed so abruptly; I couldn’t imagine this happening to my son. I really don’t know what changed him...One day he was in college, and the next he was becoming paranoid...” (J., p. 22)

Defensive normalizing
“You know...we didn't look my grandfather’s amputations as a painful experience. I think, in general, I grew up with a pretty positive attitude; we all did” (T., p. 3)

“Oh, he was always number one. And till this day, they have very special relationship, my brother and my mother. It’s okay, because I respect my brother too. So, there is no jealousy, and I never had negative feelings towards their relationship” (F., p. 7)

“My first memory of that was when I was in fourth grade and we had... I don’t know if it was Mother’s Day or what it was, I don’t remember much, but there was a day when all of our moms were supposed to come to join us in whatever we were putting on at school. And my mother had been taking a sewing class and it was near the end of the class, and she didn’t think she could miss the class. So, she went to the class instead of coming to my presentation. And I mean, I get it now. I didn’t get it then. And I just thought that was all wrong, she’s my mother, she’s supposed to be there with me” (J., p. 7)

“If I felt ignored or rejected...hmm...I didn’t have many people in my family that I cared for, so I didn’t get that feeling” (D., p. 6)

“No, I was not concerned as a child. If anything, my brother’s death was buried, I had a happy childhood” (M., p. 5)

“Kids have a good heart. She was taught to respect her parents, respect her father no matter what, it’s her father, even if he hits her” (D., p. 21)
“That's where that came from; there is depression in my family, but this illness came from my husband’s family. We didn’t do anything wrong, it just happened, you know...it was in his genes” (M., p. 11)

3. Dysfunctional Family Systems and Poor Communication

Cultural norms

“The relationship with my mom was much warmer. I think my dad was a bit colder, but I don't think that was unusual for fathers in that era” (T., p. 4)

“Oh, yeah, you know, the male privilege, yes. It’s has been changing now, but in old Japan that I grew up, the male was the one carrying the family tradition, the male was the one making more decisions.” (F., p. 7)

“Oh yeah, my mother was not equal to my father, I saw the woman's role as subservient, and I think I was not conscious of that. I think I automatically took a step-down role when I got married” (K., p. 14)

“It was arranged. That was the culture back then. I married him, yes, but I don’t know why I married him. I was laughing through the whole thing, it was dumb” (D., p. 12)

“And she realized that in order to be taken seriously as a woman in France back then, she needed to become a Catholic” (J., p. 2)
Living situations

“My mom’s mom had my mom, and then she died. Then my grandfather remarried my step-grandmother and ended up having two children together. They all stayed with us when we were growing up...” (T., p. 15)

“My only friend was a cat because of my parent’s business. We grew up in a small business district so there is just the house, no yard and no playground around, and I was probably home most of the time. The business was on the first floor of our house. So, on the first floor, my mom had a cafe shop, and also the place to sell bread. She would buy it from the bread manufacturing company, and she was selling it at her shop. So, she had two stores. She was home all the time, but so busy...people were coming at our house to get stuff, it was weird...” (F., p. 2)

“When my parents married, they lived with my grandparents in this tiny little house in the country, because they had no money” (K., p.6)

“He was tough. He adored my mother, but he did not adore the four of us. And he moved into the house, into our house. We didn’t move into his house or we didn’t move into a new house with him. So, I give him sympathy for this. He moved into a house that my father designed and built next door to my father’s parents” (J., p. 4)
“I saw that we didn’t have any home, any family… We were kids, we grew up, all family grew up fine, but we had to grow up alone. No parents around…” (D., p. 1)

**Caregivers**

“And I remember the anger. I remember going through a phase of being very angry with my mother, because she was so withdrawn, and I was able to work that through. Yeah, anger you know. Although she did what she could do with what she came from” (K., p. 11)

“My father was never a warn father, he was not the one to sit down and talk to you, but I guess that’s all he knew, he just didn’t know how…” (D., p. 11)

“Yes, so I focused on schoolwork much more than I should have. I did follow my mom on this…that’s the best she could give us, that’s how she knew to show that she cares, and that’s what I offered my kids too” (F., p. 7)

“So, as I mentioned, my mother was very spoiled, and she had this built-in babysitter who was next door. We spent a lot of time with Anna… Yeah. So, she was in our life, literally till she died” (J., p. 6)

“I think so. I hope so. I have been trying to be like my mother, because I thought she was a good role model” (T., p. 20)
“When I was young, I had a very serious boyfriend, and we were going to get married; thank God we didn’t get married, and we’re still friends to this day. What scared me though was that I was going to replicate my parents’ marriage, –not my mother and my stepfather’s– but my mother’s and my father’s marriage. I think there was an awful lot that I never questioned. I didn’t want to be like them…” (J., p. 13)

“You have to choose a role, you either go front, back, left, or right. And that’s the role you have to take. I didn’t have anybody to teach me, to spoil me, to give me things. But I don’t mind…because I learned to be ok on my own…I had such a hard life, I would have gone crazy if I wasn’t resilient enough” (D., p. 7)

“So, until sixth grade, I don’t remember having family dinners... she always took care of the family, but family time was more like a special occasion, not an everyday thing. We would go to the beach maybe once in the summer, or just going out to eat as a family, but not like every day. When I was getting up, I was eating breakfast on my own” (F., p. 5)

“Anyway, my father, when he was only three years old, he was adopted by a couple, and these are my adopted grandparents. But the reason for adopting him was not because they wanted a child, but more so that he could take care of them. In the old Japan, children had to take care of the elders when they grew up. So, this couple had no children and adopted my father so that he can take care of them. So, my father felt that he grew up with not enough luck and love... that’s why he was also unable of expressing his love (F., p. 3)
“I think a lot of my mother’s inaccessibility was steaming from her own mother; we were all a little afraid of our grandmother” (J., p. 14)

“When we talked about her past, when I would ask her as an adult about her life, she explained to me, she said “they put me in kindergarten at 11 years old, because I didn't speak English. And I never got over that” .... so, I could understand the way she felt about herself and why she was cold. She's a very self-conscious woman and retiring personality. I longed for someone who was warmer with me. She wasn't a warm mother. She was a cold mother.” (K., p., 3)

**Parental roles**

“I think my grandfather...yeah, I never knew him as a father, I only knew him as a grandfather, but he certainly-- he took very good care —as best as he could— of the four of us after my father died. He was there for us and he was there, and not in a “here’s $5 to go to the movies,” kind of way. He was at home... ” (J., p. 15)

“We always travelled together. We were always sort of a basket. I always felt I had a big brother who took care of me” (M., p1)

“Yes, my siblings were like parents for me...especially my sister and my brother. My brother was so...he was very nice” (D., p. 2)
“Well, it would have been my brother who was like a parent to me, because he was still in the house, and my grandparents until they passed away” (T., p. 13)

“Well, my mother had a lot of pain already…. And in general, I did not want to upset her. I preferred to take care of her” (M., p. 2)

“Yeah. And I really, I didn’t like my stepfather and I resented him a lot. And I found myself taking on very much of a motherly role with mostly my younger sister, but to some degree with my brother as well. My sister Robin didn’t need that at that point, we’re only two years apart. But my younger sister would come to me rather than go to our mother because I was available. I guess the way to describe my mother was that she was unavailable” (J., p. 7)

Anger and acceptance

“I was able to settle into an easier relationship with her, to let go of some old resentments about who she was and accept her for who she is- understand her better-. Understand that my brother was always going to be her favorite. And that's just the way she is. You know, she comes from a patriarchal existence. He's the prince” (K., p. 14)

“I don’t hold anything within me, because probably my father didn’t know any different. He didn’t know how to care for us” (D., p. 8)

“Yes…And I think as I got older, I went through years of really resenting my mother and her selfishness. And there are just so many instances of how, in my opinion, she would put, herself
and her husband and her friends above her children. One of my sister’s family jokes is that my mother would never come meet us at a train or plane. We always had to figure out our own way to get home because she was too busy doing something else” (J., p. 7)

**Transgenerational patterns of communication**

“And my mother said, she never talked about it. And I said, “didn't you ask her?” And she said, “No. I knew I couldn't.” I said, “you had your own children. And you wouldn't ask your mother about that baby?” She said, “No. I knew that I couldn’t.” So, here's how it affected me. I ask questions all the time. I’m the questioner; it’s what I’m left with.” (K., p. 11)

“My relationship with my father…. oh well, it was pretty bad. No love, no communication. Nothing...” (D., p. 2)

“I probably would not have approached my dad as easily as I would have approached my mom. He was a bit more standoffish or whatever that word is.” (T., p. 8)

“Yes, with everybody, so I am not good at expressing myself; communication never came easy to me from a very young age, my voice was never heard” (F., p 12)

“I would say that yeah, I mean, I talked to them all. Not sure we have an emotional connection though…I didn’t have that with my mother either…. well…I’d say that with my middle daughter, I probably tend to have more in common... but I love them all” (T., p. 20).
"He had friends, he participated in all sports, all the rest of it. We didn’t have a good communication though...I didn’t know how to approach them in that sense. I was never approached either, so...I think that created distance with my kids as well... (J., p. 29)

“Yes, well, so what comes to mind is that I wanted to be different than my mother and my father. So, when my child spilled his or her milk, I had two daughters and one son and E. is my son who, has schizophrenia. So, when one of my children spilled their milk I said “it's okay honey. Don't worry about it. Everybody's spills”. I wanted to be patient. I also wanted to be more emotionally present than my mother was. So, I worked on that. Like, I tried to be more conscious.” (K., p. 14)

“That’s true...and then I realized, you know, I was trying to do too many things by myself, as my mother did...I followed her parenting style in a sense...and there are ways to get help, there are ways to get understanding. I like people, but again, I don’t open up my emotional side, so that part in a limited way, I could get some help with that. Understanding my own emotions, could also help my kids understand their emotions, in a way my mother never helped me understand” (F., p. 11)

4. Fear, Isolation, and Pain

Fear of punishment

“She was pretty severe, and not somebody who... I don’t remember her having a great sense of humor, I don’t remember... I mean she was just harsh; she had a temper (J., p. 14)
“Yes, and my father would've been less patient when it comes to certain things. I don't know...It's hard to remember...he was just strict; I couldn’t predict how he would react...that’s what comes to mind” (T., p. 7)

“But my father was harsher in teaching us discipline. My mother was more in the kitchen, teaching us how to do things. She used to say: “This is how you set the table. This is how you sit at the table. These are your manners at the table”. And then if we goofed up, my father would pound the table and raise his voice... although I don't remember getting punishments. But his loud voice would be enough to get us in line. I don't remember a punishment. I remember knowing that we had to be in line. He would yell. He was the authoritarian, so we knew to be careful around him” (K., p. 8)

“I remember my father and the lady were talking about something, and she was not agreeing with him. My father got really mean; he just grabbed one of the sticks from the fire to hurt her, and I stepped in the middle, and I said, “You can’t do that,” and I pushed the lady away...I don’t think I connected with the lady as much, but I couldn’t stand him being cold and mean” (D., p. 11)

“We just knew that some things we did and some things we didn't. I don't remember ever being told, oh, this is the wrong thing to do. I mean, I think we just sort of absorbed it. We learned how to behave from fear of punishment” (M., p. 6)
“So, my mother never felt love when growing up, nothing of love, and so she didn’t know how to show it to us. She was just strict, that’s how she knew to show us love, through wanting us to be the best. We were scared of her, but I guess that was how she showed us care, through discipline” (F., p. 4)

“Okay…hmmm…my father, this is a little different because he was a disciplinarian, so I would say the word “discipline” would really fit our relationship. So, he was more of the “ruler”; but we had good times too. He would teach me how to drive, but he would sometimes be less patient…you know, he would yield…” (T., p. 7)

“…his yelling was enough to frighten me. So, I was afraid of my father but not afraid of a particular punishment. It was his voice. And so, he had a way of instilling fear with his voice” (K., p. 8)

“And he looked at my report card. And my father just took it all in and he had this big sigh and this really long face, and he didn’t say a thing. Hmm. And that hit me like at a ton of bricks. I was so scared of his silence…That was much more…” (J., p. 12)

**Violating relationships**

“There was one time where I saw him take a belt off to my brother. And he did not hit my brother, but I remember my brother was insolent to him as a teenager. He took off his belt as if he was going to do something, and that was all he had to do to instil fear and threaten us.
But nobody was ever hit. It was just, you know, that was like, oh my God, is he going to hit him? (K., p. 8)

“Well, I think that early on, when dad was instilling discipline, we got spankings whenever we disobeyed” (T., p. 9)

“And my mother was not sympathetic, not accessible, and my stepfather was really horrible, he was verbally and emotionally abusive. And he treated my brother like he was a weakling, like he was a misfit, and he was really unkind to him. And he and I, we had a lot of fights –my stepfather and I– about that, because I really resent them to this day for not caring for us” (J., p. 8)

“No, I don’t even hear anything from my ex-husband anymore. He hit me, he hit me hard sometimes...like my dad when I was little. My ex-husband was abusive, and the kids had to witness that...I will never forgive him for this. That's the story of my daughter too...she has a little daughter, and her boyfriend was drinking and hitting her, and she didn't want to marry him. So, we took care of her baby.” (D., p. 18)

“And then as if that's not enough, as if the mental health is not enough, as if the addiction is not enough, she met a guy who was abusive... Why? Why did she have to meet a guy who gave her a black eye? Who is beating her, taping her mouth with duct tape, who is chasing her out of the house with a knife? Why does she also have to go through all this? What did I
do wrong? Is it because we were strict with her when she was growing up? I really don’t know if it was our fault, but I hope it wasn’t…” (T., 21)

“But it’s funny, not a lot of strong heritage about that—more jokes about how badly behaved the Irish are, and how much they drink. So, heavy drinking is very much part of the culture of my father and his brothers, very much. That’s why I ended up marrying an alcoholic” (J., p. 14)

“Yes…I had a first marriage that was very difficult, because he drank. Of course, I married someone who drank, like my father was drinking…and I left when the children were little…” (K., p. 20)

Emotional Pain

“No... when I was upset, I would just keep quiet” (M., p. 2)

“If it was an emotional problem, I kept it inside. You know, there was a lack of safety around really disclosing something deeply emotional” (K., p. 5)

“Emotionally upset? You see, I am a very easy-going person, so I didn’t have many times, you know, that I needed support. Probably the cat I had was helping me. I had a cat that was born when I was born. So, I grew up with the cat until I was sixth grade” (F., p. 5)
“I get upset, and then I put logic and try to solve the problems that are making me upset; one at a time. And I don’t talk about my problems. I never had anybody to hear my problems, so I learned to deal with them on my own. I just deal with them on my own” (D., p. 4)

“No, they never did that, but I remember one phrase that has been common for someone in my age...I don't know if you've ever heard this, but like when you're crying about something and it's not really significant what you're crying about and your parents would say, "I'll give you something to cry about". Have you ever heard that?” (T., p. 11)

“I mean, I can even remember my father saying to me, I don’t remember what I was upset about, but I was crying. And he was very sarcastic, and said, 'Have a good cry'. And so, we didn’t go to them for emotional support” (J., p. 10)

**Isolation, loneliness, and lack of support**

“Negatively I'm aware that my own need to withdraw in order to take care of my emotional life stems from having parents that I couldn't go to for emotional resources. This created self-consciousness. I could not express what I wanted to express. As a woman, I've had to spend years and still struggle with trying to find my own voice.” (K., p. 9)

“And also, not having any friends around, feeling very lonely. I mean, I don’t have a lot of friends here because it’s small town, and it’s very hard to have a social life. And that’s the
“feeling I had growing up...lonely, with no friends around, no family close to me...parents always working, pretty lonely childhood” (F., p. 13)

“I think I remember the feeling of not being taken seriously, in my opinion, not being valued, ignored, when I was growing up. (J., p. 11)

“And, you know, I had to leave all my friends... I didn't have any company every time I moved; I was pretty lonely growing up” (M., p. 6)

“So out in the countryside, so to speak. I was the youngest of seven children, but I was like an only child in some ways because my older siblings were all born within, I believe, seven years of each other; and then 16 years after I was born... Imagine that the youngest of those siblings (they were actually twin brothers), were 16 years old when I was born. So, by the time I became old enough to remember things, one of the twins had already moved out of the house. So, I was feeling lonely growing up, pretty lonely” (T., p. 1)

“I guess I was lonely growing up...But still, to this day, I am like that. Now I live here by myself, and people are telling me, “You’re getting lonely, why don’t you go back to the US to be with your kids?” But I like it here in Greece. I like my loneliness. I have always been lonely, and I feel safer like that...If I felt ignored or rejected...hmm...I didn’t have many people in my family that I cared for, so I didn’t get that feeling” (D., p. 6)
“Yes, he was of very little help. He was of no help financially, and he was of very little help in any other way. I mean, he was really, really emotionally inaccessible. And I guess that comes from my history of inaccessible people in my life” (J., p19)

“I was always alone raising the kids. Like I had been all my life, I was always alone growing up, and I found a partner that was not there either... I had no help at home. He was the provider, but he had to work all day, so he was never home with us.” (D., p. 13)

“No...I didn’t have a lot of help from my husband. When the children were born, I got very busy, and I felt like I wanted to quit. But because this is a very small town we are living, I knew that if I quit my job, I won’t easily find a job when I’m ready to work again. These years were hard... I was doing most of the housework...I didn’t get enough help, I was alone, as I was when I was growing up.... (F., p. 9)

Traumatic experiences…then and now

“My grandfather had circulation problems and he had to have a leg amputated... I was little when this happened, although I remember him going around with a walker at first. Later in life though, he actually had to have the other one amputated, so he ended up in a wheelchair eventually.” (T., p. 2)

“I started walking around the house looking for her and I couldn’t find her, and she was down in the basement...I had to scream up to her older sister to come down because she was trying to commit suicide. She had put a rope around the ceiling area, and I don't know
why...still to this day... but she took a box and opened it down there that had my wedding
dress preserved in the box. She put that dress on and she was delusional, absolutely
delusional.” (T., p. 20)

“Yeah, I don't remember getting spanked. I wonder if my brother had been spanked because
he was the firstborn. So, he may have been spanked, but I've never asked him...I didn’t want
to know, I really didn’t want to know...it would have been traumatic to know this, so I ended
up living without questioning it” (K., p. 9)

“I never saw him stumble down drunk, but I recognized that this was a pattern and that he
had a problem. And when I came home from college one weekend, I was insolent to him about
the rules in the house, and he yelled, and went to grab me. We had a screaming match. And
that was the one that scared me” (K., p. 9)

“These years... yes. Very hard years...We didn’t even have food to eat at that time when we
were young, yes, in 1944, we had the war. Quite traumatic memories... We had to survive, and
find a way to bring food at home” (D., p. 8)

“One time I was there, I drove to the jail to visit him, and I sat there with him. It was early in
the morning, we sat outside. I got him something to eat. And we stayed outside. And he was
gone... He was crazy. He started to beat me. He said things I had never heard before. It was
awful. And I stayed there for four hours. I tried to keep him outside a little bit. And still today,
he would do crazy things. It is hard. He didn't really get to live his life at all. I am so worried about him...” (D., p. 19)

“She was 22 years old when she died, it was, for me the hardest moment in life... I said God take everything I have but leave my daughter here with me....” (D., p. 16)

“But I feel like I grew up almost like the only child at home. It was pretty hard as an experience now that I think of it...My only friend was a cat because of my parent's business. We grew up in a small business district so there is just the house, no yard and no playground around, and I was probably home most of the time. It was tough...” (F., p. 2)

“My daughter was in Lebanon in 1999, visiting family with her father. Unfortunately, she was there when the Israeli bombings happened in the city... so, she had a terrifying experience, and that triggered her onset” (F., p. 13)

“My sister thinks that my grandfather’s breakdown was caused by excessive stress and PTSD after the First World War. His job in the war was as an ambulance driver, probably because of his medical training. And he saw real horrors, and he never talked about that, ever, although I am sure it had affected all of us in unspoken ways” (J., p. 2)

“So, I saw my older son John at the party, and we said hello, and that was it. And yes, I wish it were otherwise, but I think he lives with a great deal of depression. And he’s chosen to be estranged from us, I mean, he knows that he would be welcomed back, but he has to make that
move, because other people, myself included, have extended ourselves in the past only to be
let down in big ways. So, it’s upsetting and painful to me and my younger son that we’re not a
family anymore” (J., p. 28)

“And I could do that because I wasn’t that busy in the winter, and I liked that, because my
husband and I separated when I was pregnant with my second son” (J., p. 18)

5. Rejection, Hope and Resilience

Care and nurture

“Yes...All of our godparents: mine, my sister’s, my brother’s, were all basically really good
friends, very close friends and treated us like family. Both of my mother’s sisters, and then
really close friends, a lot of them friends that they made when they lived in Princeton when
my father was in graduate school in architecture. And those families took us all in. I mean, I
knew I could arrive at any one of their houses at midnight or at Tuesday night and I would be
taken in” (J., p. 9)

“I remember been frightened one time; the weather was bad, and my older brother put me up
on a tree, we had two big trees outside our house. He put me up so high, like I could fly. When
my brother put me up there, I was so scared. Oh, my God, I was crying. He was trying to
protect me, we had war, you know...” (D., p. 10)
“Well, we went to a Catholic school. We probably got a lot of moral instruction, protection and support from there as well”. (M., p. 7)

“I might have gone to my mom, I might have…Yeah, I probably would have liked to be comforted when I got hurt by my dad… and I’m not sure she would have comforted me. But, yeah, I think she would.” (T., p. 9)

“Yes, my mother’s brother, he took us, and we stayed there with my brother for a while. That’s how we grew up, with my mother’s friend, my aunties and my uncle” (D., p. 9)

“Yes, our grandfather was available… we could go and talk to him, we could go, and he would read to us and…he was there for us when we needed him the most” (J., p., 15)

Self-confidence and helplessness

“Well, and I think you also learn, if people have disappointed you, and haven’t been there for you, like my parents, that you have to figure out a way to do it on your own. (J., p. 20)

“Not at all. Our father didn’t care for us, he didn’t take care of us. We were completely on our own... At that time, it was very difficult there too, we had war…” (D., p. 2)
“A lot, because she valued that being the best was very important. Until I became an adult, I always felt I never had self-confidence. So, I grew up with low self-confidence, I never believed I was a failure, but even today, I know I’m not up to the family standard”. (F., p. 7)

“I think I very much for years just fell into the pattern of seeing myself in a step-down position to men. And it wasn’t until years later, that I could actually work on taking up my own authority, and saying, wait a minute, I am still behaving in a step-down position with my own authority” (K., p. 15)

“I am coping on my own... I don’t have support. I never had...That's one of my problems” (M., p. 8)

“Other than cry as a child? That's what you normally do when you're upset, you cry. I don't remember anything in particular. I honestly don't...I was just feeling vulnerable and needed to keep it inside, as I do now when I am upset” (T. p. 8)

Choices and voices

“Oh Gosh...I cannot remember the age. I would've been young, I would imagine. And I think I said something about “running away”, I don’t remember why, I probably saw something on TV about that, so I said “okay, I'm going to do that too”. But I didn't end up doing anything. Maybe claiming that I would, but I don't think I ended up doing anything...you can't get very far out there. I mean, you have to walk a mile, just get to the nearest house. Yeah, like each house was pretty far away” (T., p. 8)
“Well, yes, although I didn’t stay there a lot... My sister was in another city, she was married there, and she invited me to go there, so I was there for a while, and after that I went to Athens. I was still young, but I just needed to run away from our house...it was hell.” (D., p. 1)

“My mom was very tough and controlling, many times, but I had a lot of freedom. I don’t think my brother had a lot of freedom; she was always on him. But I had a lot of freedom, and when she was tough, I had time and place to escape” (F., p. 4)

**Strength and determination**

“I think overall, very good. I do have a more positive attitude about life in general, so I think that part comes from my upbringing, because I didn’t have much guidance and I needed to figure things on my own” (T., p. 12).

“Indeed. We tried pretty much everything, consistently, year after year. We went through so many different therapists and we ourselves went to classes and support groups and learned about mental illness and addiction. We still do.” (T., p. 25)

“I don’t know if I was not strong, If I would be here today. I have had a lot of sadness in my life, and I learned to survive and move forward on my own. I had to watch my son and my daughter pass away, it was difficult.” (D., p. 16)
“I am trying really hard. I don’t give up. I remember when I did the NAMI family-to-family session, a long time ago, and there were five or six of us who had sons with schizophrenia, I was the only one whose son signed the releases for me. It was just one of those moments, where you’re thinking, you’re feeling pretty sorry for yourself that life has dealt you this unfortunate hand. And then you realize, whoa! it could be a lot worse” (J., p. 29)

“My first analyst said this suffering will be the strongest pillar in your house. It's made what our family is - created who we are. It has changed us, and strengthened us, because we've had to do lots of hard work. It's made me look at shame and stigma and understand that. My family stigma, my intergenerational stigma about who we are. Because, as I worked on the stigma around this illness, I also had to do deeper work around my own sense of shame and create a stronger voice.” (K., p. 23)

Wishes, worries and hope for the future

“I would like her to develop that kind of a lifestyle where she could be healthy on her own and be able to make a good life of her own. I don’t know if that’ll happen, but that’s my wish and I am praying for this to happen. I want her to find people to love her for who she is, and care for her, you know... (T., p. 23)

“So, my hope is I want her to find something she can enjoy; she doesn’t have that right now. Every day, she’s just going to look at something on the phone, she eats, she sleeps. I want her to find something to look forward to getting up every morning; she doesn’t have that. I want
to see her have a life again, I want to see her have a future, you know...it’s so hard” (F., p. 17)

“What I want for him is for him to be able to continue to work and find value in that. To continue his relationships with the friends that he has now and with his cousins. In the summer, his cousins come here, and he really enjoys that”. (J., p. 27)

“Well, I could use a lot more in the way of support systems. There was some support from the NAM, National Alliance for the Mentally ill, but that wasn’t enough. Then they changed it to National Alliance for Mental Illness, and I can tell you that they have moved away from the emphasis on helping a mentally ill person, and they have moved to talking about legislation...they have moved away from the original purpose. We need the support, the family support, then they can work on the legislation. I am very disappointed.” (M., p. 11)

“And especially the input from the parents or the caretakers needs to be valued more for some treatment decisions... I don’t know, I wish there’s like a system, you know, that doctors can decide after listening to the surrounding system of the patient. I feel like we have no help and support. We need to figure things out on our own”. (F., p. 17)

“Yes...I worry about my son and what his life will be after we're gone. That's my biggest worry because when we're gone, it will be up to the sisters to take care of him, to support him, and they have their own children they have their own families. I worry about him being lonely when we're gone. Because we fill a role for him” (K., p.21)
“I’m very worried about him. It just comes times when I’d say my prayer and I cry just for myself, because his whole life is gone”. (D., p. 19)

“He is, finally, back on medication. You never know though... This is very recent. But he's back on, and I pray to God he stays on it. I don't know what will happen to him. I am actually worried for him”. (M., p. 10)

“But we will keep being strong, there is nothing else we can do...we need to help her...we worry for her...there is not enough support out there...we are completely alone, but we are a team...I wish there was more support from the health system...that’s a big disappointment...” (T., p. 24)

“I think that number one is “openness”. At least in my family, I wish I had opened up to everybody in the family and to other people around...maybe my daughter would have also learned to be more open, and she wouldn’t suffer as much... I am actually concerned about her, whether she will ever be able to open up and get the help she needs...I wish so...” (F., p. 15)

“And I think it’s a worry, this comes up a lot in our NAMI meetings, worries as to what’s going to happen when we’re gone. And I worry about when his dad dies, and I’m just assuming that’s going to be before I die, and I’ll be here for him when that happens. But I think that it will be very tough for him” (J., p. 27)
Appendix 6

Section of a transcribed Interview

**Interviewer:** Could you start by helping me get oriented a little bit on your early family situation, where you lived and so on? If you could tell me where you were born, whether you moved around much, what your family did for living, a little bit of your background, you know?

**INTERVIEWEE:** My background?

**Interviewer:** Yes.

**INTERVIEWEE:** Okay, so I am originally from Japan. I was born 1957 so I’m 63, and I came to the United States in 1980 to Ohio University, for a master’s program. And I got my master’s from Ohio University. And then I met my husband, after I graduated...so I graduated in 83, getting two masters. One is engineering, the other is in math. And after I graduated in 83, I got a job outside of Kansas City, Kansas. We got married that year. And I stayed in Kansas City for two years. I worked as an engineer, and my company was a sponsor for my green card. Meanwhile, my ex-husband (we divorced later), he was a PhD student finishing up his PhD, and he finished the PhD in 84. He also got a job at the same company I was working. Since he studied physics though, he didn’t really like the company job, he wanted to teach. When he was searching for a teaching job, the place I’m teaching now had two teaching jobs, one in physics, and one in computer science. So, we moved together to this college to teach, and he also got his green card. Since 1985 we both have our green cards. I have been teaching at the same college since then. We got divorced at the end of 2012, and then I remarried. I have my current husband from Japan, who is also teaching at the same college.

**Interviewer:** Was your first husband from Japan as well?
INTERVIEWEE: No, he is Palestinian, but he was born and grew up in Lebanon.

Interviewer: You had an interesting journey in the US, and we will return to these years later.

What I would like you to share with me now is memories from your early childhood experiences in Japan.

INTERVIEWEE: mm-hmm.

Interviewer: Where were you born? What did your family do for a living? How did you remember your early childhood years as a child living in Japan?

INTERVIEWEE: Okay, so my childhood. Okay, so I was born in a small town in Japan, and my father was… okay, when I was born, he was a high school teacher, my mother was just at home, she didn’t have a job. And then when I was in elementary school, my mother started a business. Actually… yeah, my mother started…. Okay, take it back. Before my father was a high school teacher, you know, both my parents grew up during the World War II. After World War II, my father worked for a company, but then he didn’t like the policy of his boss, so he quit. And so, before he became a high school teacher, he and my mother started a small business at home, selling rice and flour and stuff like that. Then, after my father got a high school teaching job, my mother continued that business. Eventually, she started a cafe, you know, like a coffee shop. I grew up with both parents being extremely busy. I have one brother, but he’s more than eight grades ahead of me.

Interviewer: Okay, so he was older, much older than you.

INTERVIEWEE: Yes, he was older. My brother grew up like an only child. I have another brother…between us, there was another brother, but he got the meningitis. He died when he was five. I was only three years old, so I don’t remember. My mother still feels sad about losing her son, although we never talk about him... But I feel like I grew up almost like the only child at
home. It was pretty hard as an experience now that I think of it… My only friend was a cat because of my parent’s business. We grew up in a small business district so there is just the house, no yard and no playground around, and I was probably home most of the time. It was tough… The business was on the first floor of our house. So, on the first floor, my mom had a cafe shop, and also the place to sell bread. She would buy it from the bread manufacturing company, and she was selling it at her shop. So, she had two stores. She was home all the time, but so busy… people were coming at our house to get stuff, it was weird…

INTERVIEWEE: We lived upstairs. And again, I was alone long hours.

Interviewer: Sounds like she was busy with two stores.

INTERVIEWEE: We lived upstairs. And again, I was alone long hours. It was… that was until I began seventh grade though. Then we moved, and things changed a bit. My father had gotten a college job, he became a college professor; but the college was far away. My father was exhausted, he had a long commute every day, and he worked all day long. Then he got the tuberculosis; he had to go under treatments, and that aged him. So, because it was too hard for him to commute, we decided to move closer to the university where he was teaching. When I was in seventh grade, we moved, and I also changed school. My mother was highly concerned about our education, so she sent my brother to the top private school from seventh grade; and he was a top student. My mom wanted to do the same for me, so, from the seventh grade on (junior high) I went to the Catholic girls school. It was the best school in the region.

Interviewer: Sounds like you both had good education! That’s good. Did your mom move her business?
INTERVIEWEE: No, she just closed the business. Even a few years before she closed the business, there was a new supermarket that was opening across the street from our old house. We were on a busy street, and the people who lived on the other side of the street, went to the new supermarket. My mother lost quite a bit of customers, and business was very slow, so she had no problem closing it once we moved.

Interviewer: I see. Did she find something else to do in the new place you moved?

INTERVIEWEE: She became a housewife. She stayed at home.

Interviewer: Interesting! How was that for you, having your mother available? Did you realize the change?

INTERVIEWEE: Well, you see, I was already a teenager. I was 13 and I was probably spending more time at school and with friends. And because I didn’t go to the local schools, I was always commuting so all my friends were in the other city where the school was.

Interviewer: So, you were commuting to be with your friends.

INTERVIEWEE: Yes, I was commuting… so probably, I was spending more time at school and with friends, and I also had after school activities.

Interviewer: Did you have relatives living close to you or living in the same house with you?

INTERVIEWEE: When I was growing up, my grandparents were living in walking distance. The other thing is both my parents are adopted. So, my father’s real father had tuberculosis and passed away. So, my biological grandmother on my father’s side, got remarried. I grew up without knowing her though until I had hernia surgery when I was in fourth grade. My biological grandmother’s husband had the long-term illness, and she was at the same hospital with me, so I met her. I met her for the very first time at the hospital. Anyway, my father, when he was only
three years old, he was adopted by a couple, and these are my adopted grandparents. But the reason for adopting him was not because they wanted a child, but more so that he could take care of them. In the old Japan, children had to take care of the elders when they grew up. So, this couple had no children and adopted my father so that he can take care of them. So my father felt that he grew up with not enough luck and love... that’s why he was also unable of expressing his love... My grandmother passed away when I was in fourth grade. Then, when my grandfather got ill, he was living with us for maybe two years—two or three at most. He was not very well though, he was almost lying in bed all day.

Interviewer: So, you didn’t have a connection with him?

Interviewee: When we moved to the other town, he came with us, but within a year, he passed away. It was probably just too hard for him to adjust to a new place.

Interviewer: So you didn’t have a relationship that was close or warm...

Interviewee: Not really close...

Interviewer: What about your mother’s side?

Interviewee: So, my biological grandparents from my mother’s side got divorced when...I don’t remember exactly. So, my mother has an older sister. In Japan, it’s very important that within the family, there is a new generation to take over the family tradition. So, my grandmother was the only child, and the agreement was that she will get two children... and one of them (my aunt) would be adopted by my great grandparents to continue the family tree and family tradition. So, my mother from very young age grew up alone... However, when my grandparents got divorced, my mother was adopted by their relatives. However, she had a very rough time, so, my great grandparents felt pity for her, and they decided to adopt her as well. So, she grew up with her grandfather, because her grandmother passed away. Then her grandfather
remarried, and he had a much young wife. She was much closer in age to my aunt and my mother. So, my mother never felt love when growing up, nothing of love, and so she didn’t know how to show it to us. She was just strict, that’s how she knew to show us love, through wanting us to be the best. We were scared of her, but I guess that was how she showed us care, through discipline.

**Interviewer:** Difficult stories…

**INTERVIEWEE:** Yeah, I think so.

**Interviewer:** These are stories that your mother shared with you as I understand…

**INTERVIEWEE:** Mm-hmm, right.

**Interviewer:** Where the great grandparents from your mother’s side (her adopted parents) close to you?

**INTERVIEWEE:** So, my great grandfather passed away when I was born, I never met him. And his second wife passed away before him, so I never met her either.

**Interviewer:** So, you didn’t grow up with grandparents very involved in your family…

**INTERVIEWEE:** No, the only ones who were a bit more involved were the ones who adopted my father. But there was no laughing, no relationship, nothing…just regular grandparents.

**Interviewer:** I am sorry to hear that…Now, I like to ask you to choose five adjectives or words or whatever, that reflect your relationship with your mother. Try to remember as early as you can in your childhood. How was your relationship with your mother?

**INTERVIEWEE:** Well, you know, my mother is very feisty, and when my older brother was growing up, she wanted him to be the best- she put a lot of effort into his education-. But then after my other brother passed away, those are the time she was very lost. So, I grew up kind of lonely from a mother. So, she still cared about my education though. My mom was very tough
and controlling, many times, but I had a lot of freedom. I don’t think my brother had a lot of freedom; she was always on him. But I had a lot of freedom, and when she was tough, I had time and place to escape.

**Interviewer:** I see… You mentioned that you came at a time in her life that she was still grieving. Do you remember being aware that there was something going?

**INTERVIEWEE:** No, I don’t know…well, I really cannot remember much, but I think I never understood my mother was grieving the loss of my brother… because she had two businesses, so she was extremely busy. She wasn’t really talking, and when she was it was about other things…as I understand it now, she was sad for the loss, and she was tough with us. I never knew how she would respond, sometimes she was fine, sometimes she wasn’t…

**Interviewer:** So, she wasn’t really talking about that loss?

**INTERVIEWEE:** No. My mother had two businesses and employees, but she is the type that she could not depend on the employees to do work. **She is the type that does more than she should, as an employer. She was always working hard and always tired.** So, until sixth grade, I don’t remember having family dinners… she always took care of the family, but family time was more like a special occasion, not an everyday thing. We would go to the beach maybe once in the summer, or just going out to eat as a family, but not like every day. **When I was getting up, I was eating breakfast on my own.**

**Interviewer:** You learn to be independent, from a young age…

**INTERVIEWEE:** I guess that’s true…

**Interviewer:** And how would you describe your relationship with your father?

**INTERVIEWEE:** Because my mother was tough, I **had a very good relationship with my father.** I think personality wise, I’m closer to my father.
Interviewer: Okay, so you felt safer to go to your dad when you needed something?

INTERVIEWEE: He was busy, so every time I had time with my father, I had a good time... but not really on an everyday basis. Only when he had extra time... for example, the school had special things for faculty and staff, so he took me half of the times; I went on trips with my father and other people, and he also did martial arts, and one time he had to watch me, so he took me to the martial arts practice place, and I just enjoyed seeing him watching me.

Interviewer: I am glad to hear you were having a good relationship with your father and you were spending quality time together. So, when you were upset emotionally, where would you go? Would you go to your father for support?

INTERVIEWEE: Emotionally upset? You see, I am a very easygoing person, so I didn’t have many times, you know, that I needed support. Probably the cat I had was helping me. I had a cat that was born when I was born. So, I grew up with the cat until I was sixth grade.

Interviewer: So, you were not going to any of your family members or friends for support as I understand... you were just on your own, self-soothing.

INTERVIEWEE: Mm hmm, yes.

Interviewer: Where you ever ill when you were little? I remember you mentioned having hernia as a young child...

INTERVIEWEE: Well, yes, I had hernia, and I had to have a surgery for the first time. I was also wetting my bed, probably till kindergarten.

Interviewer: I see... You mentioned your mom was very strict when you were growing up. Do you remember if you were also physically punished?

INTERVIEWEE: No, there’s no physical punishment, just by words.
**Interviewer:** Do you remember being held or hugged when you were not feeling good or when you were upset?

**INTERVIEWEE:** No, in our culture, we don’t have much hugging. I remember one time, after I came here, my parents were very upset I got married here. They were against it, so they didn’t approve of my first marriage until my daughter was born. So that was like almost three years that I hadn’t seen them. So, when they came at the airport, my ex-husband felt very strange that we didn’t hug each other… but hugging is not in our culture.

**Interviewer:** Sounds tough not to be hugged, but I do understand the importance of cultural norms.

When was the first time you remember being separated from your parents as a young child? Do you remember having any separation that was hard for you?

**INTERVIEWEE:** Not really…. I feel like I was on my own anyways. So, for example, like I came to the United States, I never felt homesick. So, I don’t think I ever have that feeling.

**Interviewer:** Did you feel ignored or rejected as a young child?

**INTERVIEWEE:** No.

**Interviewer:** Do you remember being frightened or worried for certain things as a child? You mentioned your dad got ill at some point, was that scary for you?

**INTERVIEWEE:** Oh, my father? Again, you know, he doesn’t show much emotion, so even if he’s in pain, he doesn’t show it. I remember when he got tuberculosis treatment his hair turned almost white. So, I could see that he was aging very quickly, but I didn’t know how much pain or suffering he was going through. And as a young child, I couldn’t really tell. He was still working when he was doing the treatments, so he wasn’t in bed or anything. He was doing everything he could.
Interviewer: He was a strong and resilient father. That’s good. You mentioned your mother was strict with you. Do you remember how she was teaching you discipline?

INTERVIEWEE: She always wanted me to be the best. You know, the best at school, the best at what I do. So, schoolwork was number one priority for her. Even when I offered my help at home, she used to tell me to spend that time for my studies instead. I wasn’t the best at school, so I think I was probably a bit of a disappointment for my mother.

Interviewer: You mentioned your brother was a very good student…

INTERVIEWEE: Oh, he was always number one. And till this day, they have very special relationship, my brother and my mother. It’s okay, because I respect my brother too. So, there is no jealousy, and I never had negative feelings towards their relationship.

Interviewer: Do you think it was also culturally specific to favor your brother? I mean, in certain cultures, it is believed that having a boy is better than having a girl.

INTERVIEWEE: Oh, yeah, you know, the male privilege, yes. It’s has been changing now, but in old Japan that I grew up, the male was the one carrying the family tradition, the male was the one making more decisions. But it’s actually changing now.

Interviewer: I am glad to hear. So, what I’m understanding is that your mother had a better relationship with your brother, because he was an A student, and he was also a male. In what ways do you think your mother’s efforts in teaching you to be the best, have affected your adult personality now?

INTERVIEWEE: A lot, because she valued that being the best was very important. Until I became an adult, I always felt I never had self-confidence. So, I grew up with low self-confidence, I never believed, I was a failure, but even today, I know I’m not up to the family standard.
Interviewer: And do you think that that is also how you have been teaching your kids discipline or to focus at school? Did you follow some of the things that your mother used to do to you?

INTERVIEWEE: Yes, so I focused on schoolwork much more than I should have. I did follow my mom on this… that’s the best she could give us, that’s how she knew to show that she cares, and that’s what I offered my kids too.

Interviewer: Before we begun the interview, I remember you mentioned one of your children is starting a PhD…this is very exciting.

INTERVIEWEE: Indeed, and I am very proud of that. And you know that my father was a college professor, and my brother became a college professor.

Interviewer: And you are a college professor.

INTERVIEWEE: You know, academics was valued highly in my family.

Interviewer: So, you instilled that in your children?

INTERVIEWEE: Yes.

Interviewer: In general, how do you think your overall experience of growing up with your parents has affected your adult personality? You mentioned not having the self-confidence you wanted to have; what else stands out to you as significant in your adult identity in terms of how you were raised?

INTERVIEWEE: I think, I’m very easygoing. Although I do emphasize on schoolwork, I also don’t think that I do a good job. You know, I got good discipline at home, but because of the busy parents, I never felt that I was disciplined, and I felt like I was growing up by myself.

Interviewer: Sounds like you learned life on your own.

INTERVIEWEE: I guess so…When I was raising my children, you know, I tried to be a role model, to work hard and have good ethics. So, I don’t think I gave them enough direct discipline,
which I should have. Also, there was a cultural difference in terms of how I raised my kids; my culture and the culture in the United States are very different, so it was challenging.

Interviewer: You had a multicultural family, as I understand, because your husband was also from another culture; there were many cultures within your family that they have to be blended and respected.

INTERVIEWEE: That’s true, and also we were living in a town that was rural and 99% of the people were white Americans. So, I think growing up non-white, they had a hard time. But my kids never talked about this, maybe because in my culture too, we are not very vocal, we are not very expressive of ourselves. However, they told me later, after they grew up, they said, “okay, it was very tough”; they had quite a few disadvantages, which I didn’t know at the time.

Interviewer: Sounds like they’re learning to navigate these challenges and learning to be more open to you. Unfortunately, we live in a society that is not culturally diverse, and there’s a lot of racism….Do you remember family stories of your parent’s past that have stayed with you in terms of traditions, gender roles, identity expectations, cultural norms, etc?

INTERVIEWEE: So, in our culture, actions are important; like you do your work, and you show the results, that’s very important. So, we don’t need to tell the others what a wonderful work I’m doing. I noticed that when I was in grad school, I had probably the best projects, but I never talked about them, I was not defending my good work so that people would know…would know what I was doing. I kept silent…

Interviewer: You didn’t know how to talk about it, or you didn’t feel the need to do so?

INTERVIEWEE: No, I wanted to, but I hadn’t learned how to express myself. I was feeling emotionally distant even from my own self. For example, other grad students knew how to talk
about their work, how good they’re doing, so they’re the ones getting the recognition; they’re the ones getting more opportunities, for that part, I realized that my culture is in a disadvantage.

**Interviewer:** Not knowing how to speak and advocate for your hard work, right?

**INTERVIEWEE:** Yes… and then I probably made mistakes, you know, I tried to be a good parent, I tried to be a good role model, but I didn’t know how. My kids think I should have had a more direct approach. So I should have directed them more, instead of saying, “this is how you should do it and this is a good way to do it”.

**Interviewer:** It’s hard to know what kids need sometimes… *parenting is a challenging role, and no matter how hard parents try, there is usually not a clear answer as to how to raise a child successfully. Every child is different and needs different parenting.* How many children do you have?

**INTERVIEWEE:** I have three.

**Interviewer:** Did you have all of them with your first husband?

**INTERVIEWEE:** Mm-hmm. Yes.

**Interviewer:** Did you have any help when your kids were little? I understand your family was in Japan, so they couldn’t be of much help to you. Was your husband helping you? You were also teaching in college if I can recall.

**INTERVIEWEE:** No… I didn’t have a lot of help from my husband. When the children were born, I got very busy, and I felt like I wanted to quit. But because this is a very small town we are living, I knew that if I quit my job, I won’t easily find a job when I’m ready to work again. These years were hard… I was doing most of the housework… *I didn’t get enough help.*

**Interviewer:** Do you feel that as a woman and a mother it was assumed you had to be more involved with raising the children and doing the housework?
INTERVIEWEE: Yes. And also, in a small town, you know, 99% white, I felt they know me, so I guess my escape was just keep myself busy. So, there are many factors to keep myself busy and not be emotionally stressed, because physical stress is much easier to deal with than the mental stress.

Interviewer: I understand…So, you raised three kids mainly on your own, and you were still able to keep your job, that’s impressive. What were the challenges during these years? Did you have any help from your husband’s family side?

INTERVIEWEE: Actually, his brothers and his cousin came to visit and help at times. His brother became a student at the college, so whenever I had a lot of work, his brother would come to help; when the third child was born, his mother came and helped me. I actually liked to have people around, I like people. So, his brother came and did work for me, and I didn’t mind, actually.

Interviewer: Sounds like you liked to have company so you didn’t feel so lonely?

INTERVIEWEE: Exactly.

Interviewer: So, you had to take care of a lot of people, right?

INTERVIEWEE: Yes, but you see, I do as much as I can. I never try to do more than I can do. So, if my kids want more, that’s too bad.

Interviewer: So, you were not overextending yourself to take care of everybody in the house you mean?

INTERVIEWEE: Mm-hmm, yes, exactly.

Interviewer: I think that’s a good quality, to set your own boundaries, to know your limits, and in a sense to take care of yourself.
INTERVIEWEE: I probably should have sought more advice though... or tried to get more knowledge about the things I was doing. My way of thinking was to never leave my comfort zone and always try to do things within my boundaries.

Interviewer: This is not necessarily bad though, to do things within your boundaries.

INTERVIEWEE: I managed to get through, yes, but probably if I do it again, I would seek more help.

Interviewer: Advice on how to raise your kids you mean?

INTERVIEWEE: Yes, how to raise kids, and also, I should be more open. You know, many times I try to digest things and never express my feelings. So, my mother and I had a good relationship, but again, the emotional side, I never opened up to my mother. I longed for that to happen...So, she said I should have opened more of my emotional side.

Interviewer: So, this is something that your mother told you about herself?

INTERVIEWEE: Yes. From my family, again, she is very fun, she is the type of person that worries about everything. So naturally, though, I wouldn’t want to give her anything to worry about, because then I wouldn’t know how she would react. I preferred to keep silent, although I was getting the message that I could talk to her.

Interviewer: I understand...sounds like she was a fun person, but also, she was worried about things, so you probably didn’t know how to express yourself to her. One part of her could have reacted as an easy-going, fun person, and another part of her could have been more worried listening to you...it was confusing for you in a sense.

INTERVIEWEE: I guess so... I knew what to do, how to deal with things in general, but then there’s a whole other aspect of feeling for things. And I never realized until recently you know.
The emotional communication was missing from my family of origin, and I also didn’t learn my own kids to be open to this aspect.

**Interviewer:** Can you give me an example?

**INTERVIEWEE:** You know, like raising the kids… I didn’t know, for example, maybe I was too much focused on their schoolwork and their activities, their sports. But then, there were other parts of their growing up I didn’t pay any attention to them.

**Interviewer:** Emotionally you mean, paying attention to what was going on with your children’s emotions as I understand from your narrative…

**INTERVIEWEE:** Yes, and also, the importance of other parts of life outside school, outside, extracurricular activities.

**Interviewer:** Being a mother is not an easy journey, right? It’s a challenging journey. There is no manual for knowing what to do and where to focus.

**INTERVIEWEE:** That’s true…and then I realized, you know, I was trying to do too many things by myself, as my mother did…I followed her parenting style in a sense…and there are ways to get help, there are ways to get understanding. I like people, but again, I don’t open up my emotional side, so that part in a limited way, I could get some help with that. Understanding my own emotions, could also help my kids understand their emotions, in a way my mother never helped me understand.

**Interviewer:** That would have helped. But that was culturally unavailable to you as you mentioned, being in touch with your emotional world, understanding your feelings…emotional connectedness was not part of your culture growing up. So, it’s hard to learn to do it on your own, or realize the need to get help for this.
INTERVIEWEE: Yes, in my culture, even as an adult you must endure, you must not show your emotions.

Interviewer: Exactly, you have to be strong, not express vulnerability.

INTERVIEWEE: Exactly, because you’re an adult have to be strong for the children.

Interviewer: I’m glad you have realized through your own journey in life how important it is to allow yourself to be vulnerable, to own your emotions, to be able to express them. There’s a certain richness that comes from allowing yourself to be in touch with what you feel. Are you more open with your mother as an adult now?

INTERVIEWEE: Yes. Well, now, she is 92.

Interviewer: How is your relationship now? Do you think your relationship changed when you became a mother yourself?

INTERVIEWEE: Yes, our relationship is better now with my mom. There were many things she imposed on me, and I was not resisting…I don’t have that anymore. She is far away, so certainly this helps.

Interviewer: I am glad to hear! I remember you mentioned you wanted to be a model for your kids… to model things for them. Tell me more about this role you wanted to have…

INTERVIEWEE: Well, because I was never really good at expressing myself…. I don’t think that communication is my strong suit.

Interviewer: Was communication a problem in general for you, or mainly with your kids?

INTERVIEWEE: Yes, with everybody, so I am not good at expressing myself; communication never came easy to me from a very young age, my voice was never heard. it’s easier for me to do or show in action. That’s how my mom was, and that’s how I ended up being as a mom. Taking care of the practical aspects of life, not the emotional.
Interviewer: So, this is your way of expressing emotions, you do things, right?

INTERVIEWEE: Yes, I do things.

Interviewer: That used to be the way that emotions were expressed in certain cultures back in the days and even today still...mothers used to show love through care, preparing things for others, taking care of them, making sure they were well dressed, they wouldn’t get sick. And up to today, this is the way that we know, this is the standard way to care. To make sure that your children have food, a shelter, that they are nourished.