

# ABSENCE OF A PARENT AS A SPECIFIC FACTOR DETERMINING CHOICE OF NEUROSIS

## Preliminary Study

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Psychoanalytic experience has made important contributions to the problem of the differential etiology of various neuroses, psychoses, and character disturbances. This has been accomplished chiefly by the identification of the decisive areas of conflict in the patient. Among the factors involved are the nature of the instincts in the conflict, the time of the decisive conflict, the intensity of the frustrations or traumata, the availability of substitute gratifications, and the characteristics of the historical situation (Fenichel, 1).

It is difficult to evaluate the specificity of any one of these factors in the choice of a particular neurosis. Recent investigations tend to show that while a particular neurosis may apparently be an expression of conflict at a certain level of development, nevertheless experiences at some earlier or previous level may produce tendencies which provoke, potentiate or distort conflicts of a subsequent period of development.

With increasing psychoanalytic knowledge, the task of isolating concrete factors influencing specific choice of neurosis becomes ever more difficult. It becomes even more difficult if one attempts to assess the intangible factor of ego strength of an individual in his struggle to control and express his various instincts or his attempts to fashion defenses or character traits. Nevertheless, it

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should be possible to find a way of approaching mental operations in a systematic way which would lead in the direction of solving the problem of specificity of choice of neurosis.

In seeking a systematic way to solve this problem, it occurred to us that perhaps certain elements in the external historical situation might lend themselves more easily to the preliminary steps of such a search. If a certain external historical situation were isolated and studied, perhaps it could be correlated with certain invariable psychic consequences. Freud (2) made such an observation when he noted that men who have weak or absent fathers tend to develop homosexual trends.

The external historical factor we selected was the presence or absence of both parents during the important developmental years of the child. We decided to investigate the relation of this external factor to the success or failure of the resolution of ambivalent feelings, the ability to fuse the instincts of love and hate. For reasons to be noted we selected hysteria and obsessive-compulsive neurosis as the clinical expressions of the success or failure of the fusion.

We then set up the following hypothetical basis for this study and made a tentative prediction of the data to be discovered. A child brought up by both parents will solve the problem of resolution of ambivalent feelings more satisfactorily than a child who has lost one parent for any significant period of time. A child facing only one parent does not have both his love and his hatred equally and freely available to be directed to the parent. If he loves the single parent the hate will tend to be repressed, and vice versa. A child with both parents, on the other hand, has two objects against whom both sides of the ambivalence can be directed in turn. He can hate one and love the other, or the opposite. Two objects give the child much more liberty than one. This freedom would not hinder resolution of ambivalence, but rather facilitate it. He would have all his feelings relatively more available to him in comparison to the child with one parent. When the time arrives for the necessary fusion of feelings for more mature relationships the child who had had both parents is in a better position. Both sides of the ambivalence having been available, the fusion is more complete and normal. The other child, having relatively only one side of the ambivalence available, never succeeds

in fusing his ambivalent feelings and remains with a burden of one-sidedly more repressed and defused instinctual feeling.

According to our hypothesis the child who had two parents and had succeeded in fusing his feelings would tend to develop hysteria, if he developed a neurosis. The other child would tend to develop obsessive compulsive neurosis. This follows from the familiar psychoanalytic formulations of defused ambivalence in the compulsive neurosis and the fused genital level of feeling in hysteria. This hypothesis was tested by consulting the case material from Hillside Hospital. We searched for clearly defined cases of each category and studied the incidence of absence, death or loss of one parent for any reason whatever. Only clear-cut cases were used. All mixed and intermediate syndromes were eliminated, as were phobias and anxiety states.

Sixty-one records have so far been found suitable: of these, twenty-seven were patients with conversion hysteria and thirty-four with compulsive-obsessive neurosis. Separation from a parent was defined as the absence of a parent for periods exceeding one year before the child's fifteenth year of age. Note was made of the time of the separation, the reason, the duration, and the age of onset of the neurotic symptoms.

Of the twenty-seven patients with conversion hysteria, three (11%) were subjected to periods of separation. In each the separation occurred between the ages of five and nine; in two by death and in one by emigration. In the latter the period of separation was of six years' duration.

Of the thirty-four patients with obsessive-compulsive neurosis, fifteen (44%) suffered extended periods of separation. Nine occurred between the ages of five and nine, four before the age of five, and one each at thirteen and fifteen. Separation was caused by death in nine subjects, hospitalization in three, and emigration in three. In the latter the separation lasted from one to three years, during the child's age of three to seven years. In four subjects there were double separations. In one subject there was hospitalization of a parent for a year, return home as an invalid for two years and then death. In three other subjects there was death of one parent and illness of the other at another time in the child's life. In all instances the parental loss occurred before the clinical onset of neurotic symptoms.

These data point in the same direction as the hypothesis suggested, namely, that loss of a parent tends to increase the difficulties of solving the problem of ambivalence.<sup>3</sup> So many other factors enter into the situation that we would limit ourselves to the conclusion that these findings warrant further study of the suggested correlation.

Other studies of parental deprivation have taken a somewhat different direction. Oltman et al. (5) studied the difference in rate of parental deprivation, comparing various psychoses with neuroses. They found that the incidence of loss of a parent did not vary in schizophrenia and manic-depressive psychosis from their control group, while psychoneuroses were higher. Their control group was State Hospital personnel, with 32 per cent deprivation. Psychoses showed 34 per cent and the neurotic subjects 49 per cent. The psychoneurotic group was not diagnostically further differentiated. Madow and Hardy (4), in a study of clinic population in the Army, found parental deprivation by death in 36 per cent of the neurotics. They used as a control, life insurance statistical tables which indicated an 11 to 15 per cent incidence of parent loss before the age of sixteen. A third study (3) of a student health clinic population in a State University indicated that 31 per cent of the neurotic subjects reported parent loss through death, while only 13½ per cent of the controls (normal students) did. None of these workers were searching for the factors we are, and there is no breakdown into the various neurotic categories. These observations cannot be used comparatively with our specific point in mind. In general the data from the literature indicate that the incidence of parent loss is greater in neurotic subjects than in psychotic and control groups, although the various control groups show a lack of uniformity. Our own subjects taken as a group (this excludes many mixed neuroses, phobics and anxiety states) show an average incidence of parent loss of 30 per cent. The incidence in the obsessional neurotic is higher than in the cited controls, while in hysteria it coincides with the lower percentages of the controls.

Apart from the subtleties of the psychodynamic processes which this study overlooks there are also gross difficulties in evaluating

<sup>3</sup> Chi square was calculated as 6.32 which is significant at the .01-.02 level. The chi square was corrected for continuity by Yates' method.

the statistics. First of all, the sampling is small. This will be remedied as the study continues. No other study differentiated among the neuroses, and diagnostic criteria probably vary from one institution to another.

This study can be refined and developed in a number of directions. The dynamics with reference to the separation could be explored. The presence or absence of parental surrogates should be looked into. Other factors of separation such as deafness or blindness or parent's going out to work must all be considered.

#### SUMMARY

A hypothesis was formulated stating that unresolved ambivalence (instinct defusion) may be related to the absence of one parent during the critical formative years. It was tentatively predicted that obsessive-compulsive neurosis (illustrative of instinct defusion) would therefore show a high rate of parental deprivation and that hysteria (illustrative of instinct fusion) would show a low rate. The actual data were: thirty-four cases of obsessive-compulsive neurosis showed 44 per cent of parental loss: twenty-seven cases of hysteria showed 11 per cent parental loss. We consider this at least a provocative difference. Even though many intrapsychic factors enter into the problem of unresolved ambivalence, these data warrant further study along these and related lines.

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