

Correspondence

FAMILIAL ASPECTS OF NEUROTICISM AND EXTRAVERSION

DEAR SIR,

The article "Familial Aspects of Neuroticism and Extraversion" by Coppen, Cowie and Slater (*Journal*, this issue, pp. 70-83), is very much to be welcomed as a scientific contribution to the study of family psychology, a subject in which facts are few and theories multitudinous. While welcoming these authors' contribution I nevertheless feel that there are some inconsistencies in their courageous attempt to account for their findings, and I hope they will not take it amiss if I venture to mention the following points. These relate chiefly to the M.P.I. neuroticism findings, which are presumably of more immediate interest than those for extraversion.

1. The assumption that a high average correlation between the scores for the mothers and those of all other members of the family, as found in the families of male neurotics, is in fact directly associated with the patient's illness (either as a cause or effect) is of course unproven. The absence of a similar pattern in the families of female patients is of interest, but scarcely illuminating. Presumably the appropriate control group for families of male neurotics is one comprising families containing only normal male members. If a similar correlation pattern emerged there would be no grounds for believing it had anything to do with mental illness *per se*. If a different pattern were found one would be on firmer ground in starting to look for an explanation.

2. If the apparently healthy mothers of the male neurotics are in some sense pathogenic, and if the correlation coefficient is any reflection of this process as the authors assume, then one would expect in these families to find a higher correlation between the mother and the patient than between the mother and a healthy male sibling, on whom her influence has presumably been less manifest. In fact the former is lower than the latter ($r = .195$ with $n = 53$ for mother-patient, $r = .328$ with $n = 34$ for mother-male sibling). Had equal sized groups of $n = 53$ been used and the same values obtained, this difference in correlation would have reached a statistically significant level *against* the prediction.

3. On the basis of the assumption regarding correlations on *N* scores already mentioned, it is further concluded that the mothers of female neurotics

do not have an important determining influence on other family members with respect to neurosis, while the mothers of male neurotics do. Yet for male siblings, the correlation with the mother is of the same order in both kinds of family (.33, .31).

These difficulties suggest that no coherent deduction can be drawn from the psychometric data in the present state of knowledge. Repetition of the study would be useful if it included a group of normal families, and for this purpose it would have been helpful had the authors quoted the variance for their different groups as well as the means; this would also have cleared any doubts that some of the correlations might be influenced by artificial restriction of the variance in some of the sub-groups. Further, in any repetition or extension of the work further thought should perhaps be given to the usefulness of the M.P.I. in investigations of this kind. There is indeed evidence from other sources suggesting that the mother has a crucial role in the development of neurosis in the rest of the family, and that she exerts this effect by a variety of interpersonal processes. Hence it would seem preferable to use instruments which focus more closely upon interpersonal behaviour, rather than on personality as traditionally conceived.

It is curious that the authors omitted to bring forward in their discussion a finding of considerable interest. In Table VIII of their paper details are given of those relatives of the patients who confessed to having had a psychological illness at some time. If one assumes that no one group has been lying about their history more than the others, it would seem that for male patients it is the mother who has most commonly been ill (17 per cent.) closely followed by the brother (16.7 per cent.). This agrees with the notion of the pathogenic mother, albeit one who is or has been ill herself, a view further supported by the fact that among female patients it is their sons who have the highest incidence of illness (22 per cent.). (It is unfortunate that the psychometric findings for grown-up children are not presented). It seems that the authors could have reached a conclusion rather similar to the one they draw by a much more direct route than the one chosen.

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