To improve observer uniformity and objectivity in the psychiatric appraisal of parents of psychotic children, structured psychiatric interviews were administered to 64 parents of psychotic children, including 28 husband–wife pairs and 8 single parents. Judgments were recorded on the Spitzer–Endicott Psychiatric Status Schedule and the past section of their Current and Past Psychopathology Scales. There were no significant differences between fathers and mothers of organic and nonorganic children (children with and without evidence of neurological dysfunction). As a whole, the 56 parents in the 28 participating husband–wife pairs fell between a contrast group of 55 adult subjects attending a psychiatric clinic and another contrast group of 130 subjects living in the community in upper Manhattan in their trends to pathological symptoms as judged by the Psychiatric Status Schedule. Similarly, in the past section of the Current and Past Psychopathology Scales the parents showed a trend to more psychopathology than a community sample of 36 nonpatient adults. Finally, computer diagnoses based on the Psychiatric Status Schedule showed more schizophrenia in the parents of the psychotic children than in a sample of 130 nonpatient adults in the community. The data thus tend to support findings based on the unstructured interview of elevated schizophrenia rates in parents of psychotic children.

The study to be reported was part of a larger investigative effort to establish the incidence of mental illness in the parents of psychotic children treated at

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the Henry Ittleson Center for Child Research. A previous investigation (Meyers & Goldfarb, 1962; Meyers & Goldfarb, unpublished) had demonstrated an unusually high incidence of schizophrenia in the parents of these psychotic children. However, this study had employed the unstructured interview technique, comparable to that employed in psychiatric clinical practice. Now we were proposing to check these findings through the use of a structured psychiatric interview which had patent advantages as a standardized fact-gathering procedure, and which offered the opportunity for precise and reliable computer classification.

The data in the literature of childhood psychosis strongly indicated the methodological necessity for a standardized interview technique which was valid, reliable, and exactly replicable in each case and as used by different observers. We were aware that reports of serious pathology in parents of children who were suffering from early childhood psychosis differ dramatically among themselves. Stated rates of psychosis in the parents of these children range from levels as low as those noted in normal populations to abnormally high levels. For example, in his study of the parents of 100 autistic children, Kanner noted that only one parent gave evidence of a major mental illness (Kanner, 1946). Following Kanner, other observers of children with autism of early onset and their families have confirmed the unusual rarity of schizophrenia or other major mental illness in the parents (Wing, 1966; Rutter, 1972). On the other hand, a number of investigators of psychotic children—with psychosis perhaps more broadly defined to include children who could be classified as schizophrenic as well as autistic—have reported abnormally high rates of psychosis in the parents. Bender and Grugett (1956) noted that 43% of the mothers and 40% of the fathers of their sample of schizophrenic children were “mentally ill.” In their appraisal of the families of preadolescent schizophrenics in twins and singletons, Kallman and Roth (1956) reported that the parental schizophrenia rate was 9% (12.5% if corrected for age). In their first report of the psychiatric classification of the parents of 45 schizophrenic children, Meyers and Goldfarb (1962) noted that 29% of the mothers and 13% of the fathers were schizophrenic. In a larger population of 98 mothers and 98 fathers of psychotic children, 29% of the mothers and 18% of the fathers were classified as schizophrenic (Meyers & Goldfarb, unpublished). There have thus been broad differences in rates of parental schizophrenia reported even by those observers who have recorded high levels of schizophrenia in the parents.

These conflicting findings regarding rates of serious mental illness in the parents of psychotic children undoubtedly reflect, in part, differences in sampling of children with reference to clinical syndrome, age and history of onset, degree of impairment, and contributory factors such as neurological