

*University of Leuven  
Academic Psychiatric Center  
Department of Psychopathology*

## PARENTAL SYMBOLISM AND IMAGE FORMATION IN NORMAL ADULTS AND DIFFERENT PATIENT GROUPS

FRANS HOORNAERT & LUC DELBEKE

The INDSICAL Program of Carroll and Chang has been applied in a study with the Semantic Differential Parental (S.D.P.). Four subject groups are examined: neurotic ( $n = 158$ ), psychosomatic ( $n = 113$ ), and schizophrenic ( $n = 97$ ) patients and an control group of healthy adults ( $n = 107$ ). The S.D.P. is a unipolar seven-step scale item list which is assumed to reflect the main aspects of the paternal and maternal dimensions. Concepts offered for assessment are the father and mother images, both with a realistic (memory images) and an ideal parent appraisal, and the doctor and self images. Three basic semantic components account for 40% to 50% of the total variance of the joint concepts in each group. Two semantic components are integrative components, whereas a third is a differential component of the paternal and maternal. The characteristics of this differentiation both validate and further explicate earlier research results with the S.D.P.: Each group is assigned a specific place with relation to the assimilation processes of the paternal and the maternal dimensions in image formation. Here, established patterns and different precursors (patient groups) of the patterns of individuation, receptivity, law and dependency or authority relationships are formed.

### INTRODUCTION

Dynamic psychiatry presumes that neurotic, psychotic and certain somatic symptoms are merely the manifestations of personality disorders that result from disturbances in the developmental processes. Thus, systematic investigation of the intrafamilial environment has led authors such as Lidz, Wynne and Bateson to the conclusion that diverse pathognomonic symptoms of schizophrenia are to be viewed as the result of internalization of the distortions in thinking and communicating and defective family structure. In their studies, the model of the socialization process proposed by Parsons and Bales (1955) and especially the concept of role differentiation within the nuclear family were very useful. First of all, there is a polarization whereby the father is the leader of the family in adaptive-instrumental roles as against the integrative-expressive primacy of the mother. This paternal role of instrumental activity refers primarily to establishing the desired relations to external goal objects. While involving discipline and control,

the father's role appears to be adaptive rather than punitive or hostile. Performance, achievement and power resulting in effective mastery of the environment are the major components. In contrast, the mother's basic functions pertain to intra-familial interaction where she happens to be the mediator and conciliator. By means of care, devotion and receptivity, she supplies the child's affective needs for security, intimacy and closeness. The power dimension, the superior-inferior polarisation, is another constitutive element of the first we-systems within the family leading to sexual identity and the separation of generations. Finally, these role differentiations are generalized (universalistic aspect) and thus become the fundamental patterns in social relations. As to the developmental stages of these processes, the pre-oedipal phase is characterized by an exclusively instrumental relationship with a generalized parental object. Once the mother-child system broadens into a family-system, both qualitatively different objects and qualitatively different role-relationships are established. Parson's conceptions of a generalized differentiation between expressive, instrumental and power relations appear to be in agreement with Osgood's research (1962) which demonstrates that affective modifiers may be grouped in three dimensions: evaluation, activity and potency.

What is the further assimilation of internalized parental roles? With evolving developmental processes, symbols are formed with regard to "the paternal" and "the maternal". These symbols both deepen and transcend the original reciprocal role-relationship between the child and his parents. With Vergote and Aubert (1972-73), we consider these symbols as psychic gestalts, i.e., affective and mental schemes formed by personal experiences and enriched by the meanings assigned by the cultural world of the subject. The content of the maternal symbolic dimension has reference to the lost paradise of early childhood unity and expresses the search for an object and desire to abandon oneself in a thou-relationship. The paternal symbolic dimension has reference to the law and the reality principle imposed by the father, but has a progressive dimension while opening to autonomy and identity for which he is the model and the promise. These symbols have a future history as well as a past, a recurrence into childhood as well as intentionality toward a reality beyond these experiences. It is clear that, alongside the configuration of associations and cognitive representations, a variety of affective meanings are taken up in this notion of symbol dimension.

A disturbed symbolic functioning is assumed with both schizophrenic and psychosomatic patients. As Lidz, Fleck and Cornelison (1967) stated, the symbolic processes of schizophrenics (and their families) are not guided by the principle of reality - e.g., the effectiveness and instrumental utility of mentation - but are based upon the demands of primary-process thinking in the service of drives. With psychosomatic patients, the "pensée opératoire" of Marty and de M'Uzan has been taken up by Nemiah and Sifneos (1970) to describe mental functioning that is stimulus-bound rather than drive-determined. In both

instances, inner representational activity is not firmly established and the precarious ego structure seems bound to the demands of either internal or external stimuli. In a previous study (Hoornaert & Pierloot, 1976) we tried to determine the degree to which the parental images of psychosomatic patients and neurotic patients can be viewed as a function of the paternal and maternal dimensions. Differences were found both with respect to parental images and mental schemes upon which image formation is based. Given our method, these mental schemes are to be considered as representative of the assimilation processes of the paternal and the maternal dimensions. With the group of psychosomatic patients our results supported the hypothesis that there is a certain deficiency in the capacity for differential symbol formation as the subjects did not experience the paternal and maternal dimensions as clearly distinct integrated *gestalts*. The present study applies the *INDSCAL* Program to our previously acquired data and to an additional group of schizophrenic patients.

#### METHOD

##### THE SEMANTIC DIFFERENTIAL PARENTAL

The Semantic Differential Parental (S.D.P.) made possible the study of both the internalization of parental roles and the degree of their further assimilation into symbolic dimensions. The S.D.P., using a combination of elements from the Q-technique of Stephenson and the Semantic Differential of Osgood (1962), was developed by Vergote and co-workers. The principles whereon the scale is based are given in detail by the authors along with a discussion regarding its validity and reliability (Vergote et al., 1972-73). The S.D.P. is a unipolar, seven step scale item list whereby the subject is asked to indicate to what degree he associates a certain quality to a certain concept. There are 36 qualities, 18 paternal and 18 maternal, which are assumed to reflect the most significant aspects of the paternal and maternal dimensions. These qualities are represented in Table 1. The concepts offered for assessment were, along with the self (s) and doctor (d) images, the parental images with both realistic [father (f), mother (m)] and ideal parent (if, im) appraisals. This double choice is offered to introduce a differential between memory-images and symbolic representations. Undoubtedly both the memory image and the symbol image come about by dynamic interaction of personal experiences, symbolization, idealization, social significance, and representativity; the study of their mutual differentiation is one of the main purposes of our research.

##### SUBJECTS

Three patient groups, psychosomatic (p, n = 113), neurotic (N, n = 158) and schizophrenic subjects (s, n = 97) together with a control group of healthy adults (c, n = 107) were studied. The different groups are

stratified with regard to sex, age, educational, and occupational levels. Tables providing further data about these subject variables and a survey of the diagnostic categories represented in each group have been published elsewhere (Hoornaert & Pierloot, 1976). Prior to submitting the S.D.P., all subjects were tested on the Raven Progressive Matrices. Subjects having an IQ < 85 were excluded from the experimental groups. In that way we hoped to assure that the subjects have sufficient motivation to fulfil their tasks.

#### DATA ANALYSIS

Within each group, each concept was described by means of the 36 qualities of the S.D.P. The semantic structure of each concept can be revealed by analyzing the covariance matrix for each concept. By standardizing the variance over each semantic scale we computed 4 (groups)  $\times$  6 (concepts) = 24 correlation matrices (each 36  $\times$  36). Factor analysis of each of these matrices allowed us to compare semantic structures for different concepts and different groups of subjects. But in order to make this comparison in a more systematic way, we sought a basic semantic structure which is common to all concepts within a particular group. Differences in semantic structure for different concepts within a single group are reflected in differential weights for the semantic dimensions on the basic structure.

If  $r_{1,2}^{d,C}$  is the correlation coefficient between the ratings given by the control subjects to the concept "doctor" with respect to qualities 1 and 2, then this coefficient can be decomposed as follows:

$$r_{1,2}^{d,C} = \sum_{m=1}^t w_{dm}^C x_{1m}^C x_{2m}^C \quad < 1 >$$

where  $t$  = the number of semantic dimensions;

$x_{1m}^C$  = the projection of the first quality on dimension  $m$  of the basic semantic space in the control group;

$w_{dm}^C$  = the weight of dimension  $m$ , indicating the importance of this dimension in determining the correlations between qualities in the description of the doctor concept by the control subjects.

By rewriting < 1 > as

$$\begin{aligned} r_{1,2}^{d,C} &= \sum_{m=1}^t (w_{dm}^C)^{1/2} x_{1m}^C (w_{dm}^C)^{1/2} x_{2m}^C \\ &= \sum_{m=1}^t f_{1m} f_{2m} \end{aligned} \quad < 2 >$$

one can easily see the relationship with the factor-analytic model. The modified model that we propose here looks for a factor structure  $x$

that must be common to all concepts within a single group, but the semantic structures for these concepts may be differentiated by differentially weighting the dimensions in the common factor structure.

A solution for Model 1 can be found by canonical decomposition of three-way tables. For each group, we constructed a three-way table by superimposing the correlation matrices for the six concepts which gives a  $36 \times 36 \times 6$  table for each group. The canonical decomposition of each of these three-way tables was obtained by using the INDSCAL Program devised by Carroll and Chang, who use the decomposition technique in the context of individual differences multidimensional scaling (Carroll & Chang, 1970). In the results section we shall refer to "components" rather than to "factors" as no communalities have been estimated and all correlation matrices have been analyzed with unities in the diagonal.

#### RESULTS

The basic semantic structures are given in Table 1. For each group, solutions have been computed in several dimensions, but each time the *three-dimensional* solution gave nearly as good a fit as the four-dimensional solution in terms of percentage of explained variance in the original data, and moreover the first three dimensions in each solution were comparable across groups in terms of their interpretation. To facilitate interpretation we give a graphic display of the basic structures in Figure 1 and 2.

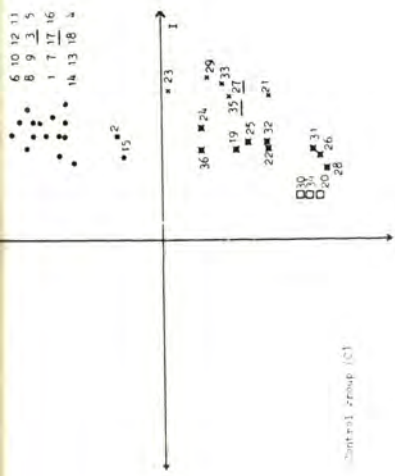
In all the graphs, four more or less distinct clusters of qualities can be distinguished. The largest cluster corresponds to the complete set of *maternal* qualities (numbers 1 to 18, symbol in Figures 1 and 2: ●). The paternal qualities are distributed over three different clusters. The first is constituted by the qualities 21, 23, 27, 29, 33 and 35 (symbol: ×), which can be characterized as *instrumental* qualities. The second cluster contains the qualities 19, 22, 24, 25, 26, 28, 31, 32 and 36 (symbol: ■), which can be characterized as *authoritative* qualities. The third group of parental qualities (20, 30 and 34 – symbol: □) represents the *law* characteristics. The components can be interpreted most easily in terms of these clusters.

#### COMPONENT 1

It is the most important one in the control group (cf. percentage of variance explained by this component in Table 1). It is a "general" component, because all qualities are positively loaded. This component shows that, in the c-group, and particularly for the concepts "d" and "if", there is a tendency to integrate all qualities into a single evaluative quality. Notwithstanding the overall positivity of the loadings, there is a clear cut rank order of the clusters, with the instrumental as the highest, the law as the lowest, and the authoritative together with the maternal in an intermediate position.

Images	Control group (C)			Neurotics (N)			Psychosomatics (P)			Schizophrenics (S)		
	I	II	III	I	II	III	I	II	III	I	II	III
Doctor (d)	10.828	2.727	6.349	5.630	2.049	8.533	7.120	3.490	6.358	3.835	4.168	6.384
Father (f)	6.074	6.666	3.944	4.452	6.560	6.380	8.512	5.383	3.707	2.957	4.931	6.696
Mother (m)	8.871	6.299	3.689	5.007	6.371	6.720	8.347	4.852	4.426	3.490	6.451	6.680
Ideal father (if)	11.283	3.234	3.455	2.962	4.105	8.198	4.588	2.716	5.624	4.095	3.118	7.889
Ideal mother (im)	8.454	6.622	3.294	4.109	3.497	10.432	5.939	3.741	7.610	3.726	2.966	8.406
Self (s)	9.420	4.363	3.881	3.925	3.461	7.418	6.421	4.211	4.996	4.593	2.603	10.054
Qualities / % of variance explained	25.416	13.847	11.394	12.076	12.056	22.074	18.951	11.292	15.144	10.507	11.220	18.393
1 Patience	0.128	0.156	0.150	0.221	0.151	0.069	0.198	0.025	0.117	0.216	0.216	0.059
2 Availability	0.165	0.070	0.152	0.220	0.088	0.098	0.149	0.004	0.217	0.141	0.140	0.120
3 Intuition	0.206	0.175	0.134	0.191	0.156	0.143	0.184	0.057	0.223	0.074	0.225	0.125
4 Caring	0.158	0.146	0.105	0.288	0.144	0.085	0.204	-0.061	0.163	0.171	0.179	0.147
5 Receptive	0.175	0.188	0.166	0.212	0.164	0.101	0.228	-0.001	0.112	0.064	0.233	0.163
6 Tenderness	0.158	0.227	0.173	0.110	0.250	0.184	0.226	0.079	0.178	0.023	0.256	0.186
7 Serving	0.162	0.157	0.166	0.162	0.144	0.152	0.187	0.011	0.183	0.180	0.136	0.144
8 Sensitive	0.161	0.204	0.169	0.145	0.210	0.199	0.245	0.008	0.163	0.053	0.266	0.174
9 Generosity	0.182	0.199	0.087	0.171	0.233	0.128	0.185	0.061	0.206	0.097	0.231	0.155
10 Intimacy	0.139	0.209	0.136	0.077	0.220	0.194	0.186	0.004	0.200	0.025	0.232	0.182
11 Sympathetic	0.200	0.207	0.144	0.186	0.220	0.139	0.255	-0.047	0.124	0.139	0.245	0.122
12 Empathic	0.177	0.222	0.144	0.196	0.223	0.148	0.236	-0.002	0.147	0.086	0.205	0.175
13 Sheltering	0.156	0.152	0.213	0.119	0.190	0.165	0.181	-0.049	0.179	0.043	0.224	0.168
14 Lets be a child	0.124	0.142	0.205	0.046	0.165	0.124	0.116	-0.036	0.154	-0.035	0.156	0.154
15 Waiting	0.128	0.059	0.244	0.090	0.141	0.182	0.127	0.026	0.233	0.146	0.142	0.144
16 Comforting	0.193	0.172	0.088	0.112	0.165	0.188	0.209	-0.081	0.172	0.037	0.234	0.189
17 All-embracing	0.156	0.164	0.213	0.070	0.200	0.213	0.221	-0.054	0.173	0.100	0.192	0.194
18 Protective	0.136	0.107	0.188	0.132	0.153	0.172	0.088	-0.253	0.128	0.089	0.195	0.181
19 Disciplinarian	0.070	-0.237	0.267	-0.052	-0.216	0.218	-0.076	-0.201	0.272	-0.012	-0.183	0.239
20 Legislator	0.220	-0.158	0.016	0.273	-0.118	0.130	0.144	-0.262	0.104	0.242	-0.038	0.125
21 Initiative	0.145	-0.163	0.149	0.162	-0.115	0.157	0.051	-0.227	0.136	0.218	-0.094	0.157
22 Strength	0.227	-0.007	0.056	0.299	-0.035	0.112	0.164	-0.224	0.037	0.317	0.009	0.098
23 Foresight	0.166	-0.095	0.132	0.158	-0.071	0.196	0.099	-0.217	0.180	0.170	-0.024	0.158
24 Norm	0.147	-0.132	0.181	0.215	-0.122	0.108	0.077	-0.248	0.100	0.189	-0.031	0.149
25 Speed/astness	0.227	-0.238	0.167	0.045	-0.232	0.186	-0.025	-0.230	0.230	0.146	-0.141	0.205
26 Decisiveness	0.224	-0.103	-0.018	0.219	-0.029	0.153	0.168	-0.208	0.049	0.297	0.069	0.123
27 Dynamic	0.109	-0.249	0.203	0.022	-0.211	0.214	0.012	-0.277	0.181	0.185	-0.110	0.201
28 Power	0.252	-0.072	-0.027	0.263	-0.057	0.114	0.197	-0.225	0.036	0.332	0.100	0.107
29 Systematic mind	0.068	-0.212	0.319	-0.109	-0.192	0.231	-0.089	-0.156	0.284	-0.040	-0.177	0.249
30 Judge	0.135	-0.227	0.219	0.030	-0.194	0.244	0.016	-0.246	0.220	0.173	-0.115	0.194
31 Gives directions	0.148	-0.162	0.205	0.084	-0.195	0.219	0.050	-0.298	0.166	0.185	-0.108	0.206
32 Authority	0.235	-0.087	-0.027	0.233	-0.039	0.149	0.172	-0.233	0.108	0.265	0.076	0.126
33 Achiever	0.066	-0.217	0.232	-0.062	-0.200	0.197	-0.085	-0.176	0.176	-0.003	-0.181	0.211
34 Stern	0.216	-0.104	-0.035	0.188	-0.059	0.093	0.178	-0.236	0.048	0.251	0.113	0.127
35 Knowledge	0.141	-0.056	0.161	0.103	0.016	0.182	0.179	-0.201	0.106	0.057	0.058	0.199
36 Who Examines												

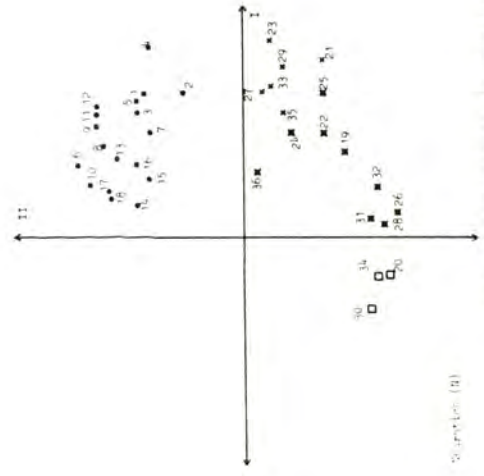
TAB. I. COMPONENT MATRICES FOR CONTROL GROUP AND THREE GROUPS OF PATIENTS



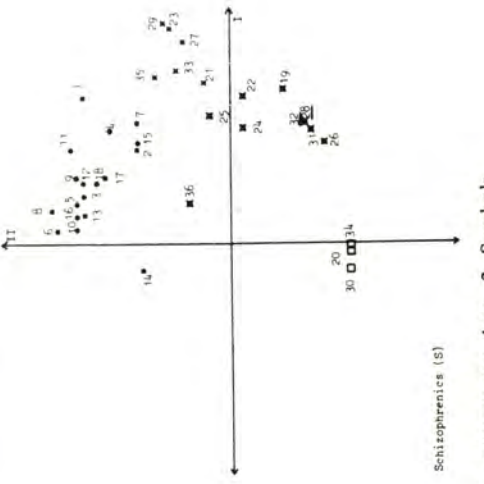
Component 2 (C2)



Psychosomatics (P)

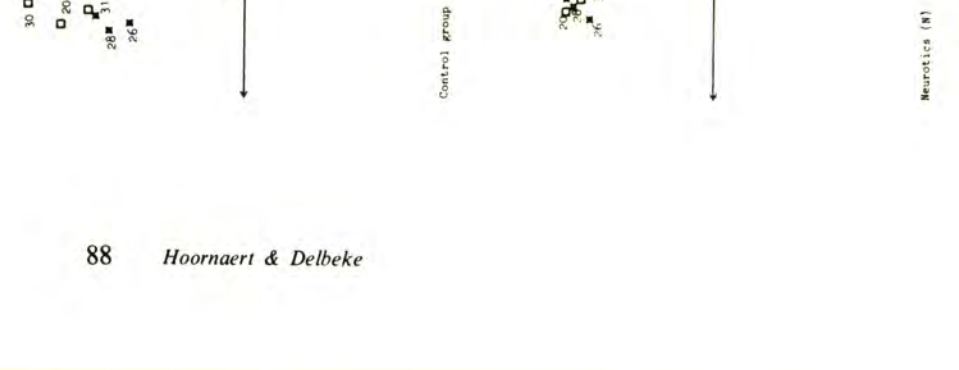
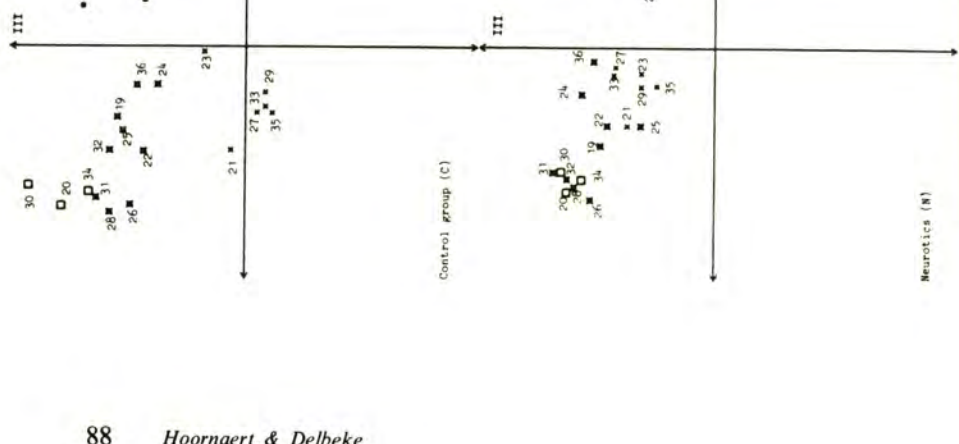
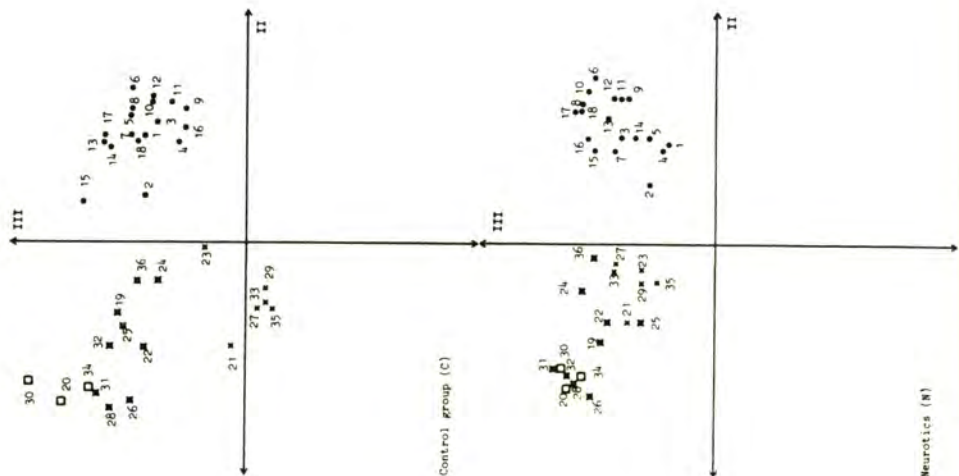
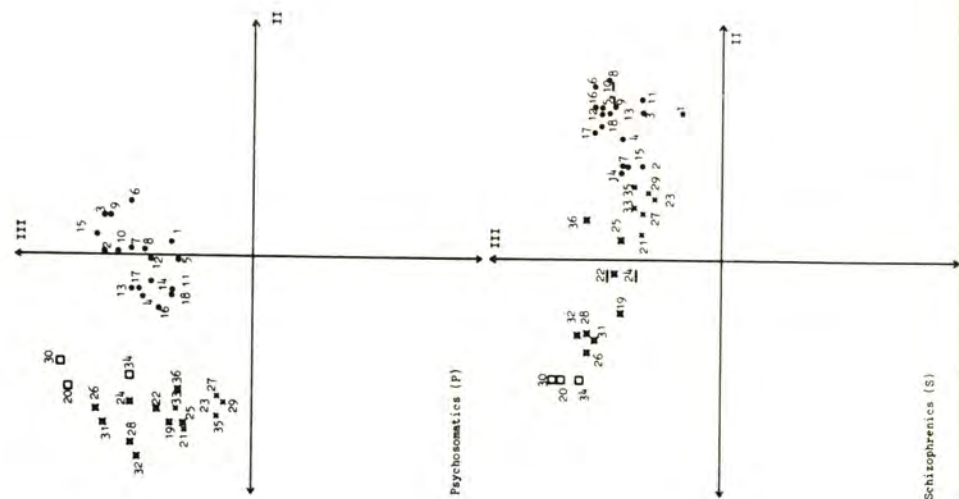


Component 1 (C1)



Schizophrenics (S)

FIG. 1. DIMENSIONAL GRAPHS OF SEMANTIC STRUCTURES : COMPONENT 1 VS. 2. Symbols of underlined figures coincide in the graph. The figures refer to the qualities in Table 1 and different symbols refer to the different clusters of qualities as mentioned in the text.





About the same rank order, but with the clusters more dispersed over the first dimension and even with a tendency to bipolarity with respect to the law characteristics, can be found in all of the patient groups. The component no longer functions as a general component, but in the *p*-group it integrates more specifically the instrumental qualities with the maternal qualities dominating.

In the *s*-group, it will also and mainly integrate the instrumental with the authoritative qualities, while in the *n*-group, the instrumental qualities are integrated with some of the maternal and authoritative qualities. Together with the change from a kind of general to a more specific type of component when we go from the *c*-group to the other groups, we see some changes in the concept weights. The first component is the most important one for nearly all the concepts in *c*; but this is not the case in the other groups. Even in the *p*-group, where it remains the overall most important component, the "if" concept has a relatively low weight compared to its high weight in the *c*-group.

#### COMPONENT 2

This is a bipolar component (except for the *p*-group) which explains nearly the same amount of variance in each group. In the *c*- and *n*-group, the component opposes the maternal to the paternal qualities. Among the paternal qualities, there is again a differentiation between the three clusters, with the most extreme loadings for the law qualities, and the smallest negative loadings for the instrumental qualities. This means that in these groups there is a tendency for negative correlations between maternal and paternal qualities (especially the law qualities). This is more especially the case for the "f" and "m" concepts (and also for "im" in the *c*-group).

This tendency to oppose paternal to maternal qualities diminishes within the *s*-group, although there remains the opposition of maternal to law qualities. Again, this effect is most markedly pronounced for the "f" and "m" concepts.

The oppositional effect disappears almost completely in the *p*-group, where it is reduced to a tendency for strong positive correlations among paternal qualities without influencing their correlations with the qualities from the maternal cluster. This is especially the case for the "f" concept.

#### COMPONENT 3

Similar to the first component in the *c*-group, the third component can be considered as a "general" component in the *s*- and *n*-groups, where it also becomes the most important component. The rank order of the particular clusters, however, is reversed. This means that although there is a general tendency to integrate all qualities within a single evaluative dimension, the strongest tendency is to integrate qualities within the cluster of law qualities. This particular tendency and also

the disassociation of the law qualities from the instrumental qualities are the constitutive elements of the third component in the c-group.

The third component is the most important one for nearly all the concepts in the n- and s-groups, but is particularly important for the "im" concept in the n-group and for the "s" concept in the s-group. In the p-group, it is also the most important component for the ideal concepts, while it does not seem to explain much differentiation in the structuring of the concepts in the c-group, except that it seems to be a relatively important component for the "d" concept.

Before we start with a more general discussion we give a few concrete illustrations of differences between concepts and between groups. When we look at the general picture we get from these three components, we can see the following trend: To the degree we can consider the components 1 and 3 as "integrative" components - where the integration of qualities takes place under the primacy of respectively instrumental and law qualities - and to the degree we can consider component 2 as an opposition component for paternal and maternal qualities, we can say that the opposition component determines the structuring of the "f" and "m" concepts to a greater or nearly the same extent as each of the integrative components. For the ideal concepts, on the contrary, the opposition component plays a much less important role.

Closer inspection of the weights in Table 1 allows a more detailed description of this general trend within each group, and allows interpretation of the "d" and "s" concepts. In the c-group, the "im" concept is structured in nearly the same way as the "m" concept, while this is not the case in the other three groups who follow more closely the general trend. The "d" concept is not much influenced by the opposition component. This can be illustrated by the fact that, e.g., the mean correlation coefficient between the paternal and maternal qualities is .34 when they are applied to "d", as against .07 when applied to "f"

$$(r_{p,m}^{d,C} = .34 > r_{p,m}^{f,C} = .07)^1$$

The "d" concept is differentiated from the "if" concept by the law qualities tending to be integrated with other qualities, mainly the authoritative and maternal, to a greater extent. The mean correlation coefficients illustrate this:

$$r_{a,l}^{d,C} = .46 > r_{a,l}^{if,C} = .35$$

$$\text{and } r_{a,m}^{d,C} = .30 > r_{a,m}^{if,C} = .16 > r_{a,m}^{im,C} = -.01$$

<sup>1</sup> The direction of the difference between correlations has been tested statistically by using the sign test for all the examples given in the text. In all cases there is a significance beyond the .01 level.

The low value for the last coefficient is due to the joint effects of the second and third component.

The N-group shows a clear distinction between ideal and real concepts, mainly on components 2 and 3. These concepts are also differentiated from each other in the P-group, but, as we have already noted, in this last group the second component no longer functions as a bipolar component. Moreover, to the extent that the first component integrates the maternal with the instrumental qualities, this effect will be stronger in the real concepts compared to the ideal concepts. So, e.g.,

$$r_{i,m}^{f,P} = .31 > r_{i,m}^{if,P} = .21$$

(while  $r_{i,m}^{f,C} = .09 < r_{i,m}^{if,C} = .39$ ).

Although the "s" concept has its strongest weight on the most integrative component in each group, this is most markedly the case in the S-group. This can be illustrated by, e.g.,

$$r_{l,a}^{s,S} = .41 > r_{l,a}^{m,S} = .32$$

and  $r_{l,m}^{s,S} = .26 > r_{l,m}^{m,S} = -.01$

#### DISCUSSION

Supported by an extensive body of literature, the S.D.P. aims at reflecting the most important aspects of the paternal and maternal dimensions in a group of 36 qualities. With these elements, the subject groups form four quality clusters. The largest group comprises all 18 maternal qualities, while the group of paternal qualities breaks down into a triad of instrumental, authoritative, and law qualities. In the first general definition, the instrumental and maternal qualities refer to the contents of Parson's concepts of the instrumental-adaptive and the integrative-expressive roles. The authoritative and law qualities refer to the power dimension. The emphasis of the authoritative aspects is on judgment standards, leadership, and authority based on knowledge and skill or instrumentality. The law cluster gives the application of the restrictive law and order principle in the interpersonal relations. Our discussion consists of three sections: First, we determine the ordering principle of the three basic semantic dimensions formed by the quality clusters. The results derived from the control subjects serve as the point of departure for the explanation. There is, however, sufficient congruity with the other groups to define the dimensions in the same way with respect to them. With these structures, about 40% to 50% of the variability of the collective concepts are explained. In the second section, we analyze in detail the differences between the semantic structures of the pathological groups. Relying on their context

– their place in the structures – we can interpret certain meaning shifts of the quality clusters. Finally, we investigate how the various concepts or images are differentiated by the meaning shifts of the quality clusters and the differential weights of the semantic structures. We shall limit ourselves here mainly to the differentiation between the parental images.

In two semantic dimensions, an integration of the paternal and maternal qualities is obtained, with the instrumental qualities (component 1) and the law qualities (component 3) dominating. The structure of the first component is almost identical to the profile of the ideal father image of the control subjects and of the different pathological groups<sup>2</sup>. Therefore, it is also reasonable to assume that the same ordering principle determines the semantic dimension as the construction of the ideal father image. It seems to reflect a concept of activity, autonomy and independence, of individuation in the Jungian sense (Jung, 1950) or ego identity in Erikson's (1963) sense. Here, being instrumentally directed to the external world and reality takes precedence. In the second place are the interpersonally oriented relations: the maternal qualities and the aspects of leadership and authority. And finally, the concept of individuation also includes the aspects of law and order. In the law component, we find an almost reversed rank order of qualities, but the instrumental qualities are disassociated from the structure. This means that, to the degree that more law qualities are distinguished in a concept, image or object, almost all of the parental qualities are also ascribed more to that image. Authority figures are thus objects that mobilize and actualize virtually all the attitudes, feelings, and phantasies reflected in the paternal and maternal dimensions. In this component the heterogeneity of the relation is thus particularly emphasized, which, from the point of view of the subject, evokes a dependency pattern of relationship.

The second component is characterized by the opposition between the paternal and maternal qualities so central to our investigation. The share of this differential component in the images remains almost constant for all the groups. The importance, however, of the individuation component diminishes and that of the law component increases with the pathological groups. This is especially clear with the ideal images. We can therefore formulate the first distinction between the two kinds of groups: The pathological groups define the ideal images as authority figures; the control subjects are oriented to individuation for which the ideal images, and especially the ideal father image, serve as models.

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<sup>2</sup> The profile of an image consists of the rank order of the qualities according to the average intensity of ascription to that image. The profiles of the parental images are given in detail for the control group (Hoornaert & Pierloot, 1975), while those of the pathological groups are described according to the intensity of ascription of the quality clusters (Hoornaert et al., 1976).

The control subjects and the neurotic patients place the maternal qualities in two clearly distinct contexts. In the individuation and law components, the maternal aspects receive, by high correlations with the instrumental and the authoritative qualities, more directive and active connotations in the sense of maternal nurturing. In the differential component, however, a disassociation is introduced through the activity and authority poles of the paternal dimension. Here, in our opinion, the affective maternal values are made more profound in the sense of the susceptible, the passive-receptive, and the anaclitic. The psychosomatic and schizophrenic patients place the maternal exclusively in an active context. It is clear that, by emphasizing the active meanings, the contents of the maternal dimension approach more the sociological concept of the expressive maternal role. In its receptive meanings, however, the more highly defined and prospective symbolic contents are approached. Therefore, we conclude that there is only a regressive symbolization of the maternal by the psychosomatics and the schizophrenics. Nevertheless, the psychosomatics do form, as the schizophrenics do not, a concept of the paternal. Its relatively simple structure fulfils the law of all or nothing: Each paternal quality correlates very highly with the other qualities of the paternal pole. Moreover, this paternal gestalt is conceived independently of the maternal gestalt. Thus, everything indicates that here is reflected the genetically most primitive form of the paternal, for the paternal refers simultaneously and in the same degree to the various components of the following equation: The paternal = law (law and order principle) = activity and autonomy = authority (leadership). This joining stresses a relationship of domination.

With the controls and the neurotic patients, a structure occurs in the paternal pole under the dominance of the law qualities: The ordering principle is no longer the paternal, but a law and order principle. The assimilation processes of the paternal and maternal roles lead to the symbolization of law and receptivity polarity with both of these subject groups.

With the psychosomatic patients, the individuation component remains the most important structural element in image formation and this as opposed to the other pathological groups. Peculiar to this component, however, is that the maternal qualities come more to the fore than the instrumental qualities. This is a clear confirmation of the tendency mentioned earlier for these subjects to ascribe more primary maternal characteristics to their objects (Hoornaert & Pierloot, 1976). What concerns individuation itself, however, is that this no longer primarily occurs in relation to external goal objects – the external world [of material objects] – but via interpersonal relations. A specific compromise is expressed here between the desires for autonomy and individuation and the need for dependence. Psychosomatic literature repeatedly emphasizes the latter and Millon sees them as the basic problem of the “conforming personality”, the personality type that would underly the tendency to somatization (Millon, 1969). In sum-

mary, we can say that the greater concern about individuation with the psychosomatics rests on its primary maternal characteristics.

Along with the law component, schizophrenic patients form two other integration models of the paternal and maternal qualities. One corresponds to the individuation component, but the concept of individuation is more paternally colored because, along with the instrumental qualities, leadership and authority especially dominate. Particularly the self image and the father image are mutually differentiated according to this individuation model. The other semantic dimension corresponds to the differential component but is actually more similar to the individuation component of the psychosomatic patients. Here particularly the mother image is delineated from the self image. The expertised authority and nurturance patterns evoke two alternative individuation models; the first is attributed to the self, the second to the mother figure.

The law qualities, reflecting the law and order principle, are much more clearly located in the semantic structures by the control subjects than by the pathological groups. First of all, the law qualities are integrated into the individuation component of the control subjects and disassociated therefrom by the pathological groups. On the other hand, the law qualities order the paternal pole of the differential component into a law dimension with the control subjects and the neurotics. This does not occur with the other pathological groups. Finally, when the law qualities in the law component mainly emphasize the heterogeneity of the relations, this structure seems to be more restrictive with the control subjects. With them, the instrumental function is not taken up into the law component, though it is by the pathological groups. We are thus able to state that, with the control subjects, the law and order aspects are represented by the objects to the degree that they represent specific dimensions such as individuation and law. With the pathological groups, the restrictive law and order principle is the main characteristic of the relation itself with specific objects.

The control subjects are the only group which, on the basis of the common semantic structures, clearly differentiates the two ideal images. In the ideal father image, the individuation component is by far the most important; in the ideal mother image, the differential component approaches the contribution of the individuation component. These ideal images are to be understood as symbol images of two distinct forms of investment (cathexis) of the objects. For along with the already described characteristics of the image itself as well as by the nature of its investment reflected in the individuation component, the ideal father image is to be interpreted as a model image for self-differentiation and individuation. The predominance of maternal characteristics in the profile of the ideal mother image is here associated with the emphasis on the opposition between an accepting and a law gestalt in the differential component. The ideal mother image is thus

the symbol image of the desire for the maternal, the desire to surrender oneself in a thou-relationship. This seems to correspond to the adult stage of the well-known Freudian polarization of narcissistic and anaclitic object-choices. The remaining images are also differentiated into two groups. There are the model images, such as the doctor image, and the self image with a clear predominance of the individuation component. In the construction of the memory images, the subjects attach as much importance to the law and receptivity dimensions as to the individuation dimension.

With the pathological groups, the main differentiation lines lies in the distinction between the memory images and the ideal images. Only with the schizophrenics is the difference between the self image and the memory images greater. Insofar as differences are introduced between both ideal images, the ideal mother image, broadly speaking, has more characteristics of a model image than the ideal father image. But the individuation component, as the differential component for that matter, becomes less important in the ideal images than in the memory images. For the ideal images, the law component is clearly predominant. Thus, we must not take the ideal images of the patient groups as symbol images, but as enlargements and idealizations of the memory images and especially as authority figures. The heterogeneity of the relation is reflected here, and this in terms of a hierarchy in which all of the paternal role patterns are involved. Concerning the memory images, those of the neurotic patients and the control subjects have much in common, being constructed from the dimensions of law, receptivity, and individuation. With the psychosomatic and schizophrenic patients, however, the memory images are based on specific individuation components and on an incomplete differentiation of the paternal and the maternal poles.

#### SUMMARY

With the canonical decomposition of the covariance between the paternal and the maternal quality series applied to various concepts, we come to conclusions that confirm and further explicate the results of our earlier research. The differentiation between images with the control subjects rests largely on an elective emphasizing of the integration between paternal and maternal characteristics in some images, and on the opposition between the paternal and maternal poles in others. This integration of paternal and maternal characteristics occurs according to a specific ordering principle in which we can discern a concept of individuation or ego identity. Images such as the ideal father image, the doctor image, and the self image are constructed according to this individuation concept and are named model (narcissistic) images. In the images representing an objectlibidinal investment – the ideal mother image and the memory images – the opposition between the paternal and maternal gestalts is stressed. In the organiza-

tion of the paternal triad of quality clusters (instrumental, authoritative, and law qualities), a law dimension is structured; in the maternal, the receptive (the anaclitic) is symbolized.

With all pathological groups, there is a deficiency in conceptualization of two distinct ideal images. The neurotic patients apply the differentiation between the law and maternal dimensions predominantly to memory images; the psychosomatic and schizophrenic patients lack material for differentiation. For, in these latter groups, the maternal retains more active and controlling aspects and thus conforms more to the sociological concept of the maternal role or maternal nurturing. The psychosomatic patients, as opposed to the schizophrenics, do know a symbolization of the paternal but with genetically primitive characteristics. With the patient groups, the law qualities seem less integrated in the semantic components than with the control subjects. This is much more pronounced with the schizophrenics than with the neurotics. The psychosomatic come in between them.

On the other hand, a second integration component of paternal and maternal qualities acquires importance with the pathological groups and this particularly with the ideal images and the doctor image. These images are largely interpreted in terms of an authority or a power dimension in which all of the parental role patterns are involved. Consequently, we see that with the control subjects the law and order principle is integrated into the structures that are represented by the objects. With the patient groups, this is a characteristic of the objects themselves. Here, the concept of an ideal father or mother image refers to idealized authority figures, projected in the external object-world and reality. With the control subjects the concepts represent a symbolisation of two distinct internalized patterns of object-relationship. Finally, there is an individuation concept with the psychosomatics that is predominantly maternally colored. The schizophrenics have a double concept: One is a pattern of expertised authority and the other, as with the psychosomatics, is principally characterized by maternal expressive qualities. Both reproduce the Parsonian conceptions of paternal and maternal roles.

Thus, we have established a field wherein the various groups of patients and the control group assume a specific place in relation to assimilation and symbolization of parental role patterns.

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Department of Psychology  
Tiensestraat 102  
3000 Leuven

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