In this issue of *Bereavement Care* we publish three papers which, together, suggest how depression in adult life may be prevented and treated. The link paper is an important study by Marcoux and Kiely of the effects in adult life of the loss of a parent in childhood. Adults who have suffered such a bereavement are shown to have a higher prevalence of depressive mood, guilt, loss of self-esteem and social withdrawal—all symptoms which are described in Parkes' paper as tending towards depressive illness.

Several studies, notably one by Brown and Harris (1978), have linked depressive illnesses in adults with the death of a parent and it is obviously important for us to seek for ways to reduce that risk. In her contribution to this issue, Rosemary Wells suggests how this might be achieved.

Given that some people are vulnerable to depressive illness there are some occasions when such disorders are triggered by bereavements in adult life. The diagnosis and treatment of these conditions are described in the article by Parkes.

EDITOR

Reference:
Brown G. W. & Harris, T. (1978). *Social Origins of Depression.* Tavistock, London.

EARLY LOSS AND ADULT PERSONALITY

by Yves Marcoux, Ph.D., & Margaret Kiely, Ph.D.

Many writers have underlined the importance of the first years of life[8,16]. In different ways, they have described the development of an affectional bond, especially between the mother and her child, and also have emphasised the role of security and stability of this bond as factors in harmonious growth.

Research has shown that an early disruption of this bond by the death of a parent or by the separation from a parent can have disturbing effects upon the child[1,2,33]. Other research has tried to ascertain the long term consequences of this trauma by studying adults—mainly those with psycho-pathological problems[6,7,9,10,14,18,20,24], but also adults without any pathological history[3,4,23,34].

However, in spite of some significant relationships found between early loss and pathology or specific personality factors, these studies have not succeeded in producing very strong evidence. In fact, many methodological problems make these kinds of studies difficult, thus often weakening the results[10,21].

Study

The main goal of this retrospective research was to study the relationship between the loss of a parent by death or by broken home during infancy or adolescence (6 months to 16 years), and five personality variables in a "normal" adult population aged between 25 to 35 years. A review of past studies enabled us to determine the suitable variables to be used in our research.

The general hypothesis was that adults who had lost a parent during this period would show a higher level of depression, guilt, dependency, a lower level of self-esteem and capacity for intimate contact when compared with adults who had not suffered such a loss. The circumstances surrounding the loss and the level of death anxiety were also explored.

The 224 subjects were carefully chosen from an initial sample of 6,500 adults, students at Laval University (Quebec, Canada). They were divided into four groups depending on the presence of a loss and the type of loss: Group I: death of mother (15M-30F); Group II: death of father (38M-75F); Group III: broken home (18M-17F); Group IV: intact family (35M-34F). The average age was 28.8 years old (28.1 for men; 29.5 for women), women being slightly older than men.

There were five dependant variables: depression, guilt, dependency, self-esteem and capacity for intimate contact. Depression was measured by the "D" scale of MMPI (Minnesota Multiphasic Personality Inventory) elaborated by Hathaway & McKinly (1942) to provide in a single test scores on almost all important aspects of the personality. Guilt and dependency were respectively measured by factor "0" and factor "I" of 16PF (Sixteen Personality Factors) by Cattell (1949). Chevrier (1962) made the French translation and validation of the test. Finally, self-esteem was measured by scales "Sr" and "Sa" and capacity for intimate contact by scales "A" and "C" of POI (Personal Orientation Inventory) by Shostrom (1964). Death anxiety was evaluated by the DAS (Death Anxiety Scale) by Templer (1970). The circumstances surrounding the death were obtained by a modified translation of Wulf's questionnaire (1976). 15 sessions of three hours each, with 15 to 20 subjects per group, were necessary for collecting the data.

Results

The study of the relationship among the five dependant variables (r of Pearson) led to the creation of a general factor that was called "psychological adaptation" which permitted additional analysis. The subsequent multivariant statistical analysis revealed: (1) there was no significant difference between the four groups when taken separately, but (2) there was a significant difference (p = less than .05) on the dependant variables between subjects who had lost a parent (Groups I, II and III) and subjects who had not (Group IV). More specifically, the variables of guilt, depression, self-esteem and capacity for intimate contact contributed mainly to the differences between the two groups. The results were in the predicted direction.

Other statistical tests were carried out (T-Test) comparing the means of each group taken two by two on each variable. People who had lost a parent by death seemed more disturbed by the death of the

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