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

continued on p. 4

continued from p. 3

mother than by the death of the father. Indeed, when Group I (death of mother) was compared to Group IV (intact family), three variables reached the significant threshold (p = less than .05) and guilt, self-esteem and "psychological adaptation" and one, the capacity for intimate contact, was very close to the significant threshold (p = less than .01). On the other hand, when Group II (death of father) was compared to Group IV (intact family), only one variable (guilt) reached the significant threshold (p = less than .05).

In the analysis of the relationship between the sex of the bereaved and that of the deceased, there was found to be no significant interaction. Subjects who had lost a parent at between 6 months and 9 years old seemed more disturbed than those who had lost a parent later (10 to 16 years).

Also subjects who had suffered a separation (Groups I, II, III) manifested a significantly higher level of death anxiety when compared with subjects of Group IV (intact family).

Finally, when the circumstances surrounding the loss were studied, no significant relationships were found with our dependant variables.

Discussion

The main finding of this study was that people who had lost a parent by death or by broken home were significantly different on certain personality variables from those who had not suffered a major loss. This result supports the suggestion that early loss of a parent not only affects the child at the time of the death but also that negative effects can last a long time into adult life.

More specifically, a strong sense of guilt defined also as a tendency to be worried, anxious, depressive and low in self-esteem, was the important factor differentiating adults having suffered an early loss from those who did not. The next important variable was the self-esteem as measured by POI. These findings coincide with studies which suggest that guilt and blame for the death and a lowering of self-esteem were the principal reactions of the child[2,28,33]. It seems that these feelings do not vanish with time but, on the contrary, root themselves for a long time in adult life. Unfortunately we do not know precisely how these feelings disturb the person in his everyday life. A further study, focussing more deeply on an inner perspective of each person and his daily life would be valuable to extend our understanding of these effects.

This study suggests also that people who had lost their mothers remained more affected by this trauma than those who had lost their fathers. This finding is consistent with those who have stressed the crucial role of security and stability in the attachment of a child to his mother and the consequences of the disruption of this bond[8,9,16,17,28,29]. This supports the accepted view of the mother in our society as the first and also the most important figure.

Some of these long lasting feelings and effects recorded in this study (presence of guilt and low self-esteem) appear to be, in a certain manner, similar to the reactions observed in bereaved people at the time of loss. So it seems probable that these people were having difficulty in integrating their experience of loss and mourning, and that they are still grieving. These findings would tend to support the suggestion of many authors that the child has difficulty in mourning[5,15,22,25,26,27,32,33]. However there is no clear evidence about that.

The significance of these findings became more important because special attention was given to the selection of subjects. A sociological questionnaire administered to the subjects revealed that they represented, in spite of the fact that they were students in a university, a sample of the general population at least as far as the socio-economic level of their family origin is considered. More specifically, 50% of our subjects, who were studying and working at the same time, came from families of average income, 21% above average and 29% below. This socio-economic distribution is more comparable with the general population than the standard university population coming mostly from middle and upper classes. It is important to underline that this observation is made from a socio-economic point of view and not from the intellectual capability point of view. On this item, it is possible that our subjects were above average level. Also the subjects of the control group had not suffered any major loss or reported any major discord between their parents. Finally, the percentage of mother death and father death was comparable with other research [9,24,34].

With regard to the circumstances surrounding the loss, there were no significant findings. However, it does not mean that they are not important. One way to know more about the circumstances and their rôle in further adaptation would be to compare adults who have experienced psychiatric disorders with those who have not, all these adults having experienced some major early loss. Such a study would increase our understanding of loss by isolating environmental variables which prove to be helpful or not after the loss.

It would also be possible to determine if psychiatric patients have suffered more than one important loss in their lives. If this is the case, the suggestion of Brown (1982)[11] would be supported. He believes the loss of a mother can act as a vulnerability factor and with further losses adults could be more apt to develop serious psychological problems, mainly depression. The present study did not examine this possibility. However, a follow-up study of the adults could determine if there has been an increased tendency towards psychiatric problems with further losses.

These results have underlined the gravity of the loss trauma and the importance of developing effective interventions in order to help the surviving parent and the child to integrate the loss as well as possible and thus to limit any long lasting negative effects by facilitating the grief work.

Dr. Marcoux is at the University Laval, Quebec.
Dr. Kiely is at the Université de Montréal.

References

1. **Ainsworth, M.D.S.** (1979). Attachment as related to mother-infant interaction. *Advances in the Study of Behaviour,* 9: 2-52.
2. **Anthony, Silvia.** (1940). *The child's discovery of death.* New York: Harcourt, Brace & World.
3. **Arey, Sandra Shafer.** (1977). The impact of early parental loss on adult mental health, and psychosocial functioning. *Dissertation abstracts international.* 37/10-A.
4. **Baggett, A. T.** (1967). The effects of early loss of father upon the personality of boys and girls in late adolescence. *Dissertation abstracts international.* 28/01-B.
5. **Birtchnell, J.** (1969). The possible Consequences of early parental death. *British Journal of Medical Psychology, 42:* 1-12.
6. **Birtchnell, J.** (1970a). Early parent death and mental illness. *British Journal of Psychiatry, 116* (532), 281-288.

continued on p. 11

continued from p. 7

have suffered the loss of a relative or friend, but nevertheless she will need help in coming to terms with the death of a parent. A teenager is old enough to worry about practical matters: whether there will be enough money for the family to live on, whether they will have to move house and whether she will be expected to look after the surviving parent for the rest of her own life. She will also want desperately to comfort that parent, but may well be at a loss as how to go about it. It is almost impossible for the mother/father to instil confidence into a bewildered child while trying to face his or her own grief and cope with other problems. In Dr. Black's words, "Bereaved children find themselves alone with a tearful, withdrawn parent whom they cannot contact or comfort and who no longer appears to meet their needs. The conspiracy of silence ran be bewildering."

A friend in need

It may need the help of someone outside the immediate family to sit down with the child and reassure her about practicalities and explain that the remaining parent *will* gradually recover and return to normal. Close friends can play a useful role in encouraging all members of the family to express their sadness and to help them communicate with each other. They can try to ensure that family life continues as normally as possible by bringing a little cheer and fresh air into the household. The important thing to remember, for parent, relative or friend, is that children need to talk about death, to ask questions and express all their feelings and emotions. A frank discussion will enable the family to share their grief, to dispel anxiety and anger and to keep alive the happy memories. It may be that a bereavement, despite the immediate misery it causes, will bring a family closer together.

Originally published in *Good Housekeeping*, and reprinted wih permission.

continued from p. 7

She becomes, however unwarrantably, someone who might be a predator. Many widows will attest to this phenomenon.

Widowed people of both sexes need to be able to start new relationships, to experiment and to make mistakes, to pull in their horns and to venture out again, without being worn down by criticism from families, friends or children. Counsellors can be a staunch and vital support for widowed people in these situations.

As counsellors, we should be aware of both this need, and the need to talk about it. We must emphasise that there is no shame in these feelings, and that as other relationships are entered into, the sexual need will probably diminish to a certain extent. Yet it may not necessarily be so. Everyone is different, and so is their sexual drive and need. It therefore follows that no two bereaved people will react in the same way.

continued from p. 6

Goddard, A. (1982). Cognitive Behaviour Therapy and Depression. *Brit. J. Hosp. Med.* March. 248-253.
Parkes, C. M. (1982). The Risk of Suicide after Bereavement. *Bereavement Care.* 1:1:4-5.
Seligman, M. E. D. (1975). *Helplessness: On Depression, Development, and Death.* Freeman. Univ. Pennsylvania.
Storr, A. (1983). *A Psychotherapist Looks at Depression.* Brit. J. Psychiat. 143: 431-435.

continued from p. 4

7. **Birtchnell, J.** (1970b). Depression in relation to early and recent parent death. *British Journal of Psychiatry, 116* (532), 281-288.
8. **Bowlby, J.** (1973). *Separation.* Tavistock: Tavistock Institute of Human Relations.
9. **Brown, F.** (1961). Depression and childhood bereavement. *Journal of Mental Sciences, 107,* 754-777.
10. **Brown, F.** (1966). Childhood bereavement and subsequent psychiatric disorder. *British Journal of Psychiatry, 112* (491), 1035-1041.
11. **Brown, G. W.** (1982). Early loss and depressions, in PARKES, C. M. and STEVENSON-HINDE, Joan. *The Place of Attachment in Human Behaviour.* Tavistock Publications, London.
12. **Cattell, R. B.** (1949). *Sixteen personality factor questionnaire.* Champaign (111): Institute for personality and ability testing.
13. **Chevrier, J. M.** (1962). *Test 16PF, manuel et normes,* Montréal: Institut de Recherches Psychologiques Inc.
14. **Crook, T., Basin, A.** (1975). Association of childhood parental loss with attempted suicide and depression. *Journal of Consulting and Clinical Psychology, 43* (2), 277.
15. **Deutsch, H.** (1937). Absence of Grief. *Psychoanalytic Quarterly, 6,* 12-22.
16. **Erikson, E. H.** (1959). Identity and the life circle. Selected Papers. *Psychological Issues I,* (1). Monograph. New York: International Universities Press, Inc.
17. **Fleming, Joan** (1972). Early Object Deprivation and transference phenomena: the working alliance. *Psychoanalytic Quarterly, 41* (1), 23-49.
18. **Greer, S. (1966).** Parental loss and attempted suicide. *British Journal of Psychiatry, 112,* 465-470.
19. **Hathaway, S. R., McKinley, J.** (1942). A multiphasic personality schedule (Minnesota): III The Measurement of symptomatic depression. *Journal of Psychology, 14,* 73-84.
20. **Hill, O. W.** (1969). The association of childhood bereavement with suicidal attempt in depressive illness. *British Journal of Psychiatry, 115* (520), 301-304.
21. **Markusen, E., Fulton, R.** (1971). Childhood bereavement and behavioural disorders, a critical review. *Omega, 2,* 107-117.
22. **Miller, Jill. (1972).** Children's reactions to the death of a parent: a review of the psychoanalytic literature *in* S. SHESS, A. THOMAS (eds.), *Annual Progress in Child Development* (pp. 487-506). New York: Brunner-Mazel.
23. **Miller, Jill.** (1973). The effects of aggressive stimulation upon young adults who have experienced the death of a parent during childhood and adolescence. *Dissertation Abstracts International, 35/02-B.*
24. **Munro, A., Griffiths, A. B.** (1969). Some psychiatric non-sequelae of childhood bereavement. *British Journal of Psychiatry, 115* (520), 305-311.
25. **Parkes, C. M.** (1965a). Bereavement and mental illness. Part I. A clinical study of the grief of bereaved psychiatric patients. *British Journal of Medical Psychology, 38,* 1-12.
26. **Parkes, C. M.** (1965b). Bereavement and mental illness. Part II. A classification of bereavement reactions. *British Journal of Medical Psychology, 38,* 13-26.
27. **Parkes, C. M.** (1971). Psycho-social transitions. A field for study. *Social Science, 5.* 101-115.
28. **Rochlin, G.** (1961). The dread of abandonment: a contribution to the etiology of the loss complex and to depression. *Psychoanalytic Study of the Child, 16,* 451-470
29. **Rochlin, G.** (1965). *Grief and Discontents.* Boston: Little Brown.
30. **Shostrom, E. L.** (1964). A test for the measurement of self-actualization. *Educational and Psychological Measurement. 24,* 207-218.
31. **Templer, D. I.** (1970). The construction and validation of a death anxiety scale. *Journal of General Psychology, 82.* 165-177.
32. **Wolfenstein, Martha.** (1966). How is mourning possible? *Psychoanalytic Study of the Child, 21,* 93-123.
33. **Wolfenstein, Martha.** (1969). Loss, rage and repetition. *Psychoanalytic Study of the Child, 24.* 432-460.
34. **Wulf, Virginia C.** (1976). Parent death in childhood and later psychological adjustment. *Dissertation Abstracts International, 37/12-B,* 6357-6358.

MEMORIALS TO THOSE WHO HAVE BEEN CREMATED

A competition called the **Phoenix Awards Scheme** has been set up to stimulate ideas and original thinking on the design of monuments and memorial gardens for commemoration after cremation. For the winner, there is a trophy designed by Stephen Hines, and a cash prize of £1,000. The judges include a crematorium superintendent, a clinical psychologist, an architect, a monumental sculptor, a landscape designer, a clergyman and a committee member of the Victorian Society. The closing date is 31st July, 1985. Official entry forms are available from: The Memorial Advisory Bureau, 139 Kensington High Street, London W18 6SX. Tel. 01-937 0052. (send £5 non-returnable deposit).

Front page picture: A Gentleman with his 2 children (usually called "The Widower") by Moroni. Courtesy National Gallery of Ireland.