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Deprivation in Childhood and Life Events in Depression

H. Perris

Department of Psychiatry, Umeå University, S-901 85 Umeå, Sweden

Summary. The study reported in this article is part of a larger investigation of life events and depression approached from a multifactorial point of view. In total 83 patients, participating in a larger study of depression, have also participated in a study of parental rearing practices and of life events in relation to the onset of depression. From these patients information has also been obtained concerning the loss of a parent before the age of 15. In the present study patients ($n=33$) who had been reared by rejecting mothers have been compared for the report of life events with patients ($n=28$) reared by stimulating mothers. It was hypothesized that rejected patients would report fewer stressful events than stimulated patients before becoming depressed. The results supported this hypothesis to some extent. In fact, the rejected patients reported that they experienced fewer events, however categorized than the stimulated ones. In this series 11 patients had lost one parent before the age of 15. No significant or otherwise consistent differences were found compared with those patients who had not lost parents during childhood.

The results related to rearing practice are discussed in terms of individual vulnerability. Alternative explanations are also mentioned.

Key words: Childhood deprivation - Rejection - Vulnerability - Rearing practices - EMBU - Life events - Depression

Zusammenfassung. Die vorliegende Arbeit ist Teil einer größeren Studie über Lebensereignisse und Depression aus einer multifaktoriellen Perspektive. Dreiundachtzig Patienten dieser Depressionsstudie nahmen an der Untersuchung über elterliche Erziehungsstile und Lebensereignisse in Bezug auf das Vorkommen von Depressionen teil. Diese Patientengruppe wurde zudem nach dem Verlust eines Elternteils im Alter bis 15 Jahren gefragt.

Von abweisenden Müttern erzogene Patienten ($n=33$) wurden mit von stimulierenden Müttern erzogenen Patienten in Bezug auf das Vorkommen von Lebensereignissen für die Zeit vor dem Erkranken verglichen. Es wurde

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Offprint requests to: H. Perris at the above address

die Hypothese aufgestellt, daß abweisend erzogene Patienten eine geringere Anzahl belastender Lebensereignisse angeben würden, verglichen mit stimulierend erzogenen Patienten. Die Ergebnisse bestätigen in gewissem Maße die Hypothese. Unabhängig von der Einteilung der Ereignisse berichten die abweisend Erzogenen über weniger Lebensereignisse. Elf Patienten dieser Serie hatten im Laufe der ersten fünfzehn Lebensjahre einen Elternteil verloren. Unterschiede zu den Patienten ohne Elternverlust ergaben sich nicht. Die Ergebnisse bezüglich der Erziehungsstile werden unter dem Aspekt der individuellen Vulnerabilität diskutiert. Außerdem werden alternative Erklärungen genannt.

Schlüsselwörter: Kindheitsdeprivation - Vulnerabilität - Erziehungsstile - EMBU - Lebensereignisse - Depression

Introduction

Since the early formulations by Abraham (1916 and 1924) and Freud (1917) the loss of a loved object during early childhood has been regarded as one powerful factor predisposing a person to the occurrence of depression later in life. Further, it has been hypothesized that the pathogenic effect of object loss in childhood might be re-activated by bereavement or other symbolic losses later in life (Klein 1940; Bowlby 1961; Brown 1961, see also Mendelson 1974 for a recent review of the psychoanalytical literature).

Several authors (for recent reviews see Granville-Grossman 1968; Lloyd 1980; Crook and Eliot 1980 and Tennant et al. 1980) have attempted to verify these assumptions empirically by studying the occurrence of parental deprivation—defined as death or separation from either or both parents—in fairly large series of psychiatric patients. However, the results of these studies have yielded inconsistent results and have, on the whole, failed to establish a specific link between parental deprivation in childhood and depression later in life. In fact, although a higher frequency of parental deprivation among psychiatric patients than in the general population has emerged in several studies, most of the results published so far seem to suggest that a high frequency of parental deprivation in childhood might be a background condition shared by patients sufffering from different kinds of psychiatric disorders, and not specifically limited to depressed patients (Beck et al. 1963; Bratfos 1967; Kettner 1968; Birtchnell 1972; Perris and Perris 1978). One finding that recurs in many studies is that the frequency of parental deprivation is higher among female than male psychiatric patients. Tennant et al. pointed out that most of the results concerning parental loss in psychiatric patients have been obtained in studies comprised of inpatients, and suggested that the association between parental loss and psychiatric morbidity is very likely not a reflection but an influence on the utilization of services, i.e. illness behaviour (Tennant et al. 1981). The higher figures for female patients could be consistent with this hypothesis. An alternative hypothesis, that we (Perris and Perris 1978) put forward might be that parental deprivation interacts in women with other as yet unidentified factors which make women more vulnerable to depression.

Brown and his group (Brown et al. 1977 and Brown and Harris 1978) have linked parental deprivation in childhood (more specifically, loss of the mother before the age of 11) with recent loss in female depressives, and maintained that depression occurs only in the presence of a set of "vulnerability factors". The findings by Brown and his group have received some support from studies by Roy (1978), but they have not gone completely unchallenged (Tennant and Bebbington 1978).

Raskin et al. (1971) and Jacobson et al. (1975) have pointed out that deprivation during childhood does not necessarily have to be understood as the death of, or the separation from a parent, but that it could be conceptualized as deprivation of loving care, and of a stimulating education towards self-realization. To test this hypothesis, both research groups gathered information about the experience of parental education both from large series of depressed patients and from healthy controls. As expected, both groups of research workers found that depressed patients had experienced the "lack, loss or absence of an emotionally sustaining relationship prior to adolescence" to a significantly larger extent than the controls. Using a somewhat different approach, Parker (1979) reported that less parental care and greater maternal overprotection occurred in neurotic depressives than in bipolar manic-depressive patients or in controls.

Thus, despite the inconsistencies mentioned above, it seems that deprivation during childhood, either understood literally as parental loss, or as depriving rearing and educational practices on the part of the parents might be regarded as a contributory factor in increasing the vulnerability of an individual to depressive disorders later in life. For this reason, it seemed of interest to include a study of possible interaction between deprivation during childhood and life events later in life in a larger study, now in progress (Perris 1982 a, b and d; von Knorring et al. 1980; Perris et al. 1982) of life events in depression. The general framework of this larger study is that the relevance of life events for depression can be better understood only if one takes into account individual vulnerability, and is influenced by Freud's conception of "Ergänzungsreihe" (Freud 1920). If depriving rearing practices make an individual more vulnerable to adverse events, then it could be hypothesized that patients reporting such experiences during their childhood are more likely to require less, or less stressful, precipitating events to become depressed than patients who have experienced an emotionally sustaining and stimulating relationship during their childhood.

Patients and Methods

Depressed patients of any severity, consecutively admitted to the Department of Psychiatry, Umeå University, participate if they agree, in a large, ongoing research project concerned with the study of depressive illness in its various biological, clinical, psychological and social aspects. As a part of this study, information about rearing practices and about the occurrence of life events prior to the onset of the disorder is also collected (see below for details).

A. Clinical Characterization of the Patients. The patients in the study have been classified from their records according to most of the current systems for classification of affective disorders (for example, the ICD-9, the DSM-III, the Feighner et al. criteria 1972) and also according to the classification used at Umeå for research purposes (Perris 1973; d'Elia et al. 1974). This last

Table 1. The series-sex, age and distribution

Years	Age group					
	21-30	31-40	41-50	51-60	61-	Total
Male	6	4	3	15	4	32
Female	7	17	9	12	6	51

classification comprises a subdivision into: unipolar depression i.e. patients who have suffered from three separate episodes of a severe depression. These patients would be said to suffer from an "endogenous" depression if this terminology were used. Bipolar depression, i.e. patients who have suffered from at least one episode of depression and one of mania and are depressed at the index episode. Neurotic-reactive depression refers to a depressive syndrome, of any severity, occurring in close connection with a psychologically understandable stressful external event or manifestating itself in a subject with an unstable personality structure and a manifest proneness to depressive reactions. A fourth group: unspecified depression comprises patients who do not meet the criteria for inclusion in any other of the previous subgroups. All the patients comprised in this study suffered from a depressive syndrome severe enough to require hospitalization, and 94% of them fulfilled Kendell's criteria (Brockington and Leff 1979) for depression. The composition of the series is given in Table 1. The concordance between the classification used at Umeå and other systems for classification is reported elsewhere (Perris 1982 a).

B. Assessment of Rearing Practices during Childhood. The assessment of how the patients had perceived the rearing practices of their parents has been made by means of a special instrument: the EMBU, developed during the course of the larger study of depression (Perris et al. 1980; Jacobsson et al. 1980). At the beginning of the study a simplier version of this questionnaire, inspired by that used by Jacobson et al. (1975) was used as a guideline for a semistructured interview. However, since it was felt that this early instrument did not adequately cover all rearing aspects in a systematic way, a special self-rating instrument was developed and tested in a large sample of healthy controls. A detailed description of the EMBU, now available in various languages, and currently used by different groups of research workers, is given in the original papers mentioned above (Perris et al. 1980; Jacobsson et al. 1980) where the results of a factor analysis study are also reported. Briefly the instrument allows assessment of the following dimensions of rearing practices, separately for the fathers and the mothers: abusive, depriving, punitive, shaming, rejecting, overprotecting, over-involved, tolerant, affectionate, performance oriented, guilt engendering, stimulating, favouring siblings and favouring subject.

For the purpose of the present study, it was felt that it was necessary to reduce the amount of data to a manageable, but still meaningful size. For that reason, it was decided to focus on only two opposed rearing practices, and to take into account only maternal practices. The dimensions taken into account are: "rejecting" and "stimulating" rearing practices. A recent second factor analysis of the results of the whole series of depressed patients comprised in the larger depression study (to be published) revealed that the dimensions taken into account in the present study belong to the opposite poles of a bipolar factor, quite similar to one described earlier by Schaefer (1965). The variable "rejecting" refers to deprivation of love and other intangibles, whereas the variable "stimulating" refers to emotional support and encouragement towards independent thinking, and self-assertion. How the patients were divided with regard to these two variables is described below.

When completing the EMBU, the subject also had to answer a question about whether either parent had died, and if so what age was the subject when the death occurred. Thus, results obtained by means of the EMBU can also be used to study the influence of parental deprivation by death in childhood.

C. Assessment of Life Events. A detailed description of the methodology for assessing life events has been given in a previous paper (Perris 1982a) and will only be summarized in this article.

A 56-item specially constructed life events inventory (LEI) was used as a guideline for a semistructured interview with each of the patients in the study, when they were markedly improved so as to avoid distortion due to the depressive symptomatology. The possible occurrence of each event in the list has been probed. Events were taken into account which had occurred during the year, or the last 3 months prior to the onset of depression. The LEI also records: whether the event was expected, and whether the patient felt it to be "controllable"; how the event was experienced by the patient according to a 5-points scale (from very positively = 1 to very negatively = 5), and finally whether it had been difficult or not for the patients to adjust to the event. Prior to further analyses the events in LEI were categorized, following a procedure used by other authors (Dohrenwend 1973; Paykel 1974; Brown 1974) in various categories: "negative" (undesirable), "positive" or "ambivalent" according to common sense. "Exit" from and "entrance" into the social field, "conflict" in a social relationship, "controllable" and "uncontrollable" according to common sense etc. A special sublist, comprised of 32 items referring to events which could not be logically confounded by depression: "independent" (or "fateful") events have also been analysed separately.

D. Statistical Analysis. To identify patients who had experienced a "rejecting" or a "stimulating" rearing practice from their mothers during childhood the following procedure has been used by means of computer programms: First the distribution of the scores for the variables "rejecting" and "stimulating" were determined in the whole series. Then, patients who had given their mothers a score above the median on the variable "rejecting" were sorted out for the whole group. From among the remainder, those patients who had given their mothers a score above the group median on the variable "stimulating" were identified. Thus identified, these two groups were compared with each other. According to the computer programme, none of the patients who had given a high score on "rejecting" had also given a high score on "stimulating" and none of those who gave a high score on "stimulating„ had also given a high score on "rejecting".

The distribution of life events, and their mean values and standard deviations have also been calculated for the various categories of events. The differences have been tested by means of standard programmes (SPSS) at the Computer Centre, Umeå University (UMDAC), and 5% has been accepted as the level of significance.

Results

The series to be investigated comprised 33 patients who had given their mothers a high score on the variable "rejecting", and 28 patients who had given their mothers a high score on the variable "stimulating". The results of the comparison between these two groups as concerns the occurrence of life events belonging to various categories are shown in Table 2. Although falling short of statistical significance, the results were as expected in the sense that the more vulnerable patients who had been reared by rejecting mothers had had consistently fewer life events, however categorized, than the patients who had been reared by stimulating mothers. The amount of the total variance which can be explained by group-membership varies from 2%–6% for the different categories.

Three patients (3.6%) did not answer the question about whether either parent had died during their childhood. Among the 80 who answered the question, 11 (13.2%) had lost one of their parents before the age of 15 (Table 3). The figure of 13% is lower than that found in earlier studies by our group (d'Elia and Perris 1971; Perris and Perris 1978). One possible explanation for the lower figure found in this study is that the patients included belong to a younger generation than those in the previous studies and that the risk of losing a parent has

Table 2. Life events (mean values and SD) in patients scoring their mother high (above median) in the EMBU variable "rejecting" ($n=33$) compared with patients scoring their mother high in the variable "stimulating" ($n=28$)

Category of event	Mother rejecting		Mother stimulating	
	$\bar{x}$	SD	$\bar{x}$	SD
All kinds of events last year prior to onset	4.6	2.7	5.7	3.2
Negative	2.4	1.5	3.0	2.0
Exit	0.5	0.6	0.7	0.8
Entrance	0.2	0.4	0.2	0.4
Conflict	0.6	1.1	0.8	0.9
Independent, fateful	2.2	1.5	2.6	1.8

Table 3. Sex distribution of patients with parent loss ($n=11$)

	Loss before the age of 5	Loss between the age of 6-15
Male	1	3
Female	2	5

Table 4. Life events (mean values and SD) in patients who had lost either of their parents by death before the age of 15 ($n=11$) compared with patients without parent loss ($n=69$)

Category of event	Parent loss before 15		No parent loss	
	$\bar{x}$	SD	$\bar{x}$	SD
All events within 1 year before onset	5.4	3.4	4.9	3.0
Negative	2.2	2.4	2.7	1.7
Exit	0.6	0.7	0.6	0.7
Conflict	0.9	1.3	0.6	1.0
Independent, fateful	2.8	1.7	2.4	1.8
Felt uncontrollable	3.5	2.0	3.1	2.2
Felt difficult to adjust to	2.7	2.3	2.7	2.1

diminished, since there has been a successive decrease in mortality recently (Birtchnell 1972).

Table 4 shows the distribution of life events in the small series of patients with parental loss during childhood compared with those without such loss. No statistically significant differences, nor any consistent pattern emerged from the results.

No consistent differences emerged either when the proportion of patients in the two groups who had experienced one or more events however categorized, was taken into account (Table 5).

Table 5. Number of patients with ($n=11$) and without ($n=69$) parent loss during their childhood who have experienced one or more life events categorized in various ways

Category of event	Time period prior to onset of depression			
	12-4 months		Last 3 months	
	Parent loss	No parent loss	Parent loss	No parent loss
	($n=11$)	($n=69$)	($n=11$)	($n69$)
Exit	5	20	1	17
Object loss	2	11	1	8
Negative	11	59	6	36
Uncontrollable	10	53	5	32
Positive	2	15	1	6

A cross-tabulation of the events felt to be "uncontrollable" by the patients with parental loss with the events categorized as "uncontrollable" by the investigator showed a fairly good agreement ($\lambda=0.39$), slightly less so in the patients without parental loss during their childhood ($\lambda=0.21$).

Discussion

The necessary reduction of data employed in the present investigation has obviously limited the possibility of identifying aspects of parental rearing practices which could be relevant in increasing an individual's vulnerability to stressful events later in life. We felt, however, that the chosen variables were meaningful since they reflect two opposite practices, one of which was clearly love-depriving, and the other stimulating towards self-confidence. Although they did not reach statistical significance, the results of this part of the study were as expected: The more vulnerable rejected patients reported that they had experienced fewer events than the less vulnerable stimulated patients who reported they had experienced consistently more events also of the fateful type, before becoming depressed.

The results can be interpreted in different ways: one of them being that patients who have had a negative experience of their mother might develop an undersensitivity against life events and/or a reduced readiness for experience and report of life events. On the other hand patients who experienced their mother as stimulating might have developed an elevated alertness for external events and a more pronounced readiness in reporting them. Another explanation could be that patients who have experienced their mother as rejecting might in fact be more vulnerable than those who have experienced their mother as stimulating and thus require less stressful events to develop a mental disorder. To explain such possible difference in vulnerability to stressful events in the two groups of patients, differences in the development of personality due to differences in rearing practices experienced should be taken into account. In a previous study (Jacobsson et al. 1980) we found that a high score given to the

mother on the variable "rejecting" was negatively correlated with aggression as measured in healthy controls by means of a personality inventory. In contrast, the variable "stimulating" although also weakly negatively correlated with aggression was comprised, also in a factor positively correlated with "non neurotic dominance". In a previous study of life events and personality characteristics (Perris 1982 d) it was found that patients with high scores in outdirected aggression had experienced more events than patients with high scores on the variable inhibition of aggression. Thus, although two different personality inventories have been employed in the two studies, that used in the study by Jacobsson et al. (1980) being less differentiated as concerns aspects of aggression than that used by Perris (1982 d) it could be hypothesized that the impact of rearing practices on the vulnerability of a subject might be mediated by different personality traits of aggression. Since the patients comprised in the larger study of depression mentioned in the introduction have completed both the EMBU, and a personality inventory covering various aspects of aggression we hope to be able to contribute to the clarification of this issue when the results of the larger study are analysed.

Admittedly, the number of patients who had lost a parent by death during childhood is too small to allow any conclusion to be drawn. It seems however, from our results that no clear-cut interaction occurs between parent loss during childhood and stressful events later in life. Since the loss of a parent by death might have a different impact on the further destiny of the child depending on what compensation mechanisms might be brought into action by the surviving parent, it would be necessary in future studies of parental deprivation in childhood and depression later in life to take these possible mechanisms into account.

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