

The Impact of Parental Loss in Childhood on Adult Anxiety States

By A. Okasha, A. Sadek, F. Lotaif and A. M. Ashour

ABSTRACT

Information was obtained from 200 patients on their feelings of anxiety and on their history of loss of parents. They were evaluated both by clinical examination and by Hamilton Anxiety Scale.

The data revealed that the loss of father before the age of 10 years was more highly correlated with signs of anxiety than loss of mother.

INTRODUCTION

Separation anxiety can be defined as the subjective accompaniment of awareness of the danger of loss. The way in which it is handled by children, has been regarded as a major determinant in character formation and, as an important variable determining proneness to mental illness in adult life. The relationship between separation in childhood and mental health in adult life has been examined by a number of workers. Bowlby (1960) has linked grief and mourning to the reaction of children to separation from their mothers. Brown (1961) found that 41 per cent of 216 depressed patients compared with 19.6 per cent of a control group have suffered parent death before age. 15. Birtchnell, (1970) found that the loss of a parent is equally common in depressed patients as in other types of psychiatric patients. In a recent study by Brown *et al.*, (1977), only loss of the mother before the age of eleven is associated with greater risk of depression. Birtchnell (1978) found that early bereaved depressed patients scored higher on certain MMPI clinical scales than non-bereaved depressed controls, the most affected scales were hypochondriasis and paranoia. Hypochondriasis was shown to be more strongly associated with early father death. Little is written about other mental illnesses which might be related to parental loss in childhood.

Frommer and O'Shea, (1973) however, have demonstrated a strong association between a separation experience and problems in early married life and parenthood. The two studies of Brown, (1961) and Dennehy, (1966) have concluded that parent death, particularly father death, is important in depressives and alcoholics. Bratfos, (1967) found an association between an early separation and psychopathic personality. The present study examines the relations between early parental loss and anxiety state in Egypt, and compares the discriminative effects of paternal loss and maternal loss.

METHOD

200 subjects with an equal number from either sex were randomly selected from the patients attending the psychiatric outpatient clinic in Ain-Shams University Hospital, between October, 1976 and January, 1978 following formal diagnosis of anxiety state by the authors. The subjects were selected using the following criteria to confirm diagnosis: apprehension, palpitations, panic attacks, excessive perspiration, inability to relax and feelings of impending disaster (Diagnostic Manual of Egyptian Psychiatric Association). Hamilton Anxiety scale was administered to the selected subjects and to a matched control group selected from patients attending the out patient clinic of general medicine in the same hospital. Detailed information was collected regarding history of loss of parents as a result of death, divorce, or desertion (Parental loss was defined as the permanent absence of either mother or father for whatever reasons, before the age of 10).

RESULTS

Patients had higher scores on Hamilton Anxiety Scale than controls, (Patients scored 22.84 ± 0.91 while controls scored 13.74 ± 1.65). The scale was used mainly to determine the degree of anxiety rather than as an instrument of diagnosis as the clinical diagnosis of anxiety rests mainly on the evaluation of the psychiatrist. Table (1) shows that in the case of male patients 56% lost their fathers and 28% lost their mothers; and in the case of female patients, 52% lost heir fathers and 23% lost their mothers.

Table (2) shows the age at which parental loss has occurred; 41% of male patients lost their fathers before age of 10 and 15% after age 10; 18% lost their mother before age of 10 and 10% after age of 10, 35% of female patients lost their fathers before the age of 10 and 17% after age of 10. 16% of female patients lost their mothers before age of 10 and 7% after age of 10.

Table (3) shows the relationship between the overall anxiety score and parental loss. The results in both males and females showed that father loss had a significantly higher overall anxiety score than mother loss.

Tables (4) and (5) present the correlations between parental loss before age 10 years and the various indices of anxiety in Hamilton Anxiety scale. A Phi-coefficient was used as the measure of correlations. The data clearly show that loss of father before age of 10 was more highly correlated with signs of anxiety in both males and females than loss of mother. Ten of the 13 anxiety items were significantly related to loss of father, but only five were significantly related to loss of mother, but only five were significantly related to loss of mother.

TABLE I

Parental Loss in Both Males and Females

Parent	Males	Females
Paternal	56	52
Maternal	28	23
Both dead	6	10
Both alive	10	15
Total	100	100

TABLE II

The age at Which Parental Loss Had Occurred

Parent	Males	Females
Paternal :		
* Before 10	41	35
* After 10	15	17
Total	56	52
Maternal :		
* Before 10	18	16
* After 10	10	7
Total	28	23

TABLE III

*Relationship Between Parental Loss and the Overall Anxiety Scores
in Males and Females Based on Hamilton Anxiety Scale*

Parent	Overall anxiety scores		
	Mean	S.D.	N
Males :			
* "Loss of father" Group	23.57	10.44	41
* "Loss of mother" Group	16.97	10.23	18
Females :			
* "Loss of father" Group	19.43	8.98	35
* "Loss of mother" Group	12.56	8.71	16

P = 0.01

TABLE IV

*Phi Coefficients Between Parental Loss in
Females and Different Indices of Anxiety*

Anxiety indices	Phi Coefficients	
	Paternal loss	Maternal loss
Anxious mood	56**	27**
Tension	48**	14
Fears	42**	20**
Insomnia	40**	4
Intellectual (cognitive)	38**	25**
Depressed mood	36**	12
Somatic symptoms	36**	06
Respiratory symptoms	30**	03
Gastro-intestinal symptoms	28	07
Genito-urinary symptoms	22	22
Behaviour at interview	16	06
*P	0.05	**P 0.01

TABLE V

*Phi Coefficients Between Parental Loss in Males
and Different Indices of Anxiety*

(Hamilton Scale)

Anxiety indices (Hamilton scale)	Phi Coefficients	
	Paternal loss	Maternal loss
Anxious mood	60**	28**
Tension	51**	15**
Fears	49**	22**
Insomnia	48**	10
Intellectual (cognitive)	44**	27**
Depressed mood	40**	11
Somatic symptoms	38**	10
Cardiovascular symptoms	37**	06
Respiratory symptoms	28**	07
Gastrointestinal symptoms	25*	06
Genito-urinary symptoms	20	02
Autonomic symptoms	17	23
Behaviour at interview	14	07
*P = 0.05		**P = 0.01

DISCUSSION

Many authors stressed the fact that early maternal and paternal loss presents an important variable influencing the possibility of later development of psychiatric disorders. Other investigators have not found any significant associations between early parental loss and psychiatric illness appearing in adult life (Gregory, 1978; Archibald *et al.*, 1962; Beck *et al.*, 1966). Bowlby's (1951) classic contribution regarding the primary role played by maternal loss in the development of many psychological disorders is not confirmed in the present paper. This study produced an important finding which contradicts Bowlby's works, and others. In our work patients who had lost their fathers were more likely to develop anxiety state than patients who have lost their mothers. Of interest in this connection is the report by Hill and Price (1967) who found that depressed females had a greater frequency of paternal rather than maternal loss; and the report by Roth and Ervin (1972) who found that violent male prisoners significantly more often lost their fathers than their mothers. The work of Norton (1952) revealed that early father death prior to age 10 is significantly higher in psychiatric patients than in controls. If we try to apply Bowlby's attachment theory, we can understand that the younger people who lost their mothers develop severe forms of separation anxiety as in the infancy period, the mother is likely to be the principal source of all the stimuli that elicit approach. But in our opinion, the bond made to the mother is only the first of a number of bonds made to more dominant individuals during the life cycle; coupled with this if we try to explain our findings using the Freudian theory of Ego helplessness (1938), we can assume that the maturation of the ego is not completed in the absence of the father. In Egypt the father's role in the family may differ from other cultures. The father in Egypt is still the main supporter of the whole family both financially and socially. He is the one who is responsible for protecting the family from outside dangers, and every member of the family feels secure in his presence. His absence has a disruptive effect on the family more than the absence of the mother and the children feel alarmed by dangers in the external world. Using Freudian terms (1926); loss of father is threatening to the ego structure which is still in the stage of

development, and the presence of the father is central to the identification mechanism in the young child. The father in Egypt plays a more crucial role in the process of identification and as a source of security. So the early loss of father has adverse effects on identification mechanisms. Another important cultural phenomenon in Egypt, is that after the mother's death the father not infrequently gets married to his wife's sister or another close relative to her who can take the original mother role particularly from the emotional mothering aspects; so the children do not suffer as much from the disruptive effects of mother loss as in other cultures. As our results contradict most of previous works outside Egypt, so we may assume that it would be of special interest to investigate the differential effects of mother and father loss in different cultures and in psychiatric disorders as a whole. Investigating such an issue would be more comprehensible if cultural factors are taken into consideration.

REFERENCES

- Ainsworth, M. (1962) *The Effects of Maternal Deprivation : A Review of Findings and Controversy in the Context of Research Strategy*. WHO Publ. Hlth. papers **14**. 31
- Archibald, H., Bell, D. and Miller, C. (1962) Bereavement in childhood and adult psychiatric disturbances. *Psychosom. Med.*, **24**: 343 – 351.
- Beck, A. T., Sethi, B. and Tuthill, W. (1966) Childhood bereavement and adult depression. *Arch. Gen. Psychiat.*, **14** : 307—314.
- Birtchnell, J. (1970) Early parent death and mental illness. *Brit. J. Psychiat.*, **116** : 281—8.
- Birtchnell, J. (1978) Early parent death and the clinical scales of MMPI. *Brit. J. Psychiat.*, **132** : 574 – 79.

- Bowlby, J. (1951) *Maternal Care and Mental Health*. New York: Schoken Books.
- Bowlby, J. (1960) Separation anxiety. *Inter. Psycho-analysis*, **41** : 1-25.
- Brown *et al.* (1977) Depression and early maternal loss. *Brit. J. Psych.*, **130** : 1-18.
- Brown, F. (1961) Depression and childhood bereavement. *J. Ment. Sci.*, **107** : 754.
- Bratfos, O. (1967) Parental deprivation in childhood and type of future mental illness. *Act. Psychiat. Scand.*, **43** : 453-61.
- Dennehy, C. (1966) Childhood bereavement and psychiatric illness. *Brit. J. Psychiat.*, **112** : 1049-1069.
- Dennd, S. (1926) *Inhibitions, Symptoms and Anxiety*. London, Standard Edition, Vol. 20 (1959).
- Frommer, E.A. and O'Shea, G. (1973) The importance of childhood experience in relation to problems of marriage and family building. *Brit. J. Psychiat.*, **123** : 157-60.
- Freud, S. (1938) *An Outline of Psycho-analysis*. London, Standard Edition, Vol. 23 (1964).
- Gregory, I. (1958) Studies of parental deprivation in psychiatric patients. *Amer. J. Psychiat.*, **115** : 432.
- Hill, O.W. and Prince, J.S. (1967) Childhood bereavement and adult depression. *Brit. J. Psychiat.*, **113** : 743-752.
- Norton, A. (1952) Incidence of neurosis related to parental age and birth orders. *Brit. J. Soc. Med.*, **6** : 253-258.
- Roth, E.F.R. and Ervin, A. (1972) Violent and non-violent prisoners: A comparison (paper read at the Annual meeting of the American psychiatric association, Dallas, Texas, May, 1972).

AUTHORS

- A. Okasha, F.R.C. Psych., F.R.C.P., D.P.M., Professor & Head of Psychiatric Unit, Ain-Shams University, Cairo, Egypt.
- A. Sadek, M.D., M.R.C. Psych., D.P.M., D.M., Ass. Professor in Psychiatry.
- F. Lotaf, M.R.C. Psych., D.P.M., Lecture in Psychiatry.
- A.M. Ashour, M.D., M.R.C., Psych., D.P.M., Lecture in Psychiatry.

الموجز

أثر فقد أحد الوالدين في الطفولة على ظهور حالات القلق عند الراشدين

قام الباحثون بجمع المعلومات من مائتي مريض عن مشاعر القلق لديهم ، وعن تاريخ لفقد أحد الوالدين أو كليهما . وقد قيم المفحوصون بواسطة الفحص الاكلينيكي ومقياس هاميلتون للقلق . ولقد أظهرت النتائج أن فقد الوالد قبل سن العاشرة كان أكثر ارتباطاً مع ظهور علامات القلق من فقد الأم .

ABSTRACT

L'Impact de la perte des parents pendant l'enfance sur l'état d'anxiété de l'adulte

Des renseignements sur les sentiments d'anxiété ainsi que sur la perte des parents ont été obtenus de 200 malades. Les résultats ont été évalués d'après l'échelle d'anxiété de Hamilton.

Les informations ont montré que la perte du père, avant l'âge de dix ans plus que celle de la mère fut accompagnée plus tard par une plus grande quantité d'anxiété.

Protein Electrophoresis in Schizophrenias

By M.S.A. Gawad and Z. Abdel Gawad

ABSTRACT

The fractions of serum proteins in 19 male schizophrenic patients were analysed quantitatively by paper electrophoresis. The α_2 -globulin was found to be distinctly increased above average normal. The trend of increase was also found for the α_1 and the B-globulin fractions. The γ -globulin was almost normal in our schizophrenics. In some patients the albumin was slightly increased. The total proteins were significantly increased in all schizophrenic patients studied. The A/G ratio was decreased. These findings may be interpreted by an increased globulin synthesis in schizophrenic patients especially of the α_2 -globulin fraction, and this protein fraction may contribute to the etiology of the schizophrenic syndrome.

INTRODUCTION

One of the oldest recognized illnesses of mankind is the disturbance that we now call schizophrenia. Even 3300 years ago its characteristics were noted and differentiated from other mental conditions. In spite of this long history, it is almost as baffling to us today as it was when it was first described in the Ayura Veda of the ancient Hindus (Kety, 1970).

Thudichum, who has been called the father of modern neurochemistry, in the preface of his monumental "Treatise on the Chemical Constitution of the Brain", published in 1884, stated, "many forms of insanity are unquestionably the external manifestations of the effects upon the brain-substance of poisons fermented within the body" a concept which continues to motivate much of our current research.

Through the years, ever since the studies of Kraepelin, there has been speculation that some types of schizophrenia may be the result of, or influenced by, a toxic factor. Numerous studies have been conducted but none has led to definite conclusions.