statistical study who a patient may be; what is relevant is the information of medical significance recorded on the forms and whether forms relate to the same or different persons. The named forms are processed statistically under conditions of strict confidentiality by staff of the Department who have all signed the Official Secrets Act. Contravention of the Act can incur serious penalties. On occasion, dates of admission, dates of discharge and hospital unit numbers of patients named to the Department by members of the medical profession engaged in or supervising research have been given to these members of the profession for their research.

Recent publications arising from Mental Health Enquiry:

General Register Office. Studies on Medical and Population subjects No. 18. A Cohort study of patients first admitted to mental hospitals in 1954 and 1955. H.M.S.O. 1963.

Ministry of Health. Reports on Public Health and medical subjects No. 116. A census of patients in Psychiatric beds 1963. H.M.S.O. 1967.

Ministry of Health. Statistical Report Series No. 4. Psychiatric Hospitals and Units in England and Wales. Inpatient statistics from the Mental Health Enquiry for the years 1964, 1965 and 1966. H.M.S.O. 1969.

Department of Health and Social Security Statistical Report Series No. 5. Psychiatric Hospitals and Units in England and Wales. Inpatient statistics from the Mental Health Enquiry for the year 1967. H.M.S.O. 1969.

J. B. Hewlett-Davies.
Principal Information Officer, Department of Health and Social Security

Alexander Fleming House,
Elephant and Castle,
London, S.E.1.

SOME PSYCHIATRIC SEQUELAE OF CHILDHOOD BEREAVEMENT

Dear Sir,

I was interested to read Munro and Griffith's paper (*Journal*, March 1969, p. 305) on the complex problem of bereavement and mental illness, but would like to make the following comments.

The review of the literature is confusing, for they do not make it clear which studies are concerned with early bereavement in the sense of parental death and which are concerned with a variety of early deprivation experiences including bereavement. As Hill (1969) has stressed, absence of parent due to divorce, separation, abandonment, etc., may denote a higher index of psychiatric disturbance in this group of parents and thus indicate a genetic aetiology. Absence of parent due to death is more likely to indicate an environmental aetiology. Thus it is essential to differentiate clearly between the two types of absence. Studies to date suggest that the importance of each type varies with the clinical group studied. Referring to the special case of depression, they say that Forrest *et al.* (1965) and Hill and Price (1967) show an excess of 'parent loss' in depressives, and (in the next sentence) that Gay and Tonge (1967) find that the excess of 'parent loss' is more frequent in psychogenic than in endogenous depression. In the first case 'parent loss' means parent death; in the second a variety of separation experiences. Similarly 'A number of workers have failed to find a significant association between parental bereavement and depressive illness' is followed by a reference to the study by Oltman *et al.* (1951) on 'parental deprivation' which again included a variety of separation experiences.

Apart from Gay and Tonge's study there is no justification for the assertion that parental deprivation is less important in the aetiology of 'manic-depressive' or 'endogenous' depression. Brown (1964) claims to have shown the opposite, though he has never published his findings. As the 'endogenous' group of depressions is usually considered to be more severe than the neurotic group, it would be difficult at the same time, as Munro and Griffiths do, to sustain the argument that deprivation may contribute more to the severity of depressive illness. Certainly the criteria Munro (1966) has used to differentiate between severe and moderate depression, e.g. 'if it is recurrent in the absence of adequate provoking factors or if there was a previous history of manic illness,' are more likely to differentiate between the 'endogenous-manic-depressive' and neurotic forms of depression. In my own investigation (1970a) the criteria for distinguishing severe from moderate depression included such psychotic phenomena as thoughts distorted by depressed mood, and depressive delusions. Although the incidence of early parent death was similar in depressed and non-depressed patients, it was significantly higher in severe as opposed to moderate depressives. As the incidence of early parent death in the moderate depressives was shown to be no greater than that in the general population, and as it was further shown that is is significantly higher in psychiatric patients as a whole (1970b), it is likely that early parent death contributes only to severe forms of mental illness. Thus differences in findings between Brown (1961) and Munro (1966) regarding depressives versus the general population, or Hill and Price (1967) and myself regarding depressives versus non-depressives, may be accounted for by the severity of the cases studied.

The suggestion that high incidences of 'deprivation' in depressive illness may be due to contamination of the depressives by personality disorder, delinquency

https://doi.org/10.1192/bjp.116.532.346 Published online by Cambridge University Press

and attempted suicide is not supported by the evidence. Studies which claim to have shown an association between depression and early 'deprivation' (Brown, 1961, Dennehy, 1966, Hill and Price, 1967) have all been studies of early bereavement. There are no studies which claim a relationship between early bereavement and personality disorder or delinquency, though there are a number which show other early deprivation experiences to be related to such conditions. Similarly, of the many studies of attempted and successful suicide only those of Greer (1966) and Greer *et al.* (1966) show a relationship between early bereavement and suicide attempt. It is more likely that the relationship between suicide and parent death is secondary to that between depression and parent death. In a further study (1970c) I have shown that a very much higher proportion of a group of attempted suicides was severely depressed than of a matched control group, though the proportion of moderately depressed was similar in the two groups.

It is unreasonable to criticize Hill and Price, and Gay and Tonge, for not making comparison between depressed patients and the general population. The only value of general population comparisons is to ascertain whether early deprivation is commoner in the mentally ill than in healthy controls and a sample of mixed diagnoses is preferable for this purpose. Studies such as those of Brown and Munro, which have compared depressives with the general population, reveal nothing about depression as such, but show only a relationship between bereavement and mental illness in general. Information about the relationship between deprivation and specific clinical syndromes can only be obtained by comparing clinical groups, approximately matched, one with another. Which leads to a final criticism of Munro and Griffiths: in none of their comparisons is there matching for age. There is a definite relationship between early parent death and age. Diagnostic groups differ in age-distribution, as do in-patients and out-patients. In fact, the just significant excess of early bereavement in in-patient and out-patient depressives may well be due to the fact that the in-patients were older, though it is more probably because they were more severely depressed and contained more psychotics.

JOHN BIRTCHNELL.
M.R.C. Clinical Psychiatry Research Unit,
Graylingwell Hospital,
Chichester, Sussex.

REFERENCES

BIRTCHNELL, J. (1970a). 'Depression in relation to early and recent parent death.' *Brit. J. Psychiat.*, **116**, 299–306.

—— (1970b). 'Early parent death and mental illness.' *Brit. J. Psychiat.*, **116**, 281–8.

—— (1970c). 'The relationship between attempted suicide, depression and parent death.' *Brit. J. Psychiat.*, **116**, 307–13.

BROWN, F. (1961). 'Depression and childhood bereavement.' *J. ment. Sci.*, **107**, 754–77.

—— (1964). 'Drugs for depression.' *Brit. med. J.*, *ii*, 1072.

DENNEHY, C. (1966). 'Childhood bereavement and psychiatric illness.' *Brit. J. Psychiat.*, **112**, 1049–69.

FORREST, C., FRASER, R., and PRIEST, R. (1965). 'Environmental factors in depressive illness.' *Brit. J. Psychiat.*, **111**, 243–53.

GAY, M., and TONGE, W. (1967). 'The late effects of loss of parents in childhood.' *Brit. J. Psychiat.*, **113**, 753–9.

GREER, S. (1966). 'Parental loss and attempted suicide: a further report.' *Brit. J. Psychiat.*, **112**, 465–70.

—— GUNN, J., and KOLLER, K. (1966). 'Aetiological factors in attempted suicide.' *Brit. med. J.*, *ii*, 1352–5.

HILL, O. (1969). 'The association of bereavement with suicidal attempt in depressive illness.' *Brit. J. Psychiat.*, **115**, 301–4.

—— and PRICE, J. (1967). 'Childhood bereavement and adult depression.' *Brit. J. Psychiat.*, **113**, 743–51.

OLTMAN, J., MCGARRY, J., and FRIEDMAN, S. (1951). 'Parental deprivation and the "broken home" in dementia praecox and other mental disorders.' *Amer. J. Psychiat.*, **108**, 685–94.

MUNRO, A. (1966). 'Parental deprivation in depressive patients.' *Brit. J. Psychiat.*, **112**, 443–57.

DEAR SIR,

Dr. Birtchnell has started so many hares in his letter that it would be impossible to answer him adequately without writing another article. I have spent time wrestling with the subtleties of his thought, but I confess that I am still not sure that I have mastered fully the import of a number of his statements.

To take first the question of the type of deprivation experience: Dr. Griffiths and I deliberately failed to distinguish between parental death and parental loss from other causes in our review of the literature, since we know of no good evidence that death of a parent is of greater or different significance in predisposing to psychiatric illness than other types of parental deprivation. Death has a mystic significance to many people and it is a readily measurable phenomenon, but, as I point out elsewhere (Munro 1969), its quality as a deprivation experience differs according to the circumstances and to the individual child. I am convinced that it is very often a less potent cause of psychopathology than other, less permanent, forms of parental absence. Hill's theory, as quoted by Dr. Birtchnell, is interesting and worthy of study but completely speculative at present.

As regards the diagnosis of endogenous depression,

https://doi.org/10.1192/bjp.116.532.346 Published online by Cambridge University Press