Some MMPI Characteristics of Psychiatric Patients Whose Breakdown Followed Recent Parent Death

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Summary. Previous studies have demonstrated a statistical relationship between parent death occurring in adult life and the onset of psychiatric illness, particularly of a depressive nature, during a subsequent period of one to 5 years. It has been proposed that such a time span may constitute a period of adjustment and therefore of relative instability, during which certain vulnerable individuals remain more than usually prone to psychiatric breakdown. In order to substantiate this hypothesis the mean scores of some clinical and non-clinical scales of the MMPI were compared in a series of psychiatric patients whose breakdown occurred during this critical period and a control series matched for age and diagnosis who had not experienced the death of a parent for at least 15 years previously. The recently bereaved patients were shown to be the more deviant group, this being especially the case for depressed women who had recently lost their mothers.

Introduction

Two previous studies using MMPI data have been carried out by the author. These have been concerned with patients whose parents died before the age of 10. The first (Birtchnell, 1975a) involved the four non-clinical scales of Dependency, Dominance, Ego-strength and Self-sufficiency, and revealed that women whose mothers died in childhood scored significantly higher on the Dependency scale. The second (Birtchnell, 1978a) involved the clinical scales and indicated that early bereaved depressed patients had higher scores than non-bereaved depressed controls particularly on the Hypochondriasis and Paranoia scales.

The present study represents an extension of the author's previous studies of recent parent death in relation to mental illness. In 1970 (Birtchnell, 1970a) a series of 500 admissions to the Crichton Royal Hospital, Dumfries was compared with a sample of similar size from the local population. A significantly higher number of parent deaths was observed to occur during the period of 1 to 5 years before admission. In 1975 (Birtchnell, 1975b) a series of 6,795 referrals to the psychiatric services of North East Scotland was compared with 3,425 controls from the same region. Significant findings in respect of the period of 1 to 5 years before referral were observed and these applied particularly to patients with a diagnosis of depression. The two studies were in agreement in showing that marriage does not appear to protect the individual from the stress of parent death. In neither study were those whose breakdown occurred during the same year as the parent's death considered. This is because (1) it is not always easy to determine whether the psychiatric symptomatology pre-dated or post-dated the parent's death, and (2) it may be difficult to distinguish between the characteristics of mental illness and the manifestations of normal grief. It may be tentatively concluded from these studies that, over and above the immediate period of grief, the years following parental bereavement constitute a time of relative instability during which certain vulnerable individuals remain more than usually prone to psychiatric breakdown.

It is certainly the case that the vast majority of adults, though upset by the death of a parent, do not proceed to a frank psychiatric breakdown requiring referral to a specialist. Furthermore, it is not possible to conclude that for all of the patients in the previous studies whose parents died during the specified period before the breakdown was there a causal con-
The present study assumes that for a substantial proportion of patients the parent death played at least some part in the aetiology of this particular illness episode. By comparing some MMPI characteristics of a series of patients whose referral occurred 1 to 5 years after the death of a parent with those of a matched series of patients for whom neither parent died during the 15 years preceding referral, it may be possible to discern clinical and personality features of individuals for whom parent death in adult life constitutes a significant threat.

It might be argued that the best control group for a study of this kind would be a randomly selected sample of the general population who had experienced the death of a parent during a period of 1 to 5 years preceding the survey date but had not suffered a nervous breakdown. Comparison with such a group would certainly be of interest, but there are considerable methodological problems to obtaining this kind of information. Furthermore, there are no available norms for the population of North East Scotland on the MMPI scales used in the present study. The comparison group selected, however, is not entirely inappropriate. Firstly, the MMPI was completed by the group under identical circumstances, thus the motivation for presenting themselves in a favourable or unfavourable light would be the same. Secondly, since they are also psychiatric patients, they are manifestly liable to psychiatric breakdown and they differ from the study group, therefore, in that they break down for reasons other than the death of a parent. Such reasons would range from heavy genetic loading to some other form of personal tragedy.

Method

The study sample comprised 524 referrals to the psychiatric services of North East Scotland who had during the course of their clinical assessment completed the MMPI. Scores on a wide range of scales were made available by means of a computer program originating at the Mayo Clinic and modified in the Department of Clinical Psychology at the University of Aberdeen. The psychiatric patient sample represents a subsample of the 6,795 referrals of the previously mentioned study which were accumulated in 1965. The diagnosis at that time was coded according to the International Classification of Diseases, Seventh Revision. For convenience of analysis, the wide ranging categories of the ICD were arranged into eight major diagnostic groups. All patients were at least aged 20. Out of the 524 referrals there were 30 men and 31 women who had experienced the death of a parent during the preceding 1 to 5 years. As in the previously reported studies, for the reasons presented above, patients whose parents died in the year of referral have not been included in the analyses.

Also as in previous studies, in all cases parental death was taken to mean the death of the natural parent and not that of a step-parent, foster parent or person who had come to be looked upon as a parent. This is not to say that the death of such significant other persons is not important, but in a study such as this, one is limited by such facts as one can be sure of. The parent considered in the study is the most recent parent to have died. In a few instances the other parent has died recently as well, but has done so less recently.

Only 13 of the 75 available MMPI scales were selected for study. These were the eight clinical scales used in the 1978 study, three of the four non-clinical scales used in the 1975 study, namely Dependency, Ego-strength and Self-sufficiency, and two additional scales, Neuroticism and Extraversion. Rather than adopting a shotgun approach and using all available scales, it was felt that predicting the outcome of the study on the basis of a small number of selected scales was scientifically more sound. The clinical scales included the three scales of the neurotic triad (Hypochondriasis, Depression and Hysteria: McKinley and Hathaway, 1944), the four scales of the psychotic tetrad (Paranoia, Psychasthenia, Schizophrenia and Hypomania: Gough, 1946; Dahlstrom and Welsh, 1960) and the F-scale, one of the three so called validity scales of the standard MMPI but which is reported to be sensitive to stress situations (Brozek & Schiele, 1948) and associated with self deprecation (Gilberstadt and Duker, 1965) and which has shown some relationship to early bereavement (Wilson et al., 1967; Birtchnell, 1978). The non-clinical scales were specifically selected as representing those personality attributes most likely to be associated with vulnerability to loss. It is predicted that the recently bereaved group will reveal significantly more pathology on the eight clinical scales, will be significantly more dependent, neurotic and introverted and score significantly lower on self-sufficiency and ego-strength than the comparison group.

There is a close relationship between the incidence of recent parent death, as defined in this study, and decade of birth (Birtchnell, 1969); the most likely ages for this to happen being between 20 and 40. Since MMPI scores are affected by age, sex and diagnosis, the basic strategy of the study has been to match each recently bereaved patient with one ran-