
Psychological problems and parental loss

Pinpointing all the reasons why some persons succumb to psychiatric disturbances and others do not is something that probably will never be fully achieved. But a Beverly Hills psychoanalyst believes he has discovered one common thread among people who receive therapy.

After surveying his patients over the last two and a half years, Paul Cantalupo reports that each of the 36 persons shared one characteristic: By age 15, each patient had suffered a parental loss of some sort, or at least one of their parents had suffered a similar loss by early adolescence. Parental loss was defined as either death or a separation of one month or longer due to divorce, military duty or illness.

In a recent presentation at the fall meeting in New York of the American Psychoanalytic Association, Cantalupo detailed the histories of his patients from June 1974 to March 1977. Of the 36 (14 men and 22 women, between 20 and 66 years of age), 27 by age 12 had lost a parent either to death or to prolonged separation—and all but five of those also had parents with serious childhood losses. And of the remaining nine who had no such losses themselves, all reported that one or both of their parents had experienced losses between the ages of 2 and 15.

Previous studies have concentrated primarily on the death of a parent as a possible contributor to later psychopathology. But for his study Cantalupo broadened the definition of loss in order to test the hypothesis that a "syndrome of premature parental loss [is] an essential etiological factor in neurosis. . . . I do not suggest at this time that every person who has experienced parental deprivation needs psychiatric care," he says, "but . . . that every person who presents himself for [psychiatric] consultation may have a history of parental loss."

Cantalupo proposes that the syndrome is a result of "the behavioral consequences of arrests in development of parts of the self." The arrests in emotional development, he suggests, are caused by the person fixating (excessively concentrating or focusing) on the situation of the loss and the parent involved. Fixations, some analysts believe, frequently trigger a regression—periodically, throughout adult life—to the developmental levels prior to the loss.

The fixation, and subsequent behavioral problems, may result from any or all of four primary forces:

- The loss produces a splitting in the unity of a person's self image. One of the split-off parts longs to continue interacting with the absent parent and adopts surrogates that "serve to remind the child of parental absence."
- The remaining parent in some cases becomes unavailable to the child by with-

drawing into mourning for the absent parent.

- The child emotionally denies the loss. "Children and adolescents cannot tolerate the painful hiatus between relationships which occurs typically in the adult mourner," says Cantalupo. This may cause the youngster to blow the image of the missing parent out of proportion.
- The loss sends the child into a traumatic "fantasy" that produces feelings of hostility toward the absent parent and at the same time guilt for feeling the hostility and for having survived. A fantasized rejection by the lost parent may lead children eventually to search for that parent in their spouses or in their own children.

In cases where at least one of the child's parents experienced loss as a youngster, Cantalupo suggests that "the effects of the syndrome are passed onto their children. . . . The child takes into his mental self image the conflict of the parent."

The psychoanalyst also notes that 20 of his 26 married patients had spouses with a similar loss history, suggesting a possible "mutual selection." Through therapy, many such patients have been able to understand that "they were not defective [but] voids in their development caused major psychopathology." Finally, Cantalupo says that while parental loss may not be the major cause of emotional problems in many cases, it "may be a necessary pre-existing condition for a neurotic outcome when psychic conflict is present for other reasons." □

Air-pollution study: Controls too strict

Few would challenge the statement that air pollution is not good for you, but statistical "evidence" to support that claim often has been imprecise or buried. For the past 10 years, economists Lester B. Lave of Carnegie-Mellon University and Eugene P. Seskin of Resources for the Future have unearthed a mountain of data and woven it into what Seskin describes as "the most elaborate statistical analysis on the health effects of air pollution that's ever been done." Data, most of which were initially collected by other sources, have been analyzed statistically to offer a better picture of the real costs and benefits of pollution control. "As economists," Seskin says, "we're trying to see what we're getting for the expenditure of our dollars" on pollution control.

The payoff is good for investments in controlling "stationary-source" emissions—those from factories, power plants and other fixed-site polluters. The Environmental Protection Agency estimates it will

cost \$9.5 billion (in 1973 dollars) to control stationary-source emissions in 1979. "Our most conservative estimate," Lave and Seskin say, is that "this would amount to a national annual benefit of \$16.1 billion in 1979," based on wage and health-care savings that would otherwise have been lost to pollution-related death or disease.

The payoff is not so good for emissions control from "mobile sources" such as cars and trucks, they say, because here the relationship between pollution and death is less clear cut. The annual \$8- to \$11-billion investment needed to control mobile-source emissions to standards mandated for 1985 (based on 1974 National Academy of Sciences estimates) will produce at best only \$5 billion in benefits, Seskin and Lave say. "Only by adopting some alternative . . . can the benefits and costs of mobile-source controls be balanced. . . . we believe that suspending (or at least delaying) the most stringent of the current emissions regulations or continuing a two-car strategy [different control requirements for new cars based on where they are driven] is warranted in view of present estimates of benefits and costs."

The economists also found that:

- Sulfates and suspended particulates are "significant factors" in explaining geographical variations in death rates.
- Air pollution is more closely associated with deaths of nonwhites than whites.
- Infant-death rates are tied more closely to suspended particulates than to sulfates.
- Reducing ambient air levels of sulfates and suspended particulates should increase life expectancy about 0.8 year.
- "Air pollution does not simply 'harvest' deaths of susceptible individuals but seems to reduce life expectancy in general."
- There is a strong correlation between death from heart disease and sulfate pollution; also between tuberculosis deaths and suspended-particulates pollution.
- "In spite of our expectations," there is no evidence of a synergistic effect between nitrates, nitrogen dioxide, sulfur dioxide, sulfates and suspended particulates.

"Perhaps the most serious deficiency we encountered in investigating the air pollution-mortality relationship was . . . obtaining adequate air quality data," the economists say. Samples from a single station, often using faulty equipment, must represent a large geographical area. They suggest that not only should a wider array of air pollutants be monitored, but also, where possible, measurements should reflect known physiological effects of the pollutant. For example, particulate measurements should include both total mass and particle size because "large particulates are filtered out in the upper airways and never reach the lungs."

The Lave-Seskin study, *Air Pollution and Human Health*, was published this month as a 368-page book from Johns Hopkins University Press. □