

Correspondence
S Ventegodt
The Quality of Life Research
Centre
St. Kongensgade 70
DK-1264 Copenhagen K,
Denmark

A prospective study on quality of life and traumatic events in early life — a 30-year follow-up

S Ventegodt

The Quality of Life Research Centre, Copenhagen, Denmark

Accepted for publication 11 June 1998

Summary

Aim To investigate the connection between early life trauma and the quality of life some 30 years later in Denmark.

Design Prospective, longitudinal study with questionnaire-based follow-up survey.

Methods In 'The Quality of Life Research Study of 10 000 Danes', a newly designed questionnaire was mailed in February 1993 to 7222 persons from the Prospective Paediatric Cohort of persons born at the State University Hospital in Copenhagen (Rigshospitalet) between 1959 and 1961. Response rate was 64% (4626 people between the ages 31–33).

Variables Mother's attitude towards her pregnancy, child being placed in a children's home, mother using antipsychotic drugs indicating acute, mental illness, child adopted in the first year of life and quality of life of the child 31–33 years later. **Results** Of the early life traumas studied, only relatively weak connections to the quality of life in later life were found.

Conclusions These relatively weak findings suggest that the children that survive to adulthood are resilient to many adverse events in early life.

Keywords: adoption, early life-trauma, foster-care, mental illness, quality-of-life

Introduction

Many psychologists, psychotherapists and psychoanalysts have asserted that early life trauma can be physically, mentally and socially detrimental to the subsequent development of the child. However, these assumptions tend to be

Child: Care, Health
and Development

VOLUME 25
NUMBER 3

1999

PAGES 213–221

© 1999 Blackwell Science Ltd

213

journals it was established that, of the respondents, 247 were placed in a children's home as opposed to being discharged home with the mother. Two hundred and five had a mother who, in the third trimester used psychopharmacia, a strong indicator of acute, mental illness. One hundred and fifty-three had been adopted in the first year, 2280 children were unwanted: 210 of whom were conceived as a result of failed contraception, and 300 survived an abortion attempt. We were particularly interested these last two subsamples because they show that the mother actively tried to prevent having the child.

Instrument

The questionnaire used in the study, 'questionnaire for the self-evaluation of the quality of life', contained 317 questions, divided into the following sections; social information, lifestyle, illness, sexuality, self-perception, life-perception, and eight series of questions used to measure the quality of life according to eight different definitions of quality of life. (The questionnaire, in rough translation, is reprinted in Ventegodt 1996a.) The theoretical basis for the QoL measurement is a so-called integrative QoL theory (*ibid.*), which combines these eight dimensions into one overall measure. It organizes eight individual theories of quality of life into a spectrum ranging from subjective (self-evaluated) to objective (externally evaluated) quality of life and spanning a core of theories that consider quality of life as deriving from human nature or human existence itself (existential theories).

These eight theories or dimensions of life quality were operationalized into eight rating scales, these were grouped into three dimensions, as follows.

Subjective dimensions

- 1 Immediate, self-experienced well-being
- 2 Satisfaction with life
- 3 Happiness

Existential dimensions

- 4 Needs fulfilment
- 5 Subjective experience of objective temporal domains ('family, work, leisure')
- 6 Subjective experience of objective spatial domains ('satisfaction with social relationships')
- 7 Expression of life's potentials

respectively. All of the eight QoL rating scales as well as the resulting overall measure are *global* (covers all aspects of life, not merely health-related aspects) and *generic* (applicable to both sexes, all adult age groups, members of all cultures and not disease-related or restricted to use in a specific category of patient).

Significance levels for the relationships between each variable and the measured quality of life were tested against the rest of the sample using the null hypothesis:

$$H_0: \mu_i = \mu_{\text{non-}i}$$

that is, the mean quality of life of a particular group (for example, those adopted) is not significantly different from the mean quality of life for the rest of the population (i.e. those not adopted).

Results

To see the connection between the 1000 different factors and quality of life (Ventegodt 1997), we used the population study mentioned above to classify the size of the percentage deviation from the average quality of life score in the following way:

- A Very large, over 40%
- B Large 20–40%
- C Intermediate between 10 and 20%
- D Small, 5–10%
- E Very small, less than 5%

When the quality of life of the cohort was examined across eight dimensions, the named traumatic events of the first year appear to have only a very small connection to the quality of life of the adult.

No significant connection between quality of life and adoption was found. It was not possible to distinguish statistically between those that were adopted as 1-year-olds and those that were not.

The group whose mothers had taken psycho-pharmacia in the third trimester of pregnancy had a mean QoL score that lay 3.5% under the group whose mothers had not taken such drugs (Table 1). Those placed in a children's home had a mean QoL score that lay 3.1% below those who came home with the mother (Table 1).

The group that were decidedly wanted as children had a mean quality of life score that lay 3.4% above the group that were decidedly unwanted as children

(Table 1). The quality of life of the group whose mothers had attempted an abortion had a mean quality of life score that lay only 2.6% under the score of the group that were wanted by their mothers.

As a control test, these results were compared with a list of expected results such as maternal smoking during pregnancy and a clear 'social' inheritance of education level and similar social factors, and the expected results were found.

A relatively large connection between the quality of life of the adult and motor-development in the first year of life was also found, showing that there were indeed factors that are indicators of the quality of life in the adult.

Discussion

In previous studies factors that show very large connections with quality of life have been found. For example, the quality of the relationship to ones partner, satisfaction with sex life, the psychological working environment, self-evaluated physical and mental health, etc. (Ventegodt 1995; 1996b). All of the traumatic events we report in this paper show connections we classify as 'very small' in comparison.

Indeed, of almost 1000 early life factors examined, only very few showed any 'intermediate' connection to quality of life, and those that did were, surprisingly, related to motor development. For instance we found that those children who could walk with support by 7 months had a quality of life score that lay 14.2% above those who could not walk with support after 1 year (Table 1). It is interesting to note that Jones *et al.* (1994) showed a link between late development in walking and speech, and mental illness in later life. A possible explanation for these findings may be that development is the product of a number of factors including traumatic events. Individually these factors appear to have a relatively small influence on quality of life, however, cumulatively, they may affect development and this we see reflected in quality of life in later life.

Apparently, young children are much less affected by single traumatic events and other external conditions than one has hitherto believed. As early trauma seems to play such a relatively small role in determining quality of life as an adult, it seems reasonable to put forward the hypothesis that the quality of life in adulthood is the product of development and adult lifestyle. Development in adolescence might be especially important as our adult conception of life and subsequent lifestyle might stem from this period.

- Höök, K. (1979). The unwanted child: effects on mothers and children of refused application for abortion. Proceedings 2nd internat. symposium on society, stress and disease. Stockholm.
- Jones, P., Rodger, B. & Murray, R. (1994) Child developmental risk factors for adult schizophrenia in the British 1946 cohort. *Lancet*, **334**, 1398-1402.
- von Knorring, A. L., Bohman, M. & Sigvardsson, S. (1982) Early-life experiences and psychiatric disorders: an adoptee study. *Acta psychiatrica Scandinavica*, **65**, 283-291.
- LaRoche, C. (1989) Children of parents with major affective disorders a review of the past 5 years. *Psychiatrics Clinical North American*, **12**, 919-32.
- Matějíček, Z., Dyrtych, Z. & Schuller, V. (1978) Children from unwanted pregnancies. *Acta psychiatrica Scandinavica*, **57**, 67-90.
- Orvaschel, H., Weissman, M. M. & Kidd, K. (1980) Children and depression: the children of depressed parents, the childhood of depressed parents. *Journal of Affective Disorders*, **2**, 1-16.
- Ventegodt, S. (1995) Quality of Life in Denmark. Results from a population survey. Forskningscentrets Forlag, Copenhagen.
- Ventegodt, S. (1996a) *Measuring the Quality of Life: from Theory to Practice*, Forskningscentrets Forlag, Copenhagen.
- Ventegodt, S. (1996b) Quality of Life of 4500 31-33 year olds: result from a study of the prospective pediatric cohort of persons born at the University Hospital in Copenhagen 1959-61. Forskningscentrets Forlag Copenhagen.
- Ventegodt, S. (1997) *Quality of Life and Factors in Pregnancy, Birth and Infancy*. Forskningscentrets Forlag, Copenhagen.
- Weissman, M. M., Prusoff, B. A., Gammmon, G. D., Merikangas, K. R. & Prusoff, B. A. (1984a) Psychopathology in children of depressed and normal parents. *Journal of the American Academy of Child Psychiatry*, **23**, 78-84.
- Weissman, M. M., Leckman, J. F., Merikangas, K. R., Gammmon, D. & Prusoff, B. A. (1984b) Depression and anxiety disorders in parents and children. Results from the Yale Family Study. *Arc General Psychiatry*, **41**, 842-852.
- Zachau-Christiansen, B. & Ross, E. M. (1975) *Babies: human development during the first year*. John Wiley & Sons, New York.