

うつ病の心理社会的発症要因：発表論文

北村俊則: 児童期の喪失体験と抑うつ状態—マッチド・ペアによる研究—. 社会精神医学, 7; 114-118, 1984.

児童期における喪失体験と抑うつ状態の関係を調査するために、23名の抑うつ感情を主訴とする入院患者と、年齢、性別、人種をマッチさせた同数の正常対照群に面接を施行した。10歳以前の両親のいずれかとの死別体験もしくは分離体験という喪失体験が、正常対照群(9%)に比較して患者群(39%)に有意の差をもって多く認められた。しかし抑うつ状態の診断下位群、抑うつ状態の臨床経過とは特異な所見を得られなかった。さらに5歳~10歳までが喪失体験が抑うつ状態の素因を形成するための臨界期であろうと推察した。

北村俊則: 感情病における家族負因と幼少期の喪失体験—英国での体験から—. 精神医学, 28; 387-393, 1986.

英国パーミンガムの一病院において感情障害(ICD-8の躁うつおよび抑うつ神経症)を呈する入院患者39名につき、第1級親族における精神科疾患と、15歳以前の父または母からの死別もしくは12カ月以上の離別体験を調査した。死別体験は家族歴の有無と有意の関連を呈さなかったが、離別体験は家族歴の有無と有意(exact probability test, $p=0.026$)の関連を持ち、この傾向は離別の対象が異性の親である際に強いものであった。異性親からの離別を体験したものは家族歴を有する20名のうち7名(35%)であるのに対し、家族歴を有さない19名では皆無(0%)であった。このことから、うつ病発症に関与していると考えられている幼少期の離別体験は、一部は家族員の精神疾患から発生したものである可能性が示された。

北村俊則: DSM-III 感情障害患者における家族歴と幼少期の喪失体験の関連. 社会精神医学, 9; 375-381, 1986.

DSM-III の大うつ病もしくは双極病の基準を満たす患者41名につき、第1度親族中精神科疾患を家族歴研究診断基準に沿って調査し、さらに15歳以前における父もしくは母との死別あるいは12カ月以上の離別体験の有無を確認した。37%の患者は親族中に感情関連障害を有し、また44%の患者が何らかの喪失体験を有していた。しかし親族中の感情関連障害の有無と喪失体験の有無の間には有意の相関を認めず、これは親族中の非感情関連障害まで含めても、あるいは喪失体験を死別と別離に分けたり、喪失の対象を父と母に分けて検討しても同様であった。したがって今回対象患者について、両要因は相互に独立したものであると考えられた。

北村俊則, 島悟, 竹内ますみ, 青木まり: 妊娠・出産に伴う精神障害の疫学的研究—妊娠初期の感情障害の罹患率とその発症危険因子—. 社会精神医学, 10; 255-263, 1987.

島悟, 北村俊則, 青木まり, 菅原ますみ, 坂倉啓一: 出産に伴う精神障害の縦断的研究. 日本医事新報, 3344, 43-49, 1988.

120例の妊産婦を対象として、妊娠中から出産後に至る精神医学的縦断研究を施行した。その結果、出産後に感情障害を中心とする精神障害が23.4%の罹患に認められた。またマタニティーブルーも従来の報告よりやや頻度は低いものの、93%の症例で認められた。妊娠・出産に際しては十分な精神医学的観察と配慮が望まれる。

北村俊則, 島悟: 感情障害の親族内発症危険率. 社会精神医学, 11; 299-303, 1988.

研究用診断基準(RDC)による定型うつ病38名、躁病1名(以上感情障害群)、その他の診断18名(非感情性精神障害群)について家族歴研究診断基準(FH-RDC)に沿って第1度親族中の精神障害を調査した。感情障害群の親族中のうつ病(6.1%)および感情関連障害(うつ病、分裂感情病、躁病、気分変調を伴うその他の精神障害、自殺)(10.9%)の発症危険率は対照精神障害群の親族中のそれ(1.5%および4.5%)にくらべて有意に高かった。しかし親族中の非感情性精神障害の発症危険率は両群間に差をみなかった。

Kitamura, T., Takazawa, N. and Moridaira, J.: Family history study of major psychiatric disorders

and syndromes. *International Journal of Social Psychiatry*, 35; 333-342, 1989.

The family history of psychiatric disorders was examined among relatives of 193 in-patients fulfilling the Research Diagnostic Criteria (RDC) for Schizophrenia, Unspecified Functional Psychoses, Schizoaffective Disorder, Manic Disorder or Major Depressive Disorder. The Morbid risk (MR) for schizophrenia was greater among the relatives of probands with non-affective psychoses whereas the MR for mania was greater among the relatives of probands with affective bipolar disorder. When major psychiatric syndromes were examined, only manic syndrome showed familial aggregation.

北村俊則, 島悟: RDC 定型うつ病患者における幼少期の喪失体験と臨床像の関連. *精神保健研究*, 35; 83-87, 1989.

37名のRDC 定型うつ病患者について、喪失体験の有無はRDC 定型うつ病の基準Bの各項目、RDC 定型うつ病の各亜型分類、ハミルトンうつ病評価尺度の各項目との間に有無の関係もしくは有無の差を認めなかった。幼少期の喪失体験はうつ病の病型や病像形成には関与していないと考えられた。

北村俊則, 島悟, 戸田まり, 菅原ますみ: 軽症感情障害の家族内発症危険率. *脳と精神の医学*, 2; 273-277, 1991.

一般病院産科外来に初診の妊婦120名を妊娠期間中観察したところ19名(16%)になんらかの感情障害の発症を認めた。これはすべて軽症のうつ病であった。この群を妊娠関連感情障害群とし、それ以外を対照群とした。両群について家庭歴研究診断基準(FH-RDC)に沿った第1度親族中の精神障害の発症危険率(morbid risk: MR)を求めた。FH-RDC うつ病のMRは妊娠関連感情障害群で4.8%、対照群で1.3%、不快気分を伴うその他の精神障害を併せて求めると、それぞれ7.2%と1.8%であった。有無の差には至らないが、感情障害の家庭内発症率が妊娠関連障害で3~4倍であることを認めた。

北村俊則, 島悟, 戸田まり, 菅原ますみ: 疫学としての社会精神医学—妊娠初期のうつ病の発症要因の研究を中心にして—。 *社会精神医学会雑誌*, 1; 89-92, 1993.

Kitamura, T., Shima, S., Sugawara, M. and Toda, M.: Psychological and social correlates of the onset of affective disorders among pregnant women. *Psychological Medicine*, 23; 967-975, 1993.

One hundred and twenty women recruited from attenders at the antenatal clinic of the Obstetrics Department of a general hospital were asked to complete *ad hoc* questionnaires during pregnancy; they were then interviewed by psychiatrists using a structured diagnostic interview, the Schedule for Affective Disorders and Schizophrenia (SADS). Nineteen (16%) women were identified as having an onset of an affective disorder during the period of pregnancy, mainly (68%) during the first trimester. As compared with the women without any such onset (controls), the women with pregnancy-related affective disorder (PRAD) were characterized by (1) it being their first pregnancy or first delivery with past termination of pregnancy, (2) early loss of either parent by death, (3) high Eysenck Personality Questionnaire (EPQ) Neuroticism (N) and Psychoticism (P) scores, (4) living in a flat with either a plan to stay there after the forthcoming childbirth or an expectation that their accommodation would be crowded, and (5) negative response to the news of the pregnancy by the husband with low intimacy. The effects of these factors were additive since the probability of developing a PRAD episode was highly correlated with the number of factors reported.

佐藤達哉, 菅原ますみ, 戸田まり, 島悟, 北村俊則: 育児に関するストレスとその抑うつ重症度との関連. *心理学研究*, 64; 409-416, 1994.

Mothers' difficulties concerning child-rearing were conceptualized as rearing-related stress (RRS). Eight hundred and seventeen mothers who had six month-olds infants were asked to rate 28 RRS items and 20 items on the depressive severity scale (Zung, 1956). The main results were summarized as follows: (1) Twenty-two items of RRS were analyzed by Hayashi's quantification (type-III) method, and two hypothesized dimensions were extracted. These are named children-related rearing stress (CRRS) and mothers-related rearing stress (MRRS). (2) RRS was related to mother's depressive severity. (3) Linear relationship of "CRRS-MRRS-depression severity" was

examined by partial correlation analysis. (4) Primiparae experienced more RRS than multiparae. These results suggested that RRS could be considered as a process. i.e., CRRS influenced MRSS and then MRRS influences depressive severity. The RRS model is in accord with the psychological stress model of Lazarus and Folkman (1986). Lastly, possible preventive strategies for mothers' RRS were discussed in the light of RRS model.

友田貴子, 北村俊則: 第一次希望の大学の合格・不合格が入学後の軽症うつ病, 自覚的健康度, ソーシャル・サポートに及ぼす影響について. 日本社会精神医学会雑誌, 3; 33-38, 1994.

第一希望の大学に合格・不合格というライフ・イベントが, 入学後のうつ病の発症, 自覚的健康度, 期待されるソーシャル・サポートに影響をあたえるかどうかについて, 大学1年生 70 名を対象に, 大学入学後約6カ月の時点で, 調査及び構造化面接を行った。「第一希望の大学に合格した」(合格群) 27 名と「第一希望の大学に落ちた」(不合格群) 39 名で, うつ病の発症と自覚的健康度には有意差は認められなかった。ソーシャル・サポートは父親, 母親, きょうだい, 先生, 友人というサポート源ごとで検討した結果, 先生をサポート源として, 合格群のほうが有意に多くのサポートが受けられると知覚していた。第一希望の大学に入学した人は, もともと教員を含めた大学そのものに大きな期待を抱いていたと考えられると同時に, 入学後約半年の間に, 先生により多くのサポートを期待することができるだけの関連性を作ることができたと考えられる。それに対し, 第二希望以下の大学に入学した人はその大学への期待度が低く, また, 先生からのサポートを期待することができるだけの関係性を作ることができなかったとも考えられる。

友田貴子, 北村俊則: 大学入学後6か月間の軽症うつ病の発症とソーシャル・サポートの関連について. 日本社会精神医学会雑誌, 3; 39-44, 1994.

大学1年生を対象に, 大学入学後半年間の軽症うつ病の発症と, 父親, 母親, きょうだい, 学校の先生, 友達の5つをサポート源とする主観的なソーシャル・サポートとの関連について調査を行った。自己記入式の学生用ソーシャル・サポート尺度 (SESS) の記入に続いて, DSM-III-R の大うつ病エピソードを診断基準とした構造化面接を実施し, 大学入学後約半年間のうつ病の発症を確認した。ただし, 軽症うつ病を扱うため症状の持続基準は7日間とした。大学入学後約半年間に新たに, 軽症うつ病が発症した群 (うつ病群) とその期間に発症せず, かつそれ以前から大うつ病エピソードを有していなかった群 (非うつ病群) の2群についてソーシャル・サポートの得点を比較した。その結果, いま通っている学校の先生から得られると期待しているサポートについて, 非うつ病群の方がうつ病群よりも有意に高くサポートが得られると評価していた。

Kitamura, T., Toda, M. A., Shima, S., and Sugawara, M.: Early loss of parents and early rearing experience among women with antenatal depression. *Journal of Psychosomatic Obstetrics and Gynaecology*, 15; 133-139, 1994.

The relationship of depressive disorders with early parental losses and rearing experiences was studied among 120 pregnant women. They were diagnosed following the Research Diagnostic Criteria using the Schedule for Affective Disorders and Schizophrenia. Loss experience was defined either as loss a parent before the age 16 by death, or separation for 12 months or longer. The perceived rearing experience was examined by administering the Parental Bonding Instrument (PBI). An onset of depressive disorders, antenatal depression, was observed among 19 (16%) women. Those women with antenatal depression were significantly more likely to have experienced bereavement of either of the parents (21%) than those women without it (5%). Discriminant function analysis revealed that two PBI scores lower paternal care and higher maternal protection were significant in predicting antenatal depression. Parental bereavement and 'affectionless control' (low care and overprotection) seem to be additive in predisposing to antenatal depression, though the small number of the samples render statistical analysis impracticable.

Kitamura, T., Watanabe, M., Aoki, M., Fujino, M., Ura, C. and Fujihara, S.: Factorial structure and correlates of marital adjustment in a Japanese population. *Journal of Community Psychology*, 23; 117-126, 1995.

A total of 146 married inhabitants (67men and 79 women) in a provincial city of Japan were interviewed to examine marital adjustment and its psychosocial determinants. Fifteen items of the Short Marital Adjustment Test (Locke & Wallace, 1959) (LWT), a self-rating

questionnaire, were transformed into a semi-structured interview together with two new items. Factor analysis yielded five factors which were interpreted as dyadic consensus, satisfaction, flexibility, home-loving, and interest-sharing. Better marital adjustment in women was correlated with higher standard of living, lower neuroticism, and a more caring father, whereas in men it was correlated with lower psychoticism and more caring mother. Longitudinal studies are needed throw more light on the determinants of marital adjustment.

北村俊則, 小泉智恵, 海堀友美子, 山添正, 北原知典, 藤原茂樹: 小中学校でいじめられた体験を有する者の成人になってからの心理的社会的特徴—地域住民に対する精神保健学的調査—。日本医事新報, 3722, 28-34, 1995.

某市の一地区の住民 220 名について, 15 歳以前のいじめられた経験を聴取し, 同時に精神疾患の生涯有病率および現時点の身体的健康感, 生活満足感, 自信を評価した。EPQ による人格調査も実施した。10%の被検者がいじめられた経験を述べた。有意の差はないが, いじめられた者は成人になってから不安障害を多く体験していた。いじめられた者は自己に対する自信が強かった ($P < .05$)。既婚者について見ると, いじめられた者は結婚前の交際期間が有意に短かった。

友田貴子, 岩田昇, 北村俊則: 精神的健康に及ぼすスポーツ活動の影響。体力研究, 91; 133-141, 1996. We investigated the association between physical activity and psychiatric disorders according to diagnostic criteria in a sample of 119 19 to 21-year-old community adolescents in Japan. *The Japanese Classification of Mental Disorders*, which corresponded to the *International Classification of Diseases 10th Revision*, was used in making diagnoses of anxiety and mood disorders. Significant inverse associations were observed between the physical activity level and the likelihood of other mood disorder at lifetime diagnosis. A similar but not significant association was found for its 12-month diagnosis, but neither for full depressive episode. Psychosocial perception at work and general adjustment state, except for that at home, significantly differed according to physical activity levels. Physical activity could be a possible strategy to prevent mild or moderate mood disorders.

Kitamura, T., Sugawara, M., Sugawara, K., Toda, M. A. and Shima, S.: Psychosocial study of depression in early pregnancy. *British Journal of Psychiatry*, 168; 732-738, 1996.

Background: The psychosocial correlates of depression during pregnancy were explored. **Method.** : Pregnant women attending the antenatal clinic of a general hospital ($n = 1329$) received a set of questionnaires including Zung's Self-Rating Depression Score (SDS). SDS high scores (> 49) (the cases: $n = 179$) were compared with low scores (< 38) (the controls; $n = 343$) **Results :** The cases were characterised by: first delivery; more nausea, vomiting, and anorexia; more menstrual pain and premenstrual irritability; early paternal loss; lower maternal care and higher paternal overprotection; higher public self-consciousness score; more smoking and use of medication in pregnancy; unwanted pregnancy; negative psychological response to the pregnancy by the women and husband; poor intimacy by the husband; and having remarried.

Tanaka, E., Sakamoto, S., Ono, Y., Fujihara, S. and Kitamura, T.: Hopelessness in a community population in Japan. *Journal of Clinical Psychology*, 52; 609-615, 1996.

The Japanese version of the Beck Hopelessness Scale was administered to a total of 154 community residents. The internal consistency (KR-20) was .86. The mean BHS score was 8.6 (SD = 3.9), approximately one standard deviation higher than the reported mean for an Irish general population. The BHS score were found significantly correlated with the age and the number of people living together. Significant negative correlations were found with subjective physical fitness, self-confidence, satisfaction with accommodation and marital state, and adjustment in the work place. The mean BHS score was significantly higher among those individuals who had experienced early maternal or parental death than those who had not.

Tanaka, E., Kijima, N. and Kitamura, T.: Correlations between the Temperament and Character Inventory and the self-rating depression scale among Japanese students. *Psychological Reports*, 80; 251-254, 1997.

The Temperament and Character Inventory measures four dimensions of temperament and three of character. The 125-item short version and the Self-Rating Depression Scale were administered to 306 Japanese students. Their scores on the latter were significantly highly correlated with the scores on both temperament and character scales, positively correlated with Harm-Avoidance score, and negatively correlated with Self-directedness and Cooperativeness scores. It is suggested that scores on depression were related to Harm-Avoidance, particularly to fatigability, and immaturity of the autonomous self and cooperative interpersonal relationship.

Kitamura, T., Aoki, M., Fujino, M., Ura, C., Watanabe, M., Watanabe, K. and Fujihara, S.: Sex differences in marital and social adjustment. *Journal of Social Psychology*, 138; 26-32, 1998.

A sample of 67 married Japanese men and 79 married Japanese women, ranging in age from 25 through 85 years, were interviewed to clarify the relationship between marital adjustment and social adjustment. For the whole sample, the total score of the Short Marital Adjustment Test (SMAT; Locke & Wallace, 1959) and its subcategories, dyadic consensus and satisfaction, was significantly correlated with 5 subcategory scores of the Social Adjustment Scale-II (SAS-II; Weissman, 1978): household adjustment (except the spouse), external family adjustment, work adjustment, social leisure adjustment, and general adjustment. These correlations were present also for the women; for the men, they were present only for social leisure adjustment and general adjustment. Among men, the dyadic consensus scores of the SMAT had stronger correlations with the social adjustment scores; among young women, correlations with the marital satisfaction scores of the SMAT were stronger. Thus, marital adjustment may be a part of social adjustment for women, but the two may be discrete for men.

友田貴子, 岩田昇, 北村俊則: 地域調査データに基づく閾値下うつ病の頻度とその特徴. *精神科診断学*, 8; 391-401, 1997.

精神科非受診群の地域青少年男女を対象に実施した精神保健度学調査より, DSM-IVの「大うつ病エピソード」の診断基準を満たす群(うつ病群)と満たさないが何らかの症状を有する群(閾値下うつ病群), およびうつ病の症状をまったくもたない群(非うつ病群)について, その症状的特徴や心理社会的変数の特徴を比較検討した。「うつ病群」と「閾値下うつ病群」では「非うつ病群」と比べ, 機能障害や知覚された身体的健康の低さが認められた。診断基準を満たさない程度の抑うつ状態でも, 診断基準を満たすうつ病と同様に身体面心理面での困難を有しており, このことは診断基準そのものの問題といえるかもしれない。今後, 症状に重みづけをするなどして, 診断基準の妥当性の向上を図る必要性が示唆された。

Kitamura, T., Toda, M. A., Shima, S., Sugawara, K. and Sugawara, M.: Social support and pregnancy: I. Factorial structure and psychosocial correlates of perceived social support. *Psychiatry and Clinical Neurosciences*, 52; 29-36, 1998.

In a questionnaire survey among 1329 first-trimester pregnant women, social support providers were divided by factor analysis into husband, 'premarital network' (parents and friends) and 'postmarital network' (children and mother-in-law), while social support contents were divided into 'given' (emotional, informational and instrumental support) and 'giving' (nurturing opportunity and general confiding). The husband was most frequently nominated by the women as the support provider in both of these categories. Multiple regression analyses revealed that a husband's poor 'given' support was predicted by the presence of premenstrual irritability, a lower level of the woman's own education, her smoking habits and past experience of pregnancy termination, while a husband's poor 'giving' support was predicted by current older age, smoking habits and past experience of delivery.

Kitamura, T., Toda, M. A., Shima, S., Sugawara, K. and Sugawara, M.: Social support and pregnancy: II. Its relationship with depressive symptoms among Japanese women. *Psychiatry and Clinical Neurosciences*, 52; 37-45, 1998.

In a questionnaire survey among 1329 first-trimester pregnant women, both the husband support measures and unwanted pregnancy ('stressor' agent in pregnancy) showed significant effects on an elevated score of the cognitive disturbance subscale of the Zung's self-rating depression scale (SDS), while only unwanted pregnancies showed an effect on an elevated score of the dysphoric mood subscale of the SDS. However, no interaction was observed between the husband support measures and unwanted pregnancy, therefore the effect of the

husband's social support on the cognitive disturbance score was not that of a buffer, but rather a main effector. Finally, multiple regression analyses showed that the dysphoric mood score was preceded by unwanted pregnancy, premenstrual irritability, public self-consciousness, and maternal overprotection; while the cognitive disturbance score was preceded by unwanted pregnancy, husband reduced 'given' and 'giving' support, maternal reduced care and overprotection, paternal reduced care, low annual income, low private self-consciousness, and smoking. These findings suggest that the husband's support for a pregnant woman is effective only in reducing cognitive symptoms, and that different symptomatic constellation have different sets of psychosocial correlates.

Kitamura, T., Sugawara, M., Shima, S. and Toda, M. A.: Relationship of order and number of siblings to perceived parental attitudes in childhood. *Journal of Social Psychology*, 138; 342-350, 1998.

Despite the increasingly recognized link between perceived parenting behaviour and the onset of psychopathology in adults, studies of the possible determinants of perceptions of parenting behaviour are rare. In a sample of 1,145 pregnant Japanese women, correlations were examined between the numbers and sexes of siblings and perceived rearing practices, as rated by the Parental Bonding Instrument (PBI; Parker, Tupling, & Brown, 1979). The participants with more elder sisters viewed their parents' attitudes as less caring, whereas those with more brothers, particularly younger brothers, viewed their parents' attitudes as less overprotective. However, the proportion of the variance of all the PBI scores explained by different types of sibling was very small.

Kitamura, T., Kijima, N., Aihara, W., Tomoda, A., Fukuda, R. and Yamamoto, M.: Depression and early experiences among young Japanese women: multiple facets of experiences and subcategories of depression. *Archives of Women's Mental Health*, 1; 27-37, 1998.

The link between childhood experiences (before age of 16) and later onset of depression was examined among 98 young Japanese women who had all been newly employed by a company in Tokyo, Japan. We compared three groups: (a) 15 women who had reported a single episode of DSM-III-R Major Depression of less than two years duration (single episode; SE); (b) four women who had reported either more than one episode or any episode of two years or more duration meeting the criteria of Major Depression (recurrent or chronic; R.C.) and (c) 53 women who had never experienced any major DSM-III-R Axis I disorders (normal control). The three groups did not differ significantly in terms of any parental loss experiences (either death or separation for 12 months or longer). The S.E group perceived the father to be less affectionate than the other two groups. The R.C. group reported having been punched with a fist by the mother more frequently, and bullied at school. Among early life events (other than being bullied), parental divorce and own illness were reported more frequently by the R.C. group, and not being appointed as a "class leader" by the S.E. group. These findings suggest that early human experiences are linked to later depression and that single episode and recurrent/chronic depression are discrete in their life history profiles. In order to screen women who need prevention and intervention (R.C. in particular) in community or school settings, it may be useful to tap their life history.

Aoki, K., Furukawa, T., Ogasawara, M., Hori, S. and Kitamura, T.: Psychosocial factors of recurrent miscarriages. *Acta Obstetrica et Gynecologica Scandinavica*, 77; 572-573, 1998.

Tanaka, E., Sakamoto, S., Ono, Y., Fujihara, S. and Kitamura, T.: Hopelessness in a community population: factorial structure and psychosocial correlates. *Journal of Social Psychology*, 138; 581-590, 1998.

The factorial structure of the Beck Hopelessness Scale (BHS; A. T. Beck, A Weissman, D. Lester, & L. Trexler, 1974) was examined in a nonclinical sample ($N = 154$) in Japan, and the relationships between dimensions of hopelessness and psychosocial variables were analyzed. A semistructured interview was used, as well as questionnaire consisting of the BHS, the Eysenck Personality Questionnaire (EPQ; H. J. Eysenck & S. B. Eysenck, 1975), and the Parental Bonding Instrument (PBI; G Parker, H. Tupling, & L. B. Brown, 1979). A factor analysis with principal components solution after oblimin rotation yielded 2 factors – Doubt About a Hopeful Future (Factor 1) and Belief

About a Hopeless Future (Factor 2). Significant, positive correlations were found between Factor 2 and (a) the number of emotional symptoms of depression in a 4-day depressive episode and (b) score on the Neuroticism subscale of the EPQ. The Factor 1 score was significantly and negatively correlated with the Extraversion subscale of the EPQ and the Paternal Care subscale of the PBI.

Kitamura, T., Toda, M. A., Shima, S. and Sugawara, M.: Single and repeated elective abortions in Japan: A psychosocial study. *Journal of Psychosomatic Obstetrics and Gynecology*, 19; 126-134, 1998.

Despite its social, legal and medical importance, termination of pregnancy (TOP) (induced abortion) has rarely been the focus of psychosocial research. Of a total of 1329 women who consecutively attended the antenatal clinic of a general hospital in Japan, 635 were expecting their first baby. Of these 635 women, 103 (16.2%) had experienced TOP once previously (first aborters), while 47 (7.4%) had experienced TOP two or more times (repeated aborters). Discriminant function analysis was performed using psychosocial variables found to be significantly associated with either first abortion or repeated abortion in bivariate analyses. This revealed that both first and repeated aborters could be predicted by smoking habits and an unwanted current pregnancy while the repeated aborters appear to differ from first aborters in having a longer pre-marital dating period, non-arranged marriages, smoking habits, early maternal loss experience or a low level of maternal care during childhood. These findings suggest that both the frequency of abortion and its repetition have psychosocial origins.

Kitamura, T., Sugawara, M., Toda, M. A. and Shima, S.: Childhood adversities and depression: I. Effects of early parental loss on the rearing behaviour of the remaining parent. *Archives of Women's Mental Health*, 1; 131-136, 1998.

Although early parental loss and perceived rearing have both been the target of intensive research, they have rarely been linked. This study examined the effects of parental loss on the perceived parenting of the remaining caregiver. The effect of early (before age 16) experience of the father's or mother's death or separation from them for 12 months or longer on the rearing behaviour of the remaining parent was studied retrospectively among 1,329 pregnant women. Women who had experienced either death of or separation from the father reported having received less care from the mother. However, experiences of loss of the mother did not show significant effects on the perceived rearing behaviour of the father. The number of siblings was correlated with reduced paternal and maternal care and with reduced maternal overprotection. Our hypothesis that early parental loss experience would have a negative influence on parental rearing behaviour was proved only for the effects of the paternal loss. Search for other determinants may be warranted.

Tanaka, E., Sakamoto, S., Kijima, N. and Kitamura, T.: Different personalities between depression and anxiety. *Journal of Clinical Psychology*, 54; 1043-1051, 1998.

We examined the different personality dimensions between depression and anxiety with Cloninger's seven-factor model of temperament and character. The Temperament and Character Inventory (TCI), which measures four temperament and three character dimensions of Cloninger's personality theory (125-item short version), the Self-rating Depression Scale (SDS), and the State-Trait Anxiety Inventory (STAI) were administered to 223 Japanese students. With hierarchical regression analysis, the SDS score was predicted by scores of Harm-Avoidance, Self-Directedness, and Self-Transcendence, even after controlling for the STAI score. The STAI score was predicted by scores of Self-Directedness and Cooperativeness, even after controlling for the SDS score. More importance should be attached to these dimensions of character because they might contribute to both depression and anxiety.

Kitamura, T., Sugawara, M., Shima, S. and Toda, M. A.: Childhood adversities and depression: II. Parental loss, rearing, and symptom profile of antenatal depression. *Archives of Women's Mental Health*, 1; 175-182, 1999.

Among a total of 1,329 pregnant women, neither early loss experience by death or by separation before the age 16 was related to any the three depressive symptom constellations derived from Zung's Self-rating Depression Scale – Dysphoric Mood, Cognitive Disturbance, and Poor Concentration. Paternal and maternal low care and overprotection scores of the Parental Bonding Instrument, a measure of perceived

rearing, had main effects on the Cognitive Disturbance and Poor Concentration scores, with significant interaction of the two predictors; Dysphoric Mood was also linked to maternal overprotection. These findings suggest that perceived parenting is a predictor of two specific symptom constellations of antenatal depression.

Furukawa, T., Yokouchi, T., Hirai, T., Kitamura, T., Takahashi, K. on behalf of the Group for Longitudinal Affective Disorders Study (GLADS): Parental loss in childhood and social support in adulthood. *Journal of Psychiatric Research*, 33, 165-169, 1999.

Psychoanalytic theories hypothesize that early attachment experiences with parents shape the structure and function of adult interpersonal relationships. The present paper aims to examine if parental loss experiences in childhood is related to perceived social support in adulthood. We directly interviewed 1247 patients representative of 31 psychiatric clinics and hospitals all over Japan as to their parental loss experiences in childhood and also administered them Sarason et al's Social Support Questionnaire. It was found, to our surprise, that those who had lost the father or mother through death reported as many current support persons as those who had not and that those who had experienced separation from the mother (but not the father) reported greater satisfaction with social support than those who had not. Several hypotheses are advanced to explain these unexpected findings and it is concluded that we must at least entertain some doubt on the direct continuity hypothesis between disruptions of parent-child relationships and the individual's later capacity to enjoy social support.

Furukawa, T., Ogura, A., Hirai, T., Fujihara, S., Kitamura, T., Takahashi, K: Early parental separation experiences among patients with bipolar disorder and major depression: a case-control study. *Journal of Affective Disorders*, 52; 85-91, 1999.

Background: Although the association between childhood parental loss later development of mood disorder has received much research interest in the past, the results obtained conclusions drawn have been various, and inconsistent with each other. The present study aims to examine this old, yet unresolved, question among Japanese. *Methods:* Patients with bipolar disorder ($n = 73$) and unipolar depression ($n = 570$) and community healthy controls ($n = 122$) were examined as to their psychopathology and childhood parental loss experiences with semi-structured interviews. *Results:* Stratified for sex and age, no statistically significant difference was observed in the incidence of paternal or maternal death or separation before age 16 between bipolar patients and healthy controls. Female patients with unipolar depression under the age of 54 experienced significantly more maternal loss than the corresponding controls. This excess in loss appeared to be largely due to the patients experiencing separation from their mothers. *Conclusion:* Our findings concerning bipolar disorder have replicated the previous two studies reported in the literature. Those concerning unipolar depression appear to be in line with several recent studies on the subject but, as stated, many discrepant findings can also be found in the literature.

Sugawara, M., Kitamura, T., Toda, M. A. and Shima, S.: Longitudinal relationship between maternal depression and infant temperament. *Journal of Clinical Psychology*, 55; 869-880, 1999.

To investigate the relationship between maternal depression and infant temperament in a Japanese population, a prospective questionnaire survey was administered in the postpartum period. Postnatal depression was assessed by Zung's (1965) Self-Rating Depression Scale on two occasions (5 days and 12 months after delivery). At 6 months and 18 months after birth, infant temperament was assessed using the Revised Infant Temperament Questionnaire (RITQ; Carey & McDevitt, 1978) and the Toddler Temperament Scale (TTS; Fulward, McDevitt, & Carey, 1984), respectively. Of the five temperamental dimensions of the RITQ and TTS, "rhythmicity" and "attention span and persistence" showed reciprocal relationships with postnatal depression. Unidirectional effects of maternal depression on infant temperament were found for "frustration tolerance" and "fear of strangers and strange situations."

Sakamoto, S., Tomoda, A., Iwata, N., Aihara, W. and Kitamura, T.: The relationship among major depression, depressive symptoms, and self-preoccupation. *Journal of Psychopathology and Behavioral Assessment*, 21; 37-49, 1999.

The present study investigates whether highly self-preoccupied people (exhibiting a tendency to focus primarily on the self and to maintain

self-focused attention) were more likely to experience major depressive episodes (MDEs) than those without such tendencies. One hundred nineteen young community residents, aged 18 to 21, took part in semistructured interviews, during which we investigated their past and present history of mental illness, including MDEs, as delineated by the Diagnostic and Statistical Manual of Mental Disorders (3rd ed. rev.; DSM-III-R). Self-preoccupation was measured by the Self-Preoccupation Scale (SPS). Of the 119 participants interviewed, the lowest and highest quarters in the SPS scores formed the low- and high- self- preoccupation (SP) groups. The lifetime prevalence of the DSM-III-R MDE was significantly greater among those high in SP than in the low SP group. Moreover, the high-SP group had significantly more depressive symptoms than the low-SP group. The contributory role of self-preoccupation to suicide ideation and the interpersonal aspects of self-preoccupation were discussed.

Yamamoto, M., Tanaka, S., Fujimaki, K., Iwata, N., Tomoda, A. and Kitamura, T.: Child emotional and physical maltreatment and adolescent psychopathology: a community study in Japan. *Journal of Community Psychology*, 27; 377-391, 1999.

The rate of different types of maltreatment of children younger than the age of 16 by parents was investigated among a sample of 119 Japanese nonconsulting, adolescents. Emotional neglect, threat, putting to shame, slapping, punching with a fist, hitting with an implement, and burning by the father or mother were reported to have occurred at least several times a year by 21.0%, 26.1%, 14.3%, 40.3%, 25.2%, 14.3% and 0.8% of the participants, respectively. These figures were much higher than previous estimates from medical and social agency reports in Japan. Some associations were found between specific categories of child maltreatment and the lifetime prevalence of different types of DSM-III-R psychopathology. Among male adolescents, Generalized Anxiety Disorder was associated with being put to shame, punched, or hit with an implement by the mother, while chronic/ recurrent Major Depression was associated with being put to shame by either the father or by the mother. Among female adolescents, chronic/ recurrent Major Depression was associated with being emotionally neglected or threatened by the father and being slapped by the mother, while single-episode Major Depression was associated only with being slapped by the mother. These figures suggest that childhood maltreatment has effects on psychopathology among adolescents, particularly emotional maltreatment associated with chronic/ recurrent Major Depression.

Furukawa, T., Harai, H., Hirai, T., Kitamura, T., Takahashi, K.: Social Support Questionnaire among psychiatric patients with various diagnoses and normal controls. *Social Psychiatry and Psychiatric Epidemiology*, 34, 216-222, 1999.

Background : Several studies have pointed to the importance of social support in influencing the onset and course of a psychiatric disorder such as schizophrenia or depression. However, only a few have studied it across groups of patients with various psychiatric diagnoses employing a standardized assessment procedure. **Method**: We administered the Social Support Questionnaire (SSQ): a measure of social support recommended by two recent reviews on the subject, to 1,369 psychiatric outpatients visiting the 23 psychiatric hospitals and clinics all over Japan and 178 healthy controls recruited from among employees at a general hospital. **Results**: The original two-factor structure of the SSQ was confirmed and internal consistency reliability for the Number and Satisfaction subscales was satisfactory, with Cronbach's alphas above 0.85. When the SSQ scores were compared between psychiatric patients and healthy controls, it was found that the psychiatric patients in general reported significantly lower Number as well as Satisfaction scores than the healthy controls. When individual diagnostic categories were considered, almost all the diagnostic groups reported significantly lower Number score, but only the patients with anxiety disorder, mood disorder, schizophrenia, and V codes reported significantly lower Satisfaction scores than the healthy controls. Compared with patients with other diagnoses, the schizophrenic patients stood out as reporting significantly lower Number and Satisfaction scores. **Conclusion** The findings demonstrated the internal consistency reliability, factor validity, and construct validity of the SSQ among psychiatric as well as normal populations, and exemplified the feasibility of applying the SSQ as a standard measure of social support among psychiatric patients.

内藤まゆみ, 木島伸彦, 北村俊則 : 抑うつが生起に寄与するパーソナリティ特性の性別による相違. *性格心理学研究* ,8; 23-31, 1999.

本研究では、抑うつ発生の生起に寄与するパーソナリティ特性が男性と女性で異なるのかを検討した。パーソナリティ特性として、Cloninger, Svrakic & Przybeck (1993) のパーソナリティモデルに基づく気質4特性と性格3特性を用いた。抑うつの変化を検討するために2波のパネル調査を行い、パーソナリティ特性、抑うつを1回目の調査で、1回目の調査のあとに経験したネガティブライフイベントと抑うつを2回目の調査で測定した。男女別の階層的重回帰分析を行ったところ、女性ではネガティブライフイベントの頻度を統制した後、高い損害回避が抑うつの変化を生起させることが示された。男性の分析では低い自己志向が抑うつを生じさせる傾向があったが、有意ではなかった。以上の結果から、女性において高い損害回避が抑うつに対する破損傷性となる可能性が示唆された。

Kitamura, T., Kijima, N., Watanabe, K., Takezaki, Y., Tanaka, E. and Takehara, S.: Precedents of perceived social support: Personality and early life experiences. *Psychiatry and Clinical Neurosciences*, 53; 649-654, 1999.

In order to examine the effects of personality and early life experiences on perceived social support, a total of 97 young Japanese women were investigated. Current interpersonal relationships were measured by an interview modified from Henderson *et al's* Interview Schedule for Social Interaction (ISSI). Personality was measured by Cloninger *et al's* Temperament and Character Inventory. Early life experiences at home and outside of home were also identified in the interview. The number of sources of perceived support was correlated with self-directedness, while satisfaction with perceived support was correlated with novelty seeking and with low harm avoidance. No early life experiences – early loss of a parent, perceived parenting, childhood abuse experiences, experiences of being bullied and/or other life events – showed significant correlations with the number or satisfaction of supportive people. The quantity and quality of perception of social support differ in their link to personality, and perceived social support may, to some extent, be explainable in terms of personality.

北村俊則, 友田貴子, 木島伸彦, 坂本真士, 田中江里子, 岩田昇, 藤原茂樹: 生育環境とパーソナリティ. *精神科診断学*, 10; 429-436, 1999.

被養育体験を含めた養育環境と成人になってからのパーソナリティ障害の研究は多いが、養育環境が成人のパーソナリティ特性にどのような影響を与えるかの研究は少ない。われわれは、古典的な Eysenck Personality Questionnaire と最近注目を集めている Cloninger の Temperament and Character Inventory (TCI) を用いて非臨床サンプルでの研究を行った。パーソナリティ特性の一部はいくつかの養育環境と関連を有していた。さらに、TCIの気質が養育環境と何ら関連を有さないのに対し、性格のうち self-directedness と operativeness は喪失体験や Parental Bonding Instrument のケア得点や被虐待との有意の関連を示し、性格は環境で規定されるという Cloninger の仮説を支持するものであった。

Kitamura, T., Fujihara, S., Iwata, N., Tomoda, A. and Kawakami, N.: Epidemiology of psychiatric disorders in Japan. In (eds. Y. Nakane & M. Radford) *Images in Psychiatry: Japan*, pp. 37-46, Paris: World Psychiatric Association, 1999.

A structured interview was used to examine the one-year incidence and prevalence of depression among 116 first-year university students. While 24 of the subjects (20.7%) met the Diagnostic and Statistical Manual of Mental Disorders 4th ed. (DSM-IV) criteria for Major Depressive Episode (MDE), 62 (53.4%) met the Diagnostic and Statistical Manual of Mental Disorders 3rd ed. Revised (DSM-III-R) criteria for MDE, and 27 (23.3%) also met the Research Diagnostic Criteria (RDC) for Major Depressive Disorder (MDD) for the 12 months prior to the interview. Moreover 23 of the subjects (19.8%) had onset of the DSM-IV criteria for MDE, 54 (46.6%) had onset of the DSM-III-R criteria for MDE, 24 (20.7%) had onset of the RDC for MDD, during the same time period. These high rates of depression may be explained by the students' difficulties in and by their readjustment after entering university.

Naito, M., Kijima, N. and Kitamura, T.: Temperament and Character Inventory (TCI) as predictors of depression among Japanese college students. *Journal of Clinical Psychology*, 56; 1579-1585, 2000.

To examine the predictive power of Cloninger's psychobiology model of personality on depression, 167 Japanese college students were studied on two occasions, with an interval of approximately three months. At Time 1 (T1), the Temperament and Character Inventory (TCI)

and Self-rating Depression Scale (SDS) were distributed. At Time 2 (T2), the SDS was distributed again. The T2 SDS score was correlated with high Harm Avoidance (HA), low Reward dependence (RD), and low Self-directedness (SD) at T1. However, after controlling for the T1 SDS score, the T2 SDS score was predicted only by T1 SD. These data suggest that low SD can be predictive of depression, whereas high HA and low RD are state-dependent.

Tomoda, A., Mori, K., Kimura, M., Takahashi, T., and Kitamura, T.: One-year incidence and prevalence of depression among first-year university students in Japan: A preliminary study. *Psychiatry and Clinical Neurosciences*, 54; 583-588, 2000.

A structured interview was used to examine the 1-year incidence and prevalence of depression among 116 first-year university students. While 24 of the subjects (20.7%) met the Diagnostic and Statistical Manual of Mental Disorders 4th ed. (DSM-IV) criteria for Major Depressive Episode (MDE), 62 (53.4%) met the Diagnostic and Statistical Manual of Mental Disorders 3rd ed. Revised (DSM-III-R) criteria for MDE, and 27 (33.3%) also met the Research Diagnostic Criteria (RDC) for Major Depressive Disorder (MDD) for the 12 months prior to the interview. Moreover, 23 of the subjects (19.8%) had onset of the DSM-IV criteria for MDE, 54 (46.6%) had onset of the DSM-III-R criteria for MDE, 24 (20.7%) had onset of the RDC for MDD, during the same time period. These high rates of depression may be explained by the students' difficulties in and by their readjustment after entering university.

Furukawa, T. A., Konno, W., Morinobu, S., Harai, H., Kitamura, T. and Takahashi, K.: Course and outcome of depressive episodes: Comparison between bipolar, unipolar and subthreshold depression. *Psychiatry Research*, 96; 211-220, 2000.

It is pragmatically important to know the comparative prognoses of bipolar, unipolar and subthreshold depressions after they present to clinical attention. Previous studies focusing on bipolar and/or unipolar depressions have questionable generalizability because of overrepresentation of inpatients and/or refractory patients, and no study has yet focused on the length of subthreshold depression. The Group for Longitudinal Affective Disorders Study (GLADS) in Japan is conducting a prospective, serial follow-up study of broadly defined mood disorder patients, who had not received treatment for their index episode before study entry. The median time to recovery for bipolar depression was 2.0 months (95% CI: 0.9-3.1), that for unipolar depression 3.0 (2.5-3.6), and that for subthreshold depression 3.2 (0-12.3). Survival analysis revealed no statistically significant differences among the three: Neither was the total time unwell significantly different among the three: on average, these patients were symptomatic with two or more significant affective symptoms for 9.5 (8.0-10.9) months out of the initial 24 months follow-up. The bipolar depressed patients tended to present with graver functional impairment at intake, but thereafter there was no statistically significant difference in the global functioning of these three diagnostic subgroups. In our sample, patients with depressive disorder not otherwise specified appeared to suffer both symptomatologically and functionally as much as patients with major mood disorders.

Kitamura, T., Kaibori, Y., Takara, N., Oga, H., Yamauchi, K. and Fujihara, S.: Child abuse, other early experiences and depression: I. Epidemiology of parental loss, child abuse, perceived rearing experience and early life events among a Japanese community population. *Archives of Women's Mental Health*, 3, 47-52, 2000.

Experiences during childhood, such as parental loss, abuse by parents, unloving or overprotective rearing behaviours, and major life events have been thought of as important in child development and adult mental health. However, most previous studies were undertaken from the Western countries. Data in Japan were collected for the reference purpose as well as to determine the effects of sex and age cohorts in these phenomena. A total of 220 inhabitants (96 men and 124 women) aged 18 or more in a provincial town in Japan were successfully examined. Women aged 55 or more were more likely to report early maternal loss (i.e. death or separation before age of 16). Overall, men were more likely than women to report having been slapped and punched by the mother. Women aged 55 or more were less likely to report health-related negative as well as positive events as children. These findings suggest that, for this population, early experiences, in some cases, depend on the sex and the age cohort.

Kitamura, T., Sakamoto, S., Yasumiya, R., Sumiyama, T., and Fujihara, S.: Child abuse, other early

experiences and depression: II. Single episode and recurrent/chronic subtypes of depression and their link to early experiences. *Archives of Women's Mental Health*, 3, 53-58, 2000.

The participants described in Part I of this series of two papers were investigated with respect to the adult onset of DSM-III-R Major Depression and its relationship with child abuse and other early experiences. Those participants with a lifetime experience of Major Depression were classified into (a) a single episode lasting no longer than two years (single episode, S.E.) and (b) either two or more episodes or any episode lasting for two years or more (recurrent or chronic, R.C). Discriminant function analysis revealed that the *lack* of mother's overprotection, mother's child abuse, father's overprotection, lack of mother's care, and the female sex mainly predicted the onset of Major Depression of any type whereas paternal overprotection, lack of mother's child abuse, and lack of maternal overprotection predicted R.C. than S.E. subtype.

Furukawa, T., Kitamura, T. and Takahashi, K.: Treatment received by depressed patients in Japan and its determinants: Naturalistic observation from a multi-center collaborative follow-up study. *Journal of Affective Disorders*, 60; 173-179, 2000.

Background: Undertreatment of depression appears widespread but the available literature is limited to North American and European countries. We aimed to examine the treatment received by patients with major depression in Japan and to elucidate any predictor of their treatment level. **Methods:** A naturalistic, prospective follow-up study of an inception cohort of subjects with mood disorders was undertaken in psychiatric departments of 13 university hospitals, those of six general hospitals, three mental hospitals and one community mental health center from all over Japan. A total of 95 patients without any prior antidepressant treatment were diagnosed with major depression according to DSM-IV and followed up every month until treatment termination and every 6 months thereafter. **Results:** The follow-up information was available in 98 to 97% of the cohort. The proportion of patients receiving less than 125mg/day of imipramine or equivalent reached 69% (95% CI: 58-78%) at 1 month and 67% (95% CI: 54-77%) at 6 months. A few clinical variables were significantly associated with inadequate antidepressant prescription but altogether they explained only 5 to 14% of the variance observed. **Conclusions:** Japan was no exception to the other industrialized countries in its less than optimal provision of treatment to major depression and its lack of explanatory predictors for this common practice.

Furukawa, T. A., Takeuchi, H., Hiroe, T., Mashiko, H., Kamei, K., Kitamura, T. and Takahashi, K.: Symptomatic recovery and social functioning in major depression. *Acta Psychiatrica Scandinavica*, 103; 257-261, 2001.

To determine whether social functional recovery precedes, runs in parallel with, or lags behind symptomatic recovery from major depressive episodes. **Method:** Psychiatric out-patients or in-patients aged 18 years or over, diagnosed with unipolar major depressive disorder according to DSM-III, and who had received no antidepressant medication in the preceding 3 months were identified at 23 collaborating centres from all over Japan (n = 95). They were rated with the 17-item Hamilton Rating Scale for Depression (HRSD) and the Global Assessment Scale (GAS) monthly, and with the Social Adjustment Scale-Self Report (SAS-SR) 6-monthly. Remission was defined as 7 or less on the HRSD and recovery as 2 or more consecutive months of remission. **Results:** The GAS ratings showed continuous amelioration from baseline to remission, remission to recovery, and after sustained recovery. The same trends were observed for SAS-SR scores. **Conclusion:** We can expect further amelioration in social adjustment after symptomatic remission and recovery of major depressive episodes.

Takeuchi, H., Hiroe, T., Kanai, T., Morinobu, S., Kitamura, T., Takahashi, K., and Furukawa, T. A.: Childhood parental separation experiences and depressive symptomatology in acute major depression. *Psychiatry and Clinical Neurosciences*, 53, 215-219, 2002.

The aim of this study was to examine the pathoplastic effects of childhood parental separation experiences on depressive symptoms. Patients with acute major depression were identified in a large 31-center study of affective disorders in Japan. Information regarding the patients' childhood loss was collected using a semistructured interview, and their depressive symptomatology was assessed by the Center

for Epidemiologic Studies Depression Scale (CES-D). Patients reported significantly higher CES-D total scores when they had experienced early object loss of the same-sex parent. In terms of the CES-D subscores derived by factor analysis, early object loss significantly aggravated symptoms that people normally could cope with but could no longer cope with when depressed (e.g., 'poor appetite', 'cannot shake off the blues' and 'everything an effort.'). Once depression develops, early object loss may act as a pathoplastic factor by making it severer especially by rendering people less able to perform what they normally could do.

Kitamura, T., Watanabe, K., Takara, N., Hiyama, K., Yasumiya, R. and Fujihara, S.: Precedents of perceived social support: personality, early life experiences and gender. *Psychiatry and Clinical Neurosciences*, 56; 169-176, 2002.

The perception of social support may be a trait-like construct stemming from the current personality and early environment as well as a summation of the actual support perceived. A total of 220 community individuals were examined for the effects of Eysenck Personality Questionnaire items and early life experience at home and outside on the number of sources of perceived social support and satisfaction with that support. High Extraversion and low Neuroticism scores of the EPQ were correlated with the availability of support only in women, while high maternal care and low maternal overprotection in childhood were correlated with the satisfaction with support only in men. Availability of support was also correlated with some types of early life events. The quantity and quality of perception of social support differ in their links to personality and early environment, and may be, to some extent, explainable in terms of them.

Kitamura, T., Tomoda, A., Kijima, N., Sakamoto, S., Tanaka, E., and Iwata, N.: Correlates of retrospective early life experience with personality in young Japanese women. *Psychological Reports*, 91; 263-274, 2002.

To examine the influence of early experiences on the development of personality, we used the Temperament and Character Inventory to assess 98 young women who had first entered a company. Different early experiences were linked, albeit weakly, to test scores. Both partial correlations and multiple regression analyses demonstrated that Self-directedness was higher if women reported higher care of parents. Partial correlation, but not multiple regression analyses, showed that Co-operativeness was higher if they reported higher care of parents and less frequent abuse. Early parental loss or negative or positive early life events showed no correlation with any of the Temperament and Character Inventory subscales.

Kanai, T., Furukawa, T. A., Yoshimura, R., Imaizumi, T., Kitamura, T., and Takahashi, K.: Time to recurrence after remission from major depressive episodes and its predictors. *Psychological Medicine*, 33; 839-845, 2003.

The time to relapse among patients who recovered from a major depressive episode may be much longer than previously estimated, when we look at wider spectrums of clinical populations. However, even among this cohort, the cumulative percentage of syndromal relapse nears 50% and that of subthreshold relapse is 65% by the 7th year. Only half of the patients can expect to remain virtually symptom-free for more than 19 months after remission from the depressive episode.

Yamada, K., Nagayama, H., Tsutiya, K., Kitamura, T., and Furukawa, T.: Coping behaviour in depressed patients: a longitudinal study. *Psychiatry Research*, 121, 169-177, 2003.

The relationship of coping behavior to outcome in depressed was examined. Subjects (n=105) with major depressive disorder (n=85), depressive disorder not otherwise specified (n=7) or major depressive disorder with axis I comorbidity (n=13) were followed for 6 months. Their coping behavior (i.e. rumination, active distraction, cognitive distraction and dangerous activities) was defined using the Comprehensive Assessment List for Affective Disorders. Based on their Hamilton Rating Scale for Depression (HRSD) scores at 6 months, the patients were categorized as having had a good or a poor outcome. Severity of depression and coping behavior were similar among the three diagnostic groups. At baseline assessment, coping behavior was correlated with either HRSD score or age. However, males were significantly more likely to be engaged in dangerous activity as a coping behavior than females. Patients with a good outcome at 6 months

were significantly more likely to use rumination as a coping behavior while patients with a poor outcome were significantly more likely to use dangerous activity. Multiple regression analysis confirmed this finding, indicating that rumination and dangerous activity were significant predictors of outcome at 6 months. Rumination might be associated with good outcomes in depressed patients while dangerous activity might be associated with poor outcomes.

Ito, T., Tomita, T., Hasui, C., Otsuka, A., Katayama, Y., Kawamura, Y., Muraoka, M., Miwa, M., Sakamoto, S., Agari, I., and Kitamura, T. (2003). The link between response styles and major depression and anxiety disorders after child-loss. *Comprehensive Psychiatry*, 44, 396-403.

Although several studies have indicated that persons with a high ruminative coping style experience higher depression after the loss of a loved one, the relationship between ruminative coping and the occurrence of clinical depression and anxiety disorders after a loss has not been thoroughly investigated. This study investigated the relationship between response styles (ruminative coping v distractive coping) and the onset of major depression and anxiety in a sample of parents who had experienced sudden child-loss (N=106). The incidence of major depression after the loss of a child was very high (69%). After controlling for demographic variables and psychiatric history, ruminative coping was significantly associated with the onset of major depression, as defined by DSM-IV, but not with the onset of anxiety disorders. Thus ruminative coping after the loss of a child appears to be a risk factor specifically for major depression.

Kitamura, T., and Fujihara, S.: Understanding personality traits from early life experiences. *Psychiatry and Clinical Neurosciences*, 57; 323-331, 2003.

Background: The contribution of early experiences towards the onset of personality *disorder* has often been stressed. However, the contribution to *trait* personality has received less attention. **Methods:** To examine the impact of early experiences on the development of personality, two subscale scores of Eysenck Personality Questionnaire (EPQ) - Neuroticism (N) and Extraversion (E) - were used to assess a total of 220 residents of a rural city of Japan (aged ≥ 18 years). **Results:** After controlling for age and social desirability response bias, the N score of men could be predicted by the experience of relocation; the E score of men by high parental care and low parental overprotection; and the E score of women by the experience of death of a sibling. **Conclusions:** Personality traits in a non-patient population may be explained by early experiences.

Kitamura, T., Hirano, H., Chen, Z. and Hirata, M.: Factor structure of the Zung Self-rating Depression Scale in first-year university students in Japan. *Psychiatry Research*, 128, 281-287, 2004.

The Zung-Self-rating Depression Scale was distributed to 28,588 first-year university students. Factor analysis using PROMAX rotation revealed three factors interpretable as affective, cognitive, and somatic symptoms. The confirmatory factor analysis showed a goodness of fit index of 0.976 and adjusted goodness of fit index of 0.967. The two sexes exhibited virtually the same factor structure. The result suggests that studies using this scale should use these three subscales rather than a total score.

Matsudaira, T. and Kitamura, T.: Personality traits as risk factors of depression and anxiety among Japanese students. *Journal of Clinical Psychology*, 62, 97-109, 2006.

The aim of this study is to examine the effects of personality (temperament and character) on specific depression and specific anxiety. A total of 541 Japanese undergraduates were investigated using the Temperament and Character Inventory (TCI) and the Hospital Anxiety and Depression (HAD) Scale. Hierarchical multiple regression analyses demonstrated that specific depression was predicted by lower Reward-Dependence, Persistence, Self-Directedness, Cooperativeness, and Self-Transcendence; specific anxiety was predicted by higher Novelty-Seeking, Harm-Avoidance, Persistence, and Self-Transcendence, and lower Self-Directedness. Immaturity of Self-Directedness is a risk factor for negative affectivity. Immaturity of all character dimensions is a risk factor for specific depression. The relationship between Harm-Avoidance and depression in previous studies may be linked partly to somatic symptoms that were deliberately eliminated in the HAD Scale.

Tanaka, N., Uji, M., Hiramura, H., Chen, Z., Shikai, N. and Kitamura, T.: Cognitive patterns and depression: Study of a Japanese university student population. *Psychiatry and Clinical Neurosciences*, 60(3); 358-364, 2006

According to Beck's cognitive theory, individuals who endure negative self-schemas (dysfunctional attitudes) are more likely to present automatic thoughts consisting of negative schemata of oneself and one's world while experiencing depression. In order to examine the relationships between depression, automatic thought, and dysfunctional attitude, 329 Japanese university students were given a set of questionnaires, including the Center for Epidemiologic Studies Depression Scale (CES-D), Automatic Thought Questionnaire-revised (ATQ-R), and Dysfunctional Attitude Scale (DAS). A structural equation model revealed that depression was predicted predominantly by automatic thought, which was in turn predicted by dysfunctional attitude. The male gender had a tendency to predict dysfunctional attitude. The link between a student's depression and dysfunctional attitude was mediated by automatic thought.

Kitamura, T. and Hasui, C.: Anger feelings and anger expression as a mediator of the effects of witnessing family violence on anxiety and depression in Japanese adolescents. *Journal of Interpersonal Violence*, 21(7); 843-85, 2006.

The effects of anger feelings (rated by the State-Trait Anger Expression Inventory) and witnessing family violence on anxiety and depression (rated by the Hospital Anxiety and Depression Scale) were examined in 457 junior high school students. Anxiety and depression scores were correlated with frequencies of witnessing family violence. In a regression analysis, however, after controlling for the demographic variables and depression score, the anxiety score was predicted by State Anger, Anger-Out, and Anger-Control; the depression score was predicted, after controlling for the demographic and anxiety score, by State Anger, Anger-In positively, and by Anger-Out and Anger-Control negatively. Witnessing family violence failed to add significant contribution in predicting anxiety or depression. These results were generally supported by structural equation modeling. The effects of witnessing family violence on dysphoric mood may be mediated by anger feelings. The style of dysphoric mood may be predicted by the style of anger expression.

Shikai, N., Uji, M., Chen, Z., Hiramura, H., Tanaka, N., Shono, M., and Kitamura, T.: The role of coping styles and self-efficacy in the development of dysphoric mood among nursing students. *Journal of Psychopathology and Behavior Assessment*, 29 (4); 241-248, 2007.

Coping styles and self-efficacy have been recognized as important determinants of dysphoric mood. The objectives of this study were to determine the influence of these two factors on depression and anxiety in Japanese students. A set of questionnaires, including the Hospital Anxiety and Depression (HAD) Scale, the Coping Inventory for Stressful Situations (CISS), and the Self-efficacy Scale (SES) was distributed to 146 nursing students. Structural equation modelling was conducted to specify the relationships between measured variables. The HAD depression and anxiety scores were predicted by emotion-oriented coping. The HAD depression alone was predicted by avoidance-oriented coping. Self-efficacy scores predicted the emotion-oriented coping and HAD depression scores. Students' dysphoric moods were influenced by emotional-oriented coping that mediated the effects of low self-efficacy, and self-efficacy also had a direct effect on depression.

Hiramura, H., Shono, M., Tanaka, N., Nagata, T., and Kitamura, T.: Prospective study on suicidal ideation among Japanese undergraduate students: Correlation with stressful life events, depression, and depressogenic cognitive patterns. *Archives of Suicide Research*, 12(3); 238-250, 2008.

The present study examines the effects of stressful life events, depression, and depressogenic cognitive patterns on suicidal ideation in 500 Japanese undergraduate students. The above factors were assessed at baseline (T1) and two weeks later (T3). At T1, structural equation modeling confirmed that (1) cognitive patterns and depression, but not stressful life events, influence suicidal ideation, and (2) cognitive patterns also influence suicidal ideation through depression. These findings were confirmed in a longitudinal analysis. The results suggest that the effects of stressful life events on suicidal ideation are indirect and are mediated by depressogenic cognitive styles and depressed

mood.

Liu, Q., and Kitamura, T.: Psychological well-being, depression, and anxiety in Japanese university students. *Depression and Anxiety*, 26, E99-E105, 2009.

Background: In order to further investigate the relationship of psychological wellbeing with depression and anxiety. **Method:** Students from five universities were solicited to participate in this study and 545 students with a mean age of 20.1 (SD = 2.2) years were finally accessed to analysis. **Result:** All six dimensions—autonomy (AU), environment mastery (EM), personal growth (PG), positive relationships with others (PR), purpose in life (PL), and self-acceptance (SA)—of the Scales of Psychological Well-being Inventory (SPWB) were moderately negatively correlated with depression and anxiety as measured by the Hospital Anxiety and Depression Scale (HADS). Furthermore, due to a good fit with the present data, the model of SPWB on depression and anxiety was consistent with the theory of psychological well-being and indicated that HADS depression was predicted by EM, PR, and SA, while HADS anxiety was predicted by AU, EM, PG, PR, and SA. **Conclusion:** SPWB is a reliable measure of well-being for Japanese young adults, and the negative affectivity such as depression and anxiety is to some extent determined by the lack of psychological well-being. *Depression and Anxiety* .