

## STUDY OF CORRELATION OF INTENSITY OF SYMPTOMS WITH STRESSFUL LIFE EVENTS IN DEPRESSED PATIENTS

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### SUMMARY

60 patients suffering from "Depression" attending the Psychiatry outpatient clinic in a general hospital were studied.

The intensity of symptoms, and life stress events for 12 months prior to episode were obtained and compared on the basis of sex of patient.

The findings of the study indicate that, the depressed patients had the severity of symptomatology positively correlated with the severity of stress. Thus with the increase in stress, the severity of symptoms would be on increase.

The findings also indicated the distribution of more physical and affective symptoms in depressed females and more of behavioural symptoms in depressed males.

It was seen that occurrence of undesirable life events which could be specific for Indian culture were perceived more than desirable events by the sample.

As Hinkle has correctly noted, "There would probably be no aspect of human growth, development or disease which would in theory be immune to the influence of the effect of a man's relation to his social and interpersonal environment."

Even then we find an interesting phenomenon of one person getting engulfed in the severity of distress and another coming out unscathed when faced with similar stresses. This leads us to speculate various factors which contribute to the intensity of reaction while facing the stressful condition.

Paykel et al. (1969) has rightly said 'depression has a definite relation to stressful life events'.

As Charles Bukowski cites,  
It is not the large things that  
send a man to the  
madhouse.....no, it's the  
continuing series of  
small tragedies.

It will not be wrong to extrapolate these poetic lines to depression and postulate that

the intensity of depression felt by the individual would definitely have some association with the collective intensity of various stresses faced by an individual.

So an attempt is made in the present study to find a correlation between symptom intensity and collective intensity of stress faced by depressed patients.

### MATERIAL AND METHODS

The sample was drawn from the psychiatry outpatient department of a large general hospital in Bombay. 30 male and 30 female patients diagnosed as suffering from depression according to I. C. D. IX were screened for the study. A structured proforma was designed for the study consisting of detailed symptomatology of depression. The symptoms were divided into three major groups as Physical, Affective and Behavioural symptoms. The details are given in Table No. 1.

The symptoms were rated from zero to three according to the intensity of symptoms. Zero indicates absence of symptoms, and three indicates severe symptoms. The presump-

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TABLE 1. *Symptom check list*

Symptoms	No. of patients experiencing this symptom
<i>Physical</i>	
1. Headache	42/60
2. Fatigue (feeling of weakness in parts of body)	54/60
3. Appetite disturbances (nausea, gas trouble, loss of weight)	35/60
4. Overall function of bowel unsatisfactory	40/60
5. Change in sexual interest or pleasure	10/60
6. Sleep disturbances	60/60
7. Palpitation/pain in chest/difficulty in breathing	30/60
8. Hot or cold spells	25/60
9. Dryness of mouth	27/60
10. Overall feeling of body function not upto mark	60/60
<i>Affective</i>	
1. Prolonged feeling of sadness	60/60
2. Crying easily	30/60
3. Feeling lonely	35/60
4. Feeling worthless	29/60
5. Feeling guilty	13/60
6. Loss of sense of affection	29/60
7. Loss of sense of humour	20/60
8. Suicidal preoccupation	11/60
9. Feeling hopeless about future	9/60
10. Change in diurnal rhythm of mood	28/60
<i>Behavioural</i>	
1. Change in psychomotor activity	58/60
2. Decreased verbal output	25/60
3. Loss of spontaneity	21/60
4. Indecisiveness about actions	16/60
5. Feelings being easily hurt during interaction	10/60
6. Feeling efforts to carry out personal routine activity	14/60
7. Withdrawal from routine pattern of social activity	35/60
8. Feeling that people dislike you	29/60
9. Change in nonverbal communication	35/60
10. Change in occupational activity	40/60

tive life stress event (PSIE) scale devised by Singh et al. (1983) specially for Indian population was used. It was administered in a semistructured interview with each event enquired for unless it clearly did not apply. Detailed further questioning was then carried

out to determine the exact timing and nature of each event reported. The time period covered comprised of 12 months prior to the date of interview.

## RESULTS

Table 2 shows the symptom intensities as calculated by adding the different weightages of symptoms in male and female depressive patients. Though the symptom intensity seems to be higher in females than in males the difference appears to be statistically non-significant.

TABLE 2. *Showing the symptom intensity distribution in male and female depressives*

Symptom categories	Total scores of males	Total scores of females
Physical group	390	409
Affective group	396	440
Behavioural group	440	401
Total Intensity	1226	1250

TABLE 3. *Showing the frequency of various desirable life events in male and female*

Desirable life events	Male	Female	Total
1. Going on pleasure trip of pilgrimage	8	4	12
2. Gain of new family member	6	5	11
3. Outstanding personal achievement	—	—	1
4. Change of expansion of business	—	—	1
5. Change in residence	5	3	8
6. Getting married or engaged	2	1	3
7. Appearing for exams or interview	2	—	2
8. Major purchase or construction of house	2	2	4
9. Marriage of daughter or dependent sister	1	2	3
10. Pregnancy of wife (wanted)	5	—	5

TABLE 4. *Showing frequency of undesirable life events in male & female depressives*

Undesirable life	Male	Female	Total
1. Change in sleeping habits	5	—	5
2. Unfulfilled commitments	6	7	13
3. Trouble with neighbours	—	2	2
4. Failure in exams	1	1	2
5. Breakup with friend	—	—	—
6. Death of pets	—	—	—
7. Family conflict	—	10	10
8. Minor violation of law	2	—	2
9. Large loan	1	2	3
10. Lack of son	2	10	12
11. Self or family member unemployed	1	—	1
12. Sexual difficulties	6	9	15
13. Conflict over dowry	7	3	10
14. Pregnancy of wife (unwanted)	5	—	5
15. Trouble at work	—	2	2
16. Illness of family member	3	4	7
17. Financial loss or problem	11	9	20
18. Major personal illness or injury	1	1	2
19. Broken engagement or love affair	—	1	1
20. Conflict with inlaws (other than dowry)	—	—	—
21. Excessive alcohol or drug use by family members	2	1	3
22. Robbery or theft	—	—	—
23. Death of friend	1	—	1
24. Property or crops damaged	1	1	2
25. Marital conflicts	1	2	3
26. Death of close family member	2	—	2
27. Lack of issue	1	—	1
28. Detention in Jail of self or family member	—	—	—
29. Suspension or dismissal from job	1	3	4
30. Marital separation or divorce	—	—	—
31. Extra marital relations of spouse	—	—	—
32. Death of spouse	—	1	1

Table 3 shows that desirable life events on the whole were experienced more by males.

Table 4 shows the frequency of occurrence of undesirable events in male and female depressives.

Statistical analysis was carried out on the above data.

Values of co-efficient of correlations i.e. 'r' was found as below :

'r' for males = 0.58 ( $t=4.76$ ,  $p<.05$ )

'r' for females = 0.44 ( $t=3.08$ ,  $p<.05$ )

Thus, there exists a statistically significant correlation between the symptom intensity and stress score both in male and female depressives.

## DISCUSSION

There was an overall predominance of somatic symptoms in patients. This finding is consistent with that of Venkoba Rao (1966), Ponnadurai et al. (1981) and Singh et al. (1974). While checking the symptom intensities it was found that females had more symptoms of physical and affective nature whereas males had more symptoms of behavioural nature. This finding is consistent with the finding of Beck that females tend to somatise depression and males refer more to feeling of despair. Though the incidence of physical and affective symptoms were generally more in females, the difference between males and females was not statistically significant. This finding could not prove Uhlenhuth and Paykel's (1973) conclusion that females have 25% higher symptom intensity than males. However comparable study is not available in India.

While carrying out the study, general impression about the patterns of symptomatology was formed. While reviewing the symptomatology it was found that, the symptom of 'headache' was common in most of the (70%) patients. It is higher than the finding of Nandi and Chaudhury (1979) where they found incidence of 39.2% re-

porting symptom of headache. It was also found in the present study that, symptom of headache was commoner in females than in males. 25 out of 30 females had this complaint as against 17 out of 30 males. The preponderance of symptom of headache can be explained empirically as head is considered to be the seat of mind and patient uses headache as symbolic manifestation of impaired mental process. Also the symptom of 'feeling weakness in parts of body' was very common in sample i.e. 28 out of 30 females and 26 out of 30 males reported this symptom. This is consistent with the pattern of somatization in order to express inability to function physically. 'Change in sexual interest' was reported by few patients contrary to the view of various authors. It is probably due to the fact that patients are not willing to discuss this aspect openly. Symptoms of 'sleep disturbances' and 'general feeling of body not functioning upto the mark' was universal in nature. Both males and females reported it 100%. This is consistent with the views of various authors that depressives tend to be bodily preoccupied.

In the affective group of symptoms, the symptom of 'feeling of sadness' was reported by 100% but the symptom of 'crying spells' was reported more by females. 21 out of 30 females reported it as against 9 out of 30 males. This finding is consistent with Beck's conclusion that males do not manifest the symptom of crying very easily. This may also be culturally influenced as males are usually brought up with the notion that crying and masculinity do not go hand in hand. 'Feeling of worthlessness' was noted as occurring with equal frequency in both males and females. The symptom of 'guilt feeling' occurred with very low frequency i.e. 7 in 30 females and 6 in 30 males. This finding is consistent with the view of various authors that in Indian culture symptom of 'guilt feeling' is scarcely manifested (Murphy and Wittkower, 1967; Sethi and Gupta, 1970;

Trivedi et al., 1981). The reasons may be that clinical interview and objective questions are inadequate to establish guilt. 'Feeling of hopelessness about future' occur commonly in both males and females.

In the group of behavioural symptoms 'change in psychomotor activity' was almost universally felt both by males and females. The depressive symptoms led to changes in occupational activities more in males than in females i.e. 23 out of 30 males had started remaining absent from work as compared to 17 out of 30 females who inspite of decreased efficiency carried out the work, females who are doing household work are not permitted to remain absent from the work.

While carrying out the analysis it was noted that patients in general have experienced more no. of 'undesired events' than the 'desirable events' in past one year. This was consistent with Paykel's report (Paykel et al., 1969).

Out of various desirable events the event of going on pleasure trip, the event of gain of new family member and change in residence were experienced more frequently. It was noted during interview with patients, that event of gain of new family member or change in residence was not always desirable event. For some it meant addition in already existing responsibilities, extra financial burden, adjusting to new environment and new social circle. It was also noticed from the analysis that, males experienced desirable events with increased frequency than females.

Out of the various undesirable events, following events were experienced more frequently :

- |   |         |
|---|---------|
| 1. Unfulfilled commitments              | (13/60) |
| 2. Family conflict                      | (10/60) |
| 3. Lack of son                          | (12/60) |
| 4. Sexual difficulties                  | (15/60) |
| 5. Conflict over dowry (self or spouse) | (10/60) |
| 6. Financial loss or problem            | (20/60) |

If we analyse the above data, it can be seen generally that all the above events are quite specific for Indian population. The event of unfulfilled commitment as specified by Singh and associate's (1983) 'Unfulfilled Mannat' can be very stressful to some people especially, people with religious outlook. Similarly family conflicts can be very stressful, as in India the concept of joint families and, importance of family bonds is still prevalent. Lack of son, is perceived as stressful event by Hindu families particularly, as according to religious texts, having a son is considered to be a great asset towards 'Moksha'. One can't definitely say whether sexual difficulties contributed towards producing depression or whether they arose as a result of depression. Conflict over dowry is the most stressful event in the life of Indian population which everyone is aware of. Incidence of dowry deaths as reported by media bares this fact.

While analysing the data regarding frequencies of undesirable events in males and females, it was noted that frequency of undesired events was more in females than in males. When the males and females were compared for various events it was observed that the females had experienced the events such as family conflicts, lack of son and sexual difficulties more than males. This phenomenon can be explained on the basis that in India, females are more dependent on families for emotional gratification and they get more involved in family matters. Hence they are more prone to experience these events. Finally, as we analyse the whole data to see the correlation between symptom intensities in depressives and the stress experienced by them we have come to a definite conclusion that there exists a definite positive correlation between the symptom intensity and the stressful life events in depressed patients. This is

consistent with the study of Uhlenhuth and Paykel (1973).

While reviewing the data, whenever necessary statistical evaluation was done but finally we must remember that in such a study as this, one must take cognizance of the size of sample grouping since statistical difference may have been present with larger samples accumulated over longer period of times. Further retrospective falsification such as impaired memory, withheld information may be present in any such study, when depressives are being studied.

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