Original Article

Life Events and Depression

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A sample of 200 depressed patients (100, males, 100 females was matched on socio demographic variable with an equal number of control subjects. The frequency of occurrence of life events in the 12 months immediately prior to onset of depression was compared with a compared with a comparable twelve-month period in control population. Results of this controlled comparison indicated a general excess of life events prior to the onset of depression. Analysis of different categories of events showed that event involving finances affects patients more which is 61%in case of males, 73% in females, next event hit more our patients is job problems which is 37% in males and 4% in females. Third life event is relationship difficulties, which are more in females 54%, and 26% is males. Illness life event affected 14% males and 21% females. The legal issues affected 13% males and 5% in females. The last life event separations/ deaths affected more females which is 23% and 6% males; these findings supports the importance of life events in genesis of depression. The methodological limitations of life events research like measurement difficulties, reliability of the measures, selective recalls while reporting and selection of events in questionnaire or interviews also need consideration. Field needs to more towards exploration of underlying mechanism and interaction with other factors.

Key Words: Depression, Life events, legal issues & depression.

INTRODUCTION:

One of the most interesting area in psychiatric epidemiology in recent years has been the role of psycho- social factors in the onset and course of psychiatric disorders. In last two decades the part played by life events in the onset of depressive disorders has received particular attention. It is generally recognized that life events play a non specific but important role in the onset of psychiatric illness. Over the years attempts have been made to demonstrate this relationship in various groups of individuals such as adults [1,2]. Children [3] and elderly [4,5]. In the first case control study in 1969 Paykel found that depressed patients had significantly more exit and undesirable events occurring in the 6 months prior to the onset of depression than did a control series, other studies using the same method, confirmed these results [6], Paykel and Tanner, 1976, Barrett, 1979). In 1978, as the result of two community surveys carried out in Cambellwell between 1969 and 1975 of women aged 18 and 65 and a series of comparable psychiatric patients, Brown and Harris published their influential book, "Social Origins of Depression". The relationship between the onset of depressive episodes and antecedent misfortune, usually in the form of life events is well established [1,2]. However, practicing clinicians from the nineteenth century onwards (Griesinger 1861) have felt that more severe forms of depression were relatively independent of adversity, not only were they typified by unusual symptoms but often arose out of the blue. This clinical impression could have been a mere prejudice against that severe depressive states with unusual symptoms have the same cases as more common minor conditions, nevertheless, it has remained firmly rooted in minds of many psychiatrists and influences their practice. Life changing events are part of normal human existence, "to live is to be under stress" said [7]. Nevertheless, it has long been recognized that life events may affect the physical and mental health of human beings. Scientific study of stressful events did not begin until the turn of this century. Cannon, Meyer, Wolff, Selye and Engel have contributed greatly to our understanding of such events. However, investigators have come to realize that the relationship between stressful life events and health is not simple. It is now well documented that sustained catastrophic life events such as war, famine and incarceration in a concentration camp can definitely cause physical and

or psychological impairment in the victims (Rahe and Arthur, 1978). But do the stressful events of ordinary life such as the death of apparent, unemployed and divorce have the same consequences. It is from this question that most controversies originate. Many similar studies have noted an association of stressful or negative life events with psychiatric disorders, schizophrenia [8,9]. Several hypotheses have been presented to explain the mechanisms and magnitude of these effects [10]. However, because of failure to control for competitive explanations, the causal link between a specific life event and disease has rarely been demonstrated. In his recent discussion of the association between life events, social support, depression [9] pointed out three of the most important methodological issues, first, one must assess the "reliability of retrospective information" second it is essential to discriminate "objective reality from perception". Third one must understand the origins of the social situations (were these stressful events actually caused by the very condition they were hypothesized to cause. In addition, if stressful life events do contribute to impairment of health, the link must be demonstrated after controlling other biological or psychological variables. Life events are defined as change in the external environment which occurs sufficiently rapidly to be approximately dated. This involves several elements, change, something which is relatively abrupt rather slow, and something involves the external environment, usually the social environment. An event should be external and potentially verifiable. A change which is solely subjective, such as the realization that one's job bores one may have a personal reality but is not an event. There is one exception, the development of personal physical illness is usually accepted as life event since, although an internal change it is externally verifiable and its personal implications are similar to those of major changes in social environment. Difficulties are problematic situations that a minimum of 4 weeks, they co-exist in time with events and no effort is made to keep apart the impact of events from ongoing difficulties that provide a backdrop to them.

METHOD:

The sample considered of 200 patients (100 males and 100 females), who attended the out patients Department of Psychiatry Lahore General Hospital and Services Hospital. Patients suffering from first episode of depression and diagnosed as per I.C.D 10 (clinical version, WHO, 1992) were included in the study. A control group was selected from first degree relatives of patients, and matched for age, sex and socio-economic status based on profession or monthly income. The control group consisted of 100 males and 100 females. Informed consent to participate in the research was obtained. All the subjects included in the study were interviewed for socio-demographic data. The severity of depressive symptoms was recorded as per Hamilton rating scale for depression [11]. They were then given [2] life events and difficulties schedule interview. The subjects freely and readily gave all the information asked of them during the interview which lasted up to three hours. This interview proceeded in two stages. It was first ascertained whether any life event had occurred during the one year period to onset of the illness. Each occurrence was then systematically probed into by the interviewer to gain a picture of all the circumstances surrounding it. Only if it met specified criteria, finally counted as an event. For practical reasons extensive notes about control group and patient group were made. I distinguished independent events and difficulties (which could not be seen as the result of depressive disorder), because their source was outside the subject's agency and dependent's events and difficulties (which could have been brought up by the onset of disorder itself). All the material was presented to doctor excluding me. He was blind to whether or not the person had been depressed and his or her response to event or difficulty. That particular doctor was trained in using the life events and difficulties schedule. He rated them on a contextual scale of long term threat. This is a four point scale ranging from marked at one extreme to little or none at the other. It is intended to reflect how threatening the average person would find this event about a week after its occurrence i.e. after its immediate consequence could be expected to be over. In arriving at the rating all the objective circumstances such as the subjects prior experience of coping with such events, the warning he/she might have had etc., are taken into account but not the subject's own reported feeling about the event.

The number of patients from Lahore General Hospital were 83; 41 males and 42 females. The number of patients from Services Hospital Lahore were 117; 59 males and 58 females.

The following exclusion criteria were used:

1. Patients showing evidence of mental retardation or organic brain syndrome were excluded from the study.
2. Patients having history of drug dependence were excluded from the study.
3. Patients having concomitant physical illness were excluded.

RESULTS:

Table-I describes the demographic details about the sample, in which age, duration of illness, score on Hamilton depression scale is mentioned. It is also mention in Table-I that how many individuals reported life events. It is concluded that 66% males, 81% females reported events as compared to control which is 20.5%.

Table-II describes the types of events experienced by patients over the post one year from the onset of depressive illness. As our country belongs to low socio-economic group, the major financial problems are the main concern of our patients, which was reported by 61% patients in case of males and 73% in case of females. According to patient without money they are unable to educate their children, unable to give them good food. Financial problems were the main distressing events for them.

Next life event was job problems which include joblessness, transfer, political pressures, superior officer's pressures, relationships problems with junior men, extra work involvement without payment, long hours of duty, low pay, travel, short term of temporary job contracts, less chances of promotion. Next life event was relationship difficulties which is quite obvious in females, which accounts for 54% of population; Relationship difficulties particularly in females includes, mother-in-law is not happy with daughter-in-law, or vice versa, daughter-in-law is not happy with husband's sisters, she did not like, when they occasionally visited the brother's home, daughters-in-law are not happy because in laws were not given enough money or good clothes on the arrival of their first baby. In cases of men their relationship difficulties were also with their daughter or son-in-law.

According to mothers after getting married of their sons, they were giving more attention to wives, not us, their sons had moved to another separate house, their sons not supporting them financially as they used to before marriage, their daughters-n-laws were not looking after properly. According to young men their wives were rude to their parent and brothers, sisters. Next life event were illness, these include, operation of mother-in-laws, father-in-laws were admitted in hospital. His/her own's sons, children got accident. His/her personal sickness. Next life event was legal issues, includes fighting with other peoples on petting issues, property disputes, caught red handed on taking bribe, house was looted, forgery, vehicles were challenged due to non completion of papers. Next life events were separations and deaths, which included marital separation particularly of sons and daughters, brothers and sisters, death of immediate family member, particularly father, mother, sister, brother, daughter, son and grand son/daughter children. A family member left home due to property disputes, marriage, or love affair particularly of son and daughters.

Table-III shows the total number of life events experienced by patients and controls as per life events and difficulties schedule (LEDS). Three groups showed a significant difference. Males experienced life events 4 months prior to onset of illness interview were 136, out of 136, 83 were severe life events and as compared to control 43, 26 were severe life events. In case of females they experienced life event prior 4 months were 165, out of 165, 96 were severe events, as compared to control 43, 26 were severe life events. Males experienced life events 7 months prior to onset of illness of interview were 277, out of 277, 146 were severe life events. Females experienced 7 months prior were 311 out of 311, 213 were severe life events as compared to control 86, 53 were severe life events.

DISCUSSION:

The present study showed the presence of increased number of life event in Pakistani depressed patients. The results supported the first hypothesis tested in the study, namely that proportion of individuals reporting severe life events in the 12 months before onset would be higher in a depressed sample than control. As argued by Brown and Harris [2] these events may have played on etiological role in the illness, since they occurred before the onset of symptoms and were therefore independent of the illness. My results are similar with Brown and Harris (1978) for younger depressives. The results of Brown and Harris (1978b) in Camber well is 61% and my result is 66% in males and 81% in females, these results are consistent with previous findings and support the information available in terms of

relationship of life events and depressive illness even in a cross cultural context. Paykel et al. (1969) did a survey of depressed patients; information was obtained on life events preceding the onset of symptoms in 185 patients. At the same time, during an epidemiologic community survey of a sample of residents in same community, data were obtained on life events occurring in 938 subjects. The depressives reported a total for 313 events in six months with a mean of 1.69 per patient. The control reported a total of 109 events with a mean of 0.59 per subject. In my study 200 depressed subject reported 588 events, with a mean of 2.88 per patient. This difference is due to this, that they used Holmes and Rahe scale. I used life events and difficulties schedule, by Brown and Harris (1978) which is very superior instrument than Holmes and Rahe scale in recording the life events. The second reason of difference is that, they recorded the events six months prior to onset and interview. I recorded the events seven months prior to interview/onset. As regarding events, they grouped them by area of activity. They made five categories named, employment, health, family, marital and legal. Employment, health, marital events reached up to statistical significant level. In my study the main life event is the major financial problems, their reason is that Pakistan belongs to low socio-economic group, here, the main concern of patients, are their money problems, American society is a rich society so money problems are less. The second in Pakyel study (1969) is martial problems, in our study the second event, is the job problems, again the reason is the same that Pakistan belongs to low socio-economic group. In Pakistan, still we have strong family structure; marital problems are less as compared to American society. According to Pakel and Cooper [12] most of the events reported by depressive patients were part of every day experience rather than being catastrophic to nature. The question still remains of why such events produced clinical depression to some individuals but not in others. Even allowing for the fact that there may be many individuals with equally intense depression, who do not reach psychiatric care, it is clear that other elements must be important in determining whether an individual becomes depressed. Such elements include personality, previous experience, and individual susceptibility to events capacity to make use of adaptive coping mechanism. Paykel (1978) applied a modified form of the epidemiological measure of relative risk. He found that risk of developing depression increased six fold in six months after experiencing markedly threatening life events. The comparable increase for schizophrenia was two to four fold and for attempted suicide it was seven fold. Brown et al [13], who used another estimate "The brought forward time". It is the average time by which a hypothetical spontaneous onset was advanced by life events. Brown at et [14] used this formula to examine the importance of the cause and effect in their own data. They reported a brought forward time of 10 weeks for schizophrenia and considered this effect triggering rather than formative. For depression, for all events the brought forward was also 10 weeks, but for markedly threatening events it was 2 years, suggesting a formative effect. Giel et al [15] studied life events in a Dutch village. In their study, main life events were health problems, employment, housing, financial problems, health problems heads the list. In my study the financial problems head the list, it may be due to this that most threats derived from health problems or they were as artifact of the over whelming medical setting of their survey. Masuda et al [16] studied adaptation problems of Vietnamese refugees, life changes an perception of life events. In their study financial, life style work, spouse and schooling problems continued to plague them and were increased in second year. There was a positive correlation before life change and health status. In my study, financial problems ranked first, the reason is similar. Vietnamese are settling in a new place, so financial problems life events are quite obvious.

The second life event is a life style, because these refugees are settling into new society, so life style problems are quite clear, in my study this second type of life events are job problems. The difference is due to this that our population growth rate is quite high, as compared to job opportunities. In the study of Vadher and Ndetel (1981) they concluded that depressive illness was associated with severe life events in 12 months preceding the illness. Events involving loss were predominant and about half of then were related to separation of perceived or threatened separation in family members, leaving home for prolonged periods of time to take for job. Age distribution in this study that mostly young population is involved in this study. Result is similar to my study, the difference is that separation/ threat (including death) events constitute 46%. In my study separations/death constitute is only 14.5%. This big difference may be due to social setup of Kenya. Study

of Costello [17] provides further evidence that severe life events and difficulties are associated with the onset of depression. Seventy four percent of the Calgary women who had an onset of depression had also experienced a severe event or severe difficulty, whereas 31% of the normal had experienced such as event or difficulty. The most likely severe events are marital breakdown or end pf engagement to be married, death or threat of death of some one else. Difference with my study is due to this that our society has stable and extended family system, so marital breakdown or end of engagement are less, as compared to western society.

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Table-I
Demographic Details About The Sample

	Male n = 100	**Female n = 100**	**Normal Control n = 200**
Number	100	100	200
Age (mean)	15-60 yrs 41.5	15-60 yrs 42.7	15-60 yrs 40.6
Duration of illness (mean)	11months ± 3.5	12 months ± 3.5	--------
Score on hamilton depression scale(mean)	37.5 ± 10	38.8 ± 8	7.5 ± 2.5
Number of Individuals Reporting life events	66(66%)	81 (81%)	41 (20.5%)

Table-II
Types of Events Experienced By The Patients

	Male N = 100	Female N =100	Control N = 200
Major financial Problems	61 (61%)	73 (73%)	47 23.5%)
Job problems	37 (37%)	4 (4%)	7 (3.5%)
Relationship Difficulties	26 (26%)	54 (54%)	5 (2.5%)
Illness	14 (14%)	21 (21%)	---------
Legal issues	13 (13%)	5 (5%)	---------
Separations / deahs	6 (6%)	23 (23%)	9 (4.5%)

Table-III
Frequency of The Events

	Male (n =100) **Total events/Severe events**	Female (n =100) **Total events/Severe events**	Control (n =200) **Total events / Severe events**
Life events 4 months Prior to Illness/interview	136/ 83	165/ 96	43/26
Life events 7 months Prior to Illness/interview	277/ 146	311/ 213	86/53

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Traumatic Life Events at the Root of Many Cases of Anxiety and Depression. A recent study set out to determine what role familial risk, social circumstances and life events have on mental health, using surveys completed by nearly 33,000 people as their key form of data. [3] They revealed that the single biggest determinant of chronic anxiety and depression was traumatic life events, followed by to a lesser extent, family history of mental illness, income. and education levels, relationship status and other social factors.Â Getting back to the original study that found traumatic life events are the major determining factor in depression and anxiety â€“ but that the way you think about them is an equally strong determining factor, letâ€™s discuss how you can overcome such an emotional hurdle.