INFLUENCE OF STRESSFUL LIFE EVENTS AND COPING STRATEGIES IN DEPRESSION

Y.K. SATIJA, G.B. ADVANI & S.S. NATHAWAT

ABSTRACT

The influence of stressful life events and coping strategies was studied in 50 depressed and 50 non-depressed persons. It was observed that depressives experienced significantly more stressful life events and were also using significantly more avoidance coping strategies as compared to their non-depressed counterparts. The moderate and severely depressed patients were exposed to more stressful life events and were using more avoidance coping strategies as compared to mildly depressed patients.

Key Words: Depression, stressful life events, coping strategies

Over two decades of research have suggested a positive association between stressful life events and subsequent illness (Holmes & Rahe, 1976; Paykel, 1979, Singhal et al., 1984; Satija et al., 1997). Paykel held the view that the relationship between illness and life events is one of the great issues in the twentieth century psychiatry. Adolf Meyer (1951) emphasized the role of life events in the development of physical and mental disorders. Hinkle and Wolff (1957) working in the area of psychosomatic medicine also made early contribution in linking stress and illness. Paykel & Mayer (1969) had said 'depression has a definite relation to stressful life events'. Depressed persons experience significantly more negative life change events prior to the onset and treatment of their disorders than do non-depressed controls (Tennant et al., 1981). Loss or 'exit' events (such as marital separation, death), which may have particularly strong effects on self esteem, occur more frequently among depressed than among non-depressed persons (Paykel, 1979; Whilte, 1977). Pearlin and Schooler (1978) observed that strains and conflicts of marriage, child rearing and household economic were related to depression. Personal physical illness or one among family members have been linked to depression (Weinberg & Richardson, 1981). Indian studies have also linked depression to the onset of life events and precipitation of psychiatric illness (Venkoba Rao & Nammalvar, 1976; Prakash et al., 1980; Chatterjee et al., 1981; Saxena & Mohan 1982; Bhatti & Channabasavana, 1985; Singhal et al., 1984, Sharma & Ram, 1988; Gautam & Preet Kamal, 1990).

Although certain life events have been implicated in the genesis of depressive disorders, the fact that such events are not always followed by depression suggest the relevance of modifying factors. The conceptualization of coping processes is a central aspect of contemporary theories of stress: coping is viewed as a stabilizing factor that may help individuals maintain psychological adaptation during stressful periods (Billings & Moos, 1984; Lazarus & Folkman, 1984). At a general level, coping has been defined broadly as "any effort at stress management" (Cohen & Lazarus, 1979), "things people do to avoid being harmed by the life strains" (Pearlin & Schooler, 1978), "overt and
covert behaviour that are taken to reduce or eliminate psychological distress or stressful condition" (Fleishman, 1984) and "conscious and unconscious ways of dealing with stress without changing one's goals" (Freedman et al., 1975). Litman (1979) described coping as highly individualized intra psychic defence against threat. Billings and Moos (1981) described coping as a stabilizing factor that may help individuals maintain psychological adaption during stressful periods. Naters and Orford (1992) described coping as a "complex cognitive, intellectual and individual concept" that is useful to study the handling of stressful situation either for solving problems, preventing future difficulties or alleviating anxiety.

Of the various ways of classifying coping responses, most accepted approach is to distinguish between strategies that are 'active' in nature and oriented towards confronting the problem, and strategies that entail an effort to reduce the tension by 'avoiding' dealing with the problem. The use of a particular coping strategy, in response to a stressor, plays a pivotal role in depression (Beck & Worthen, 1972). As compared to non-depressed individuals depressed persons have been found to perceive themselves as being more "at stake" while appraising stressful situations (Folkman & Lazarus, 1986) and as needing more information before ready to act (Coyne et al., 1981).

With respect to behaviour, the result of a number of studies suggest that depressives engage in more emotion focused coping than do non-depressed. This class of behaviour includes hostile confrontation (Folkman & Lazarus, 1986), emotional discharge (Billings et al., 1983; Billings & Moos, 1984; Moos, 1997) and seeking emotional support (Coyne et al., 1981; Folkman & Lazarus, 1986; Sharma & Gopal Krishna, 1978; Venkoba Rao, 1990).

Thus, the interface between stressful life events, coping strategies and depression seems to be complex. However only limited studies have concurrently explored the relationship between them. Moreover, literature about relationship between coping responses & depression from India is conspicuous by its absence. Therefore, the present study was undertaken to study the relationship between these variables.

**MATERIAL AND METHOD**

Sample - The study was conducted at the outpatient psychiatric clinic, S.M.S. Hospital, Jaipur from January 1995 to January 1996, from where consecutive patients fulfilling the study criteria were recruited in the study. The psychiatric out patients unit is a general all purpose psychiatric clinic which is attended by the patients of both sexes and all age groups. It was decided to include a minimum of 50 patients for both the study and control group.

Following were the inclusion criteria for the study group. Patients of either sex, in age group 15-60 years and who were diagnosed as having depressive episode (F32) or recurrent depressive disorder (F33) according to the ICD-10 diagnostic criteria for research (WHO, 1992), irrespective of the disease duration and those with a score of 10 or more on Beck's Depression Inventory (BDI).

Tools - following tools were employed:

1. Comprehensive Assessment of Symptoms and History (CASH) (Andreasen, 1985). It provides comprehensive information concerning the current and past symptoms and signs, sociodemographic status, treatment and course of illness.

2. Beck's Depression Inventory. It was designed to include all symptoms to integrate the depressive constellation and at the same time to provide a grading of intensity of each. The BDI consists of 21 symptoms attitude categories, each of which consisted of 4/5 self evaluating statements. In the present study Hindi adaptation of Lal et al. (1974) was used.

3. Presumptive Stressful Life Events Scale (PSLE Scale). To study the life events in the present study, Presumptive Stressful Life Events Scale by Singh et al. (1981) was used. The 51 items in scale are further classified according to (a) whether they were
(CRI), developed by Rudolf Moos at Stanford University, California (1988 and revised in 1992) was used. The CRI is composed of eight subscale that measures different types of coping responses to stressful life circumstances. The first four subscales measure 'approach coping', the second set of four subscales measure 'avoidance coping'. Each of these eight dimensions of subscales is composed of six items. Respondents select a recent stressor and rate their reliance on each of the 48 coping items on 4 points scale varying from 'not at all' to 'fairly often' (Moos, 1992).

Procedure - Patients fulfilling the inclusion criteria for study group were taken up for the study. They were assessed on BDI. If they score 10 or more, then they were included in the study. They were rediagnosed clinically on ICD-10 diagnostic criteria (WHO, 1992). They were then assessed on CASH, PSLE and CRI. All assessments were done only once. Information given by depressive patients on life events was cross checked from their relatives because recall of events by depressive patients is highly coloured by easy access to negative/painful events/situations.

RESULTS

The total number of individual studied were 100 of which 50 were depressed and 50 were non-depressed. The sociodemographic and clinical characteristics of the patients are shown in Table 1. There was no significant difference between the case and control group on the basis of age, sex, religion, domicile, marital status, educational status, employment status and family types.

Table 2 shows that the case group subjects had a higher mean life event score (3.86) as compared to the control group subjects (1.30). The depressed patients also had significantly low approach coping responses (7.3-8.4) in all four sub types (i.e., logical analysis, positive reappraisal, guidance/support, problem solving) in comparison to the control group (9.8-12.7).
Table 3 shows, the mild depressed patients had lower mean life events score (3.42) as compared to the moderate & severely depressed patients (4.12). The mild depressive patients were also using more approach coping responses than moderate and severe depressives. Or in other words, moderately & severely depressed patients were using of avoidance coping mechanisms as compared to mildly depressed patients. The result were significant only in problem solving and resignation/acceptance only.

DISCUSSION

The present study was undertaken to study the life events & coping responses of depressives and to compare their responses with non-depressed group.

The study was cross sectional hospital based on the outpatients depressives. It was a case-control study design. The total assessment of the patients was carried out in one sitting. The depressives were diagnosed using Beck's Depression Inventory and re-diagnosed on ICD-10 diagnostic criteria for research. The life events were studied using Presumptive Stressful Life Events Scale (Singh et al., 1981) and coping responses using CRI (Moos, 1992).

The case and control groups were comparable with regards to age, sex, religion, domicile, marital status, and family types. The differences were not statistically significant and this eliminated the chance of these variables confounding the life events & coping response in the two group.

The depressives experienced significantly more stressful life events as compared to the control group. This is in line with the earlier studies (Paykel et al., 1969 & 1975; Brown et al., 1973; Venkoba Rao & Nammalvar, 1976; Prakash et al., 1980; Saxena et al., 1983; Singh et al., 1984).

The depressed patients used a significant more avoidance coping responses and lesser approach coping responses as compared to the control group. This is in accordance with the findings of earlier studies (Billings et al., 1981; Mitchell & Hodson, 1983; Billings & Moos, 1984). This is also in line with studies which report that depressives involve in various behaviours including hostile confrontation (Folkman & Lazarus, 1986), emotional discharge (Billings et al., 1983 ; Mitchell, Cronkite & Moos, 1983; Billings & Moos, 1984) and seeking emotional support (Coyne et al., 1981; Folkman & Lazarus, 1986).

The occurrence and not the severity of

| Variable                              | Depressed (n=50) mean±SD | Non-Depressed (n=50) mean±SD | Student's T test |
|---------------------------------------|--------------------------|------------------------------|-----------------|
| Life event score                      | 3.86±1.76                | 1.3±0.95                     | 9.07*           |
| Coping responses                      |                          |                              |                 |
| Logical analysis                      | 7.34±2.66                | 11.32±2.87                   | 7.23*           |
| Positive reappraisal                  | 7.50±3.17                | 11.66±2.95                   | 6.28*           |
| Guidence/Support                      | 8.36±3.57                | 13.74±4.34                   | 6.75*           |
| Problem solving                       | 7.40±3.01                | 11.78±3.07                   | 7.20*           |
| Cognitive avoidance                   | 12.04±2.78               | 7.10±1.46                    | 11.20*          |
| Regeneration/Acceptance               | 12.7±3.48                | 6.9±1.73                     | 11.17*          |
| Alternate reward                      | 10.2±2.81                | 8.20±2.44                    | 3.87*           |
| Emotional discharge                   | 9.88±2.64                | 6.32±1.54                    | 8.24*           |

(* = significant at .01 level)
depression was linked to the life events. This is in line with the studies by Paykel et al., 1969; Brown et al., 1973; Venkoba Rao & Nammalvar, 1976; Prakash et al., 1980; Saxena et al., 1983; Singh et al., 1984 and with the studies linking life events & first episode of depression (Dolon et al., 1985; Ghaziuddin et al., 1990).

The patients suffering from mild depression were using more approach coping responses & those with severe depression were using more avoidance coping responses (Table 3). This is in line with the findings of Pearlin and Schooler (1978) and Billings and Moos (1981).

To sum up, it can be concluded that this study found depressed patients experiencing significantly more stressful life events and using significantly more avoidance coping strategies as compared to non-depressed controls. The depressed patients of mild category were experiencing fewer stressful life events and were using more approach coping strategies as compared to moderately & severely depressed patients.

The present study is only a pilot study in the direction of determining the association between stressful life events, coping strategies and depression. Findings of this study is needed to be replicated in studies on large population samples. Also difference in coping responses in different episodes of depression, endogenous versus non-endogenous depression and psychotic versus non-psychotic depression needs to be studied.

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