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Life Events and Depressive Illness

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Abstract

Cause of depressive illness due to bereavement, interpersonal and other social events is discussed. For those facing a cluster of distressing events, psychotherapeutic and social intervention has been suggested.

Key words -
Depressive illness,
Life events,
Social intervention

Life events and crises, singly or in series have been known to precede psychiatric as well as physical illness. The concept of precepitant nature of the stressful events is not novel: the Scandinavian literature records the so called reactive psychosis and neurosis [1] i.e., illness occurring as a reaction to environmental stresses. Selye [2] in his classic work postulated that any type of life change could act as a stressor causing physiological arousal and enhanced susceptibility to illness. Holmes and Rahe [3] relying on this concept constructed their 'Social Readjustment Rating Scale' which implied that events cause life changes of such magnitude and intensity as to initiate a later onset of disease. The effects of the events either desirable or undesirable are cumulative. On the other hand, Paykel, Prusoff and Uhlenhuth [4] proposed that it was specifically the distressing aspect of the event that was causing significant and based on this they constructed their 'Distress Scale'. Paykel et al [5] and Birley and Brown [6] reported that both in depression and schizophrenia there is a prior significant increase in distressing life events. However, it came to be realised that these hypotheses are conceptually not different. For example, an event may cause a change in a person's life but may not cause any distress, or vice versa. The main point is that a single event may generate both these. With this in view Tennant and Andrews [7] evolved an inventory incorporating the concepts of life change and distress.

Publications associating earlier parental loss or deprivation and subsequent mental morbidity are well known [8]. Early parental loss did not figure significantly in the material of Venkoba Rao [9], Venkoba Rao and Nammalvar [10]. However, other Indian workers found an association between early parental deprivation and the later onset of depression [11], [12]. Wig et al remarked :'Every one out of three patients who came to the clinic suffering from a severe affective illness gave a history of having lost one or both parents before he or she reached the age of sixteen years'. Interest in the allied area of life changes and mental health has been in progress and recent developments are as follows :

1. **Chronicling :** Systematic attempts in accurate recording of life events of individuals [13].
2. **Quantifying the events :** Quantification of the effects of life events by constructing inventories or scales [14], [15], [4].
3. **Nature of events :** For example, the type of events like 'loss', 'separation', 'entrance', 'hazard' [16] 'exits' and 'interpersonal arguments' [17] have been shown to precede the inception of depressive illness. The loss is interpreted in a broad sense ranging from loss from death, separation, or loss of

organ, limb and loss of self-esteem. A major event not under the control of the patient was found to be common before the onset of a psychiatric illness than among the general population [13].

4. **Timing of events :** A clustering of events is reported to be more common during the period just preceding mental illness than in a controlled population. For example, Parkes [18] reported six times incidence of recent widowhood among the admissions to the Maudsley Hospital compared to the national mortality. Similar clustering is reported to occur before entering psychiatric care by Stein & Susser [19], [20] and Birtchnell. McMahon & Pugh [21] reported that the risks of suicide grew during the four years following widowhood.
5. **Modus operandi :** Though the life events have been assigned a precipitant character endowed with the strength of 'a sufficient cause', yet Brown et al [15]. found them to be 'formative' as well, occurring even 2 years prior to depression. They, however, found that in schizophrenia the events occurring in the preceding four weeks triggered the illness.

Some of the methodological problems in this area of research have been overcome. For instance, in addition to interviewing the patient for the effects of life events, interviewing a relative or a significant other would augment and clarify the data [14], [22]. The 'fall of recall', meaning there by a tendency on the part of the patient to minimize the stress of an event with the passage of time appears significant when self-reporting questionnaires were administered but was minimised when interview techniques were employed. To offset the likelihood of the vents being the result of the illness rather than the cause Pykel et al [5] demarcated the point of onset of symptoms and the events preceding this. Brown et al [14], [15] took into consideration those events which fell outside the individual's making. Srinivasa Murthy [23] has discussed some methodological problems in the area.

Though reports point out that affective disturbances follow disaster, no authentic evidence is available over their formative quality, and also as causing an increased morbidity in general. Similarly in India no systematic research has been carried out on the psychiatric sequelae of national and natural disasters like drought, floods, financial indebtedness of the farming community, earthquake, accidents, death of national and eminent leaders.

LIfe events by themselves are not pathogenic. Selye [24] remarked that life without stress is death. Nevertheless there are certain aspects of them, which render them pathogenic; for example, the degree of distress and their timing. A study by Venkoba Rao and Nammalvar [10] revealed a clustering of events during the two year period preceding the inception of depression, a higher rate of the accumulated distress from all the events in their group of depressives compared with controls. They opined that given a pause between the events the individual may have adapted to the event but a quick succession of events prevented coping. Similar findings were reported by Parkes [18], Stein and Susser [19], Birtchnell [20], Birley and Brown [5], Paykel and Prusoff et al [4]. The distress score persisted at a high level even after the remission thereby indicating the perception of the event in retrospect remain unaltered. Bereavement was the most observed event. Beck and Worthen [16] and Jacobs, Pursoff and Paykel [17] pointed out the predominance of "exit" and "separation" type of events preceding the depressive illness. Paykel and Tanner [25] found the events preceding the relapses in cases of relapsing depression. Venkoba Rao and Nammalvar [10] suggest psychotherapeutic and social intervention for those who face a cluster of distressing events of depressive illness. A trial with anti-depressants is also recommended in such cases. However, such intervention was not found to prevent recurrences in elderly depressive by Post [26] although the institution of early treatment helps. It has not been possible to differentiate the depression as endogenous and reactive based on the life events and the resulting symptoms. In the reactive depression, there is a parental or family history of alcoholism and the cases resemble depressive spectrum disease of Winokur [27]. In bipolar affective disorders, it has been postulated that the first attack may be preceded by an event and subsequent episodes need not be so. Bipolar and unipolar patients are not separable on the basis of preceding stressful events [28], [29], [30], [31].

Indian Studies

The findings of Venkoba Rao and Nammalvar [10] on life events and depression have already been referred to Prakash, Trivedi and Sethi [32] reported that depressives experienced numerically more number of events than the schizophrenic controls and that the events pertained to the death of family members. Chatterjee, Mukherjee and Nandi [33] also confirmed the observation of earlier workers that the difference between the depressives and the control lay in the occurrence of a clustering of the events in the former. Among the common events in their material were medical and surgical illness and obstetric events. Bereavement, interpersonal and social events followed these in numerical order. Gupta et al [34] reported the occurrence of higher frequency of events during the period of one year preceding the psychiatric symptoms among the tuberculous patients than those without psychiatric symptoms. The studies from India generally indicate that clustering of events is the rule in the predepressives in the Indian studies suffered a 'single' or 'no event'. Among the Indians, two events within a year are held tolerable without the attendant stress and without psychological disturbance [35].

Controlled Studies

The controlled studies of depressed patients with regard to life events have been carried out in general population, medically ill patients and other psychiatric patients. Compared with general population controls, depressed patients showed evidence of having experienced more life events; three times more than the controls during the preceding six months [5]; markedly threatening events during the preceding forty eight weeks [14]; and when compared to hospital staff more stress was noticed among them [36]. On the other hand when compared to the medical patients, no significant differences were observed. The evidence for the life events hypothesis for depression is weakened by the observations that life events precede other psychiatric illness too like schizophrenia and higher rate than depression in suicidal attempters.

There have been some epidemiological studies which have studied the prospective effects of a single event like bereavement [37]. Other events that have been studied are child birth, hysterectomy, mastectomy, myocardial infarction and malignancy. The life events by themselves may not be operative independently to result in illness. There are predisposing factors like personality types which react in a pathological way to a given event that may be determined by heredity. An earlier event may sensitive the individual, with subsequent ones ushering the disease.

Present Status

Attempts to erect a specific hypothesis relating depressive illness to events have not met with uniform success. The data already quoted from controlled population studies and on medical and psychiatric illness appear equivocal. Events are common place in any community but depressive illness is unusual. Paykel [38] has estimated that approximately 10 per cent of those who experience 'exit' events suffer from clinical depression. Clayton et al [37] noted that 35 per cent widows and widowers suffered depression after being widowed 18 months earlier.

The evidence to date indicate that 'loses precede depression more frequently than schizophrenia, a clustering of events common than a single event, and the effect of cumulative nature in the occurrence

of depressive illness.

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