

A Profile of Stressful Life Events among Industrial Neurotics and Normals

Volume: 14 Issue: 02 April 1996 Page: 127-132

~~K. Rajendran~~

Reprints request

, V N Rao &

- *Department of Psychiatric Social Work, National Institute of Mental Health & Neuro Sciences, Bangalore 560 029, India*

M V Reddy, - *Department of Biostatistics, National Institute of Mental Health & Neuro Sciences, Bangalore 560 029, India*

Abstract

Thirty executives who were diagnosed as neurosis formed the experimental group and another thirty executives who were normals formed the control group. Both these groups were compared with regard to the frequency of the life events experienced during their life time and one year before the onset of illness. Stress was measured by asking the executives to assign a score for the severity of the stress against each event. The results of the present study reveals that significant differences exist between the normals and neurotics in terms of the frequency of the life events as well as the stress they experienced due to those life events.

Key words -

Stress,

Life events,

Executives,

Neurotics

Over the last decades, the relation between health and psychosocial factors has become an increasingly important focus of attention in the social science research [1]. Life event research is one of the ways of systematically studying the relationship between stress and illness [2]. A positive relationship has been suggested between stressful life events and subsequent psychiatric illness [3]. A significant positive relationship between life events and illness magnitude has also been observed [4]. A review of the literature of life events in psychiatric illness shows that majority of studies have been conducted on psychotic patients. There are very few studies on neurotic patients. Neurotic patients have been found to experience significantly more stressful life events particularly serious and life-threatening ones during the period of three months prior to their illness [4]. Unlethuth and Paykel [5] in their study of neurotic patients observed that symptom intensity was directly related to the amount of recent life stress. Cooke and Hole [6] in a subsequent study reported that every 3/4 of the anxiety cases could be attributed to experience of danger events only.

Brown and Harris [7] in their study distinguished between provoking agents (life events and difficulties) and vulnerability factors. Dohrenwend [8] presenting data from Washington heights study found that less educated respondents had experienced more life events than educated respondents. Bhatti and Channabasavanna [9] examined 60 neurotics

(depression, anxiety and hysteria) in comparison to 60 healthy individuals. The results showed that neurotics had higher life event scores in certain areas of activity compared to normals.

Rao et al [10] who compared 20 anxiety patients with 40 normals based on group matching, viewed that life situations related to frequent interference of grand parents, dissatisfaction with parents-in-law, inadequate mutually contradictory communication of the parents, their role functioning, disharmonious siblings interaction, threatening and conflicting marital life and lack of co-operation and support on the part of other relatives seem to be sources of anxiety in the Indian setting.

The aim of the present study is to study the number of stressful life events, both in neurotics and normals in the area of

(i) personal,

(ii) impersonal,

(iii) desirable,

(iv) undesirable and

(v) ambiguous events to over a period of one year before the onset of the illness and during their life time, and also to measure the extent of stress experienced by the employees due to the occurrence of these events.

Methodology

The present study was conducted in Indian Telephone Industries (ITI). This is one of the public sector organisations at Bangalore. A big hospital is attached to this industry and they have a separate Psychiatry Department.

Universe of the study was selected with the following criteria:

1. Employees who had a detailed evaluation and had been diagnosed as neurosis according to International Classification of Diseases (ICD 9).
2. Those employees who were married and in the age group of 25-55 years living within the city limits of Bangalore. It consisted of 73 cases. Out of these 30 cases were selected for the present study using simple random sampling procedure.

These officers were spread over seven departments namely, Strouger, Purchase, Accounts, Tool-room, transmission, Security and Telephones. For the purpose of comparison, normals were selected from the same departments. Group matching was done on the basis of age, sex, religion, marital status, type of family and educational status.

Instruments used

The following instruments were used to collect data for the present study.

1. Socio-demographic data sheet

The socio-economic data sheet was administered to obtain back ground information about the subjects on dimensions like age, sex, religion, marital status, type of family, salary, education, years of service and trade and department.

2. Presumptive stressful events scale (PSE) by Gurmeet Singh, et al.

Gurmeet Singh et al [13] designed this scale based on social adjustment of life events in the Indian setting. It consists of 51 items which were further classified according to whether they were personal or impersonal, desirable or undesirable or ambiguous events. Respondents were asked to list out the life events occurred in one year before the onset of their illness and during their life time. This scale was standardised on 200 normal subjects.

3. The General Health questionnaire (G.H.Q.) by Golberg and Hillier

This tool is a sealed version of the original G.H.Q. , self administered screening questionnaire aimed at detecting psychiatric disorders and also assessing the control group for their normalcy.

Results

Comparison of the frequency of life events experienced by the patients before the onset of illness and one year duration with that of the control group revealed there was a significant difference between the two groups in the areas of desirable events, undesirable events, ambiguous events, personal events and total no. of life events.

Table I - Characteristics of socio-demographic variables of patients and normals

Table I - Characteristics of socio-demographic variables of patients and normals

Table II - Comparison of frequency of life events experienced by patients and normals for the past one year

Table II - Comparison of frequency of life events experienced by patients and normals for the past one year

Table III revealed that there was a significant difference between the normals and controls in the frequency of the occurrence of desirable, undesirable life events and total number of life events over the respondents life time.

Table III - Comparison of frequency of life events experienced by patients and normals for life time

Table III - Comparison of frequency of life events experienced by patients and normals for life time

There was a significant difference found when we compared the stress scores of life events between the patient group and control group before one year during the onset of the illness in the areas of total number of stress scores, undesirable stress scores, ambiguous life events stress score and personal life events stress score (Table IV).

Table IV - Comparison of stress score of life events of the patients and normals for the past one year

Table IV - Comparison of stress score of life events of the patients and normals for the past one year

Comparison of the stress score of life events of the patients and controls during their life time revealed that there was a significant difference in the patient group in the total stress score, desirable event

stress score, personal event stress score and impersonal event stress score (Table V).

Table V - Comparison of stress scores of the life events of the patients and normals during the life time

Table V - Comparison of stress scores of the life events of the patients and normals during the life time

Discussion

The socio-demographic characteristics of the patient and control samples are shown in Table I. The two groups are essentially similar in various characteristics.

The role of stressful life events in the etiology of various diseases had been a fertile field of research in the last thirty years. As Dodge and Martin [11] has expressed, the diseases of our times are etiologically linked with excessive stress and in turn the stress is a product of specific socially structured situation inherent in the organisation of modern technological societies. In general the purpose of life events research is to demonstrate a temporal association between the onset of the illness and a recent increase in number of stressful events that serve as precipitating factors for the subsequent illness episode.

In the present study the number of life events during life time in neurotics was calculated and the mean was 23.7 ± 9.81 . Our finding was less than the study conducted by Sharma and Ram [12]. However, in the normal population the mean of the life events was 16.2 ± 6.01 . This finding was little more when compared to the study conducted by Gurmeet Singh et al [13]. The norm was 10.34 ± 5.40 . There was a significant difference between the two groups.

The total number of life events in the patient group for the past one year before the onset of illness was 6.60 ± 8.30 , whereas in the normal group it was 4.2 ± 3.8 . There was a significant difference between the groups. The study conducted by Gurmeet Singh et al found that the mean for the life events for the past one year on normal population was 1.90 ± 2.6 . this was less when compared to the present study. Comparison of stress scores of life events of both the groups for the past one year before the onset of the illness revealed a significant relationship between both the groups in the areas of undesirable life events, ambiguous life events and personal life events stress scores. The total number of lie events stress scores also revealed a significant difference between the groups.

The stress scores of life events between the two groups during their life time revealed a significant difference in the areas of desirable life events stress score, personal life events stress score, impersonal life events and total number of life events stress score.

Individuals response may widely vary in their subjective response to a similar stressful event. This differences of responses depend upon the individuals personality and social support system.

There have been relatively few retrospective controlled studies of the relationship between life events and neurotic disorders. Life events appear to be implicated in anxiety disorders. Faravelli [14] studied 23 patients with panic disorders and compared them with 23 normal matched controls. Significantly more life events occurred in the patient group, due almost entirely to the excess of events in the month prior to the onset. Both loss events and threatening events played a part. Present study clearly explains a significant difference between the patient group and control group in the frequency of occurrence of life events one year before the onset of neurotic illness.

Finaly et al [15] in a study involving general practice patients found more loss events preceding depression and danger events preceding anxiety.

In view of the above discussion, it is obvious that the present study had demonstrated a significant difference between the occurrence of stressful life events and occurrence of stressful life events and neurotic illness. The present study has some limitations, i.e. it was conducted in a homogeneous population with a small sample in an Industrial setting. Similar studies can be conducted with blue collar workers and executives suffering from coronary heart diseases and other psycho-somatic disorders which might be of much help to the stress management research in general and industrial setting in particular.

1. Andrews G, A prospective study of life events and psychological symptoms
Psychological Medicine Page: 11: 795-801, 1981
 2. Brown D, Gary L, Stressful life events and social support networks and the physical and mental health of urban black adults
Human Stress Page: 13: 165-75, 1987
 3. Paykel F S, Contribution of life events to the causation of psychiatric illness
Psychological Medicine Page: 8: 253-5, 1978
 4. Cooper B, Sylph J, Life events and the onset of neurotic illness in general practice
Psychiatric Medicine Page: 3: 421-6, 1973
 5. Unlehuth F H, Paykel E S, Symptom intensity and life events
Archives of General Psychiatry Page: 28: 473-8, 1973
 6. Cooke D J, Hole D J, An etiological importance of stressful life events
British Journal of Psychiatry Page: 143: 397-400, 1983
 7. Brown G, Harris T, Life events and psychiatric disorders
Psychological Medicine Page: 3: 159-66, 1973
 8. Dohrenwend B S, Life events as stressors. A methodological enquiry
Health Soc Behav Page: 4: 167-175, 1973
 9. Bhatti R S, Channabasavanna S M, Study of neurosis: I. Life events and personality of dimension
Indian Journal of Psychiatry Page: 27: 127-138, 1985
 10. Rao V N, Channabasavanna S M, Parthasarathy R, Anxiety provoking situations in Indian families
International Journal of Social Psychiatry Page: 30: 218-21, 1984
 11. Dodge, Martin, The contribution of psychological and social phenomena to an understanding of the aetiology of disease and illness
Social Science Medicine Page: 15: 338-342, 1981
 12. Sharma I, Ram D, Life events in anxiety neurosis
Indian Journal of Psychiatry Page: 30: 61-67, 1988
 13. Gurmeet Singh, Dalbir Kaur, Harsharan Kaur, Presumptive life events scale (PSLES) - A new stressful life events scale for use in India
Indian Journal of Psychiatry Page: 26: 107-14, 1984
 14. Farvavalli C B, Life events preceding the onset of panic disorder
Journal of Nervous & Mental Diseases Page: 9: 103/5, 1980
 15. Finaly, Jones R, Brown G W, Types of stressful life events and the onset of anxiety and depressive disorders
Psychological Medicine Page: 11, 803-15, 1982
-