Depression: Role of life events and confiding relationship

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Abstract
Background: Depression as a state or as a disorder is characterized by Depressed mood, loss of energy, loss of interest, guilt feeling, difficulty in concentration, loss of appetite, thoughts of death or suicide. Although many factors are considered to bear etiological link, psychosocial factors plays important role not only as a cause but also as a precipitant of the disorder. **Aim and Objective:** The Present study attempts to look into the role of important Psychosocial factors such as Life Events and Confiding relationship in relation to Depression. **Material and Method:** The study was carried out at psychiatry clinic. Study Population consist of depressed group [Index group n=30] and matched controlled group of healthy subjects. Age, Sex, marital status and status of employment [14 males, 16 females; Age 21-60] were matching criteria. **Results:** The study shows depression was common in the age group of 31-40 years. Life events appear to be responsible to cause depression. Depressed group has significant Life events 4-6 months prior to the onset of depression. Among severe events, Alcohol consumption in family; Death of family members were found more in depressed females whereas Illnesses and Financial problems were common in depressed males. Confiding relationship do have important role in determining depression. **Conclusion:** Psychosocial factors like Life Events and Confiding Relationship do have important role in Depression. It can act as an etiological factor or as a precipitating factor for depressive disorder. Thus one can plan a good psychosocial and cognitive intervention as an important tool to treat depression.
Keywords: Depression, Life events, Confiding relationship.

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INTRODUCTION

It is commonly agreed that there is an obvious relationship between experiences in life (Life events), deficient interaction with others (Poor confiding relationship), and actual depressive feeling. This view has found its expression in novels, dramatic arts and biographies. In Scientific literature however, the subject is still controversial. The unsettled question is to what extent do the social detriments, such as life events and confiding relationships, as well as biological and personality factors contribute to depressive symptomatology.[1] In the last three decades the link between life events and onset of depression was investigated by Paykel[2], Brown[3], Dohrenwend and others. Paykel reported relatively more events related to work and marriage to have taken place among depressed patients. Brown and Paykel established actual and threatened social loss as the main event associated with onset of depression. Despite recognition of the importance of life events in causing depression, studies have employed control group to establish the degree to which the life events occur prior to the onset of depression exceed random expectation.[1] The same is the case with the role of confiding relationship. Confiding relationship is still a loosely defined concept. The work of Brown and associates[3] in London suggests that presence of a close confiding relationship offers considerable protection against the development of depression in women subject to continuing stressful situations. Marziali[4] found that broadly based spectrum of

relationship (friend and intimates) is more likely to protect against maladaptive responses toinevitable occurrence of life crisis. In this study an attempt is made to define it in terms of integration in family and friends. The term "social network" usually refers to a set of a linkage and interaction between an individual and his family, friends, co-workers and neighbours. Social Network have been characterised by their structure (numbers and relationship of members to each other), interaction (frequency and means of contact among members) and function (the help and support provided by network members in real or hypothetical situation The term "social support network "and "confiding relationship" have been used synonymously to emphasize those network factors which provide practical help, advice, reassurance and understanding of an individual inoccupational and personal life situation.

AIMS AND OBJECTIVES

1. To compare life events in a depressed (index) group and a control group.
2. To find association between life events and onset of depression.
3. To study whether severity of life events correlates with severity of depression.
4. To study whether, life events are different in different age groups in index population.
5. To study frequency of life events in either sexes.
6. To study the correlation of confiding relationship with close family members and severity of depression.

MATERIAL AND METHOD
SUBJECTS

The study population consisted of depressed patients (Index group n = 30) and matched controlled group of healthy subjects (control group n = 30). Age, sex, marital status and status of employment (14 males, 16 females; age 21-60) were the matching criteria. Screening was done over the period of two and half months where every new patient attending OPD suffering from depression was screened These outpatient formed the index group. This study was carried out at Psychiatric clinic of a teaching Rural Medical College. They fulfilled the DSM [Diagnostic and statistical Manual] criteria of either unipolar major depression, or a dysthymic disorder. Patient was interviewed for the purpose of diagnosis, to find the occurrence of Life events, and to study confiding relationship and to score the severity of depression. Close relatives were also interviewed to confirm the information given by patient. The 30 matched individuals were selected at random from general population to form control groups. Age, sex, marital status, and status of

employment were matching criteria. They did not have any physical illness and were free from any psychiatric disorder.

DIAGNOSIS AND DATE OF ONSET
The diagnosis was based on the criteria of DSM [Diagnostic and statistical Manual]. The onset of depression was defined as the persistent occurence of the symptom of depression with which the patient presented to the psychiatric clinic, both in major depression and dysthymic disorder group.

SEVERITY OF DEPRESSION
In the patient group, the severity of depression was measured by the 24 item of the Hamilton Rating Scale for depression[5].

ASSESSMENT OF LIFE EVENTS
The Semi structured Interview for Life events was used by Introduction of Presumptive Stressful Life Events Scale, modified and standardised for Indian population (Gurmeet Singh, *et al* 1984) to study life events in a period of one year prior to onset of depression[6,7].

ASSESSMENT OF CONFIDING RELATIONSHIP
The confiding relationship was assessed by overall assessment in social Integration Schedule in Khatri's scale for family jointness and social integration schedule in which patients were classified as

1. Well integrated
2. Moderately integrated
3. Not integrated
4. Socially isolated

The "well and moderately integrated" individuals were considered as having good confiding relationship and individuals with "not integrated and isolated" were considered as having poor confiding relationship. Also patients were asked about existence and quality of his or her confiding relationship during the interview.

PROCEDURES
All subjects were submitted to a semistructured interview lasting for about 2 hours in which enquiries were made into events in the year preceding to onset of depression in the patient group and in the year preceding the interview in the control group. This does imply a period of recall of at least one year for the patient with major depression and controls and a period of at-least 3 years for the patient with dysthymic disorder (as one of the diagnostic criteria for dysthymic disorder is a 2 year duration) Life events occurring after the onset of depression were not taken into account. Enquiries were made into confiding relationship in the period of 1 year prior to the onset of depression in patients or in case of control group 1 year prior to the interview. Further the 24 items HDRS were completed by both the groups. Patient in the index group were scored on Hamilton Depression Rating Scale. The data was subjected to statistical analysis.

RESULTS AND DISCUSSION

Table 1: Sex Distribution In Index And Control Group

Sex	Index Group	Control Group	Total
Male	14	14	28
Female	16	16	32
Total	**30**	**30**	**60**

χ^2 Chi Square > 0.07 Not Significant.

As per literatures it is observed that male ratio is almost equal in bipolar disorder (1:2:1) where as nonbipolar depressive it is 2:1[8]. In the present study, males and females are equally represented. This may be the result of a small sample size.

Table 2: Sex and diagnosis distribution in index group

Diagnosis	Male	Female	Total
Major depression	13 (43.3%)	12 (40 %)	25 (83.33%)
Dysthymia	1 (3.3%)	4 (13.4%)	5 (16.7%)
Total	**14 (46.6%)**	**16 (53.4%)**	**30 (100.0%)**

n=30 p>0.5 Not significant

Out of the total cases index group, 52% of males and 48% of females were suffering from major depression which is contrary to the usual finding that females are more prone to depression. In the dysthymic group there was only one male the patient as compared to four female patients? When statistical test was applied this differences in distribution of diagnosis in two sexes was found to be significant (P<0.006). Major depression was found to be almost equal in males and females in the index groups. While dysthymia was found more commonly in females patients. For a true picture one must go for a bigger sample size. Chronically low levels of self-esteem and decreased ability to cope the stress may be the result of ongoing passivity and dependency, which could be the possible reason why females suffer from chronic stress than male.

Table 3: Agewise Distribution of Cases

Age In Years (Range)	Index Group	Control Group	Total
20-25	5	5	10
27-30	4	4	8
31-35	8	9	17
36-40	7	7	14
41-45	3	2	5
46-50	3	3	6
Total	**30**	**30**	**60**

p>0.5 Not significant

In the present study controls of corresponding age groups were chosen. 52% of total individuals studied were in the 31-40 years age group, 17% in the 20-25 years and 13% in 26-30 years age group. Thus depression was common in the age group of 31-40 yrs.

Table 4: Marital Status

Marital Status	Index Group		Control Group		Total
	Male	Female	Male	Female	
Married	11	15	11	14	51
Unmarried	3	1	3	2	9
Total	**14**	**16**	**14**	**16**	**60**

p>0.5 Not Significant

The married group formed the major chunk of the total studied population. It was mainly because they were of marriageable age. However total number of married population in index group did not differ from the control group. Over all married females are claimed to be more exposed, to risk factors for developing depression. Murphy[15] also noticed that the total number of life events and stress, experienced by married women was high as compared to un-married. However, this could not be statistically proved in the present study. The total numbers of un-married were less, (13.3% in index and 16.6%) this can be in keeping with the Societal norms of raised age for marriage (the corresponding distribution was found in age group 20 -25 years). Overall, separated, divorced persons show the highest rates of depressive symptoms, and those never married and presently married show the lowest. Within the latter group the married person than in single person. In addition the differing rates have been reported for men and women with regard to marital status. Ranked from lowest to highest the distribution; is[1] married men[2] married women[3] single and widowed women[4] single widowed and divorced men and[5] separated and divorced women. Thus women report higher levels of depressive symptoms than in men in all marital groups, except single and widowed women whose rates are lower than their counter parts. Murphy also noticed that the total number of life events experienced by married women was high as compared to unmarried. Rates of nonbipolar depression are somewhat lower in marred persons and those with intimate non marital relationship. The fact that married females are more predisposed to depression is not proved statistically in the present study.

Table 5: Occupational status

Occupational Status	Group	
	Index group	Control group
Employed	10	13
Students	02	03
Housewife	12	12
Unemployed	06	02

Whether defined by occupational, income or, educational level or a combination of these, there is strong evidence that rates of depressive symptoms are significantly higher in person with lower socio-economical status. Rates of Unipolar depression among professional women were found in a recent study to be far in excess of those

reported in general population (from 38% to 50%). Brown Harris[3] found, working class women were five times more likely to develop depressive disorder in a year following a severe stress or event that is in presence of provoking agent. They also found the vulnerability factors which increased chances of developing depression. They were:

1. loss of mother before age of eleven
2. presence at home of three or more children of age less than fourteen
3. lack of intimate relationship and
4. lack of employment.

Working class subjects within general population had higher evidence of depression this can be explained by their poorer physical health[8]. An attempt was made to find whether occupational status had role in causing depression. Majority of individual were housewives (40% of the total)*,* next common being the employed. Unemployed individuals were about 20% in index group as compared to 6.6% in the control groups. However these findings were not statistically significant.

Table 6: Comparison of life events score in index and control group

Nos.	Index Group Life Event Score	Nos.	Control Group Life Event Score
1	52	1	86
2	54	2	49
3	106	3	54
4	112	4	43
5	55	5	49
6	112	6	52
7	58	7	43
8	66	8	52
9	115	9	52
10	47	10	43
11	56	11	47
12	60	12	57
13	52	13	47
14	54	14	49
15	67	15	49
16	-	16	49
17	99	17	52
18	56	18	62
19	95	19	49
20	76	20	66
21	110	21	95
22	54	22	30
23	110	23	77
24	47	24	49
25	-	25	49
26	52	26	43
27	-	27	66
28	95	28	52
29	52	29	57
30	67	30	57

The findings of several investigators suggest that both physical illness and psychological disorder can be precipitated by environmental stress or event. In current study the life events of index group were compared with the life events of control group and found statistically significant. (Actual difference between two means was 1.5 not more than SE (d), concluding that life event appear to be responsible to cause depression. Investigators have also found that depressed patients experience more life events in six to four months prior to the onset than do the subjects from general populations. According to Brown and Harris[9], A Large proportion of patients experienced a severely threatening events before onset of Depression. In present study the depressed group has significant life events 4 -6 months prior to the onset of depression as compared to control who had experienced event 6 - 1 yr prior to the interview.

Table 7: Sexwise Life-Event Distribution

Life Events	Index Group		Control Group	
	Male	**Female**	**Male**	**FEMALE**
Illness	6	6	3	2
Alcohol Consumption In Family Member	-	4	-	-
Deaths In Family Member	-	3	-	3
Financial Problem	2	1	3	1
Other	4	4	8	10
Nil	2	1	-	-
Total	**14**	**16**	**14**	**16**

Note: Others includes Family conflict, lack of child, broken engagement, marriage, son left home, suspension, form job, property damage.

An attempt was made to find the relationship of Life of events between two sexes. Among the severe events, alcohol consumption in family members; death in family members were found more in depressed females. These group was socioeconomically low class. The Illnesses and financial problems were common in depressed males as compared to control group. It was found that the financial problem and others (family conflict, suspension from job, property damage, lack of child, broken engagement was common in both index and control group. In fact control group outnumbered the index group and 8 males and 10 females in control group as compared to 4 males and 4 females in index group, these were nonserious in nature to the individuals also. Kendler *et al* (2001a) found specific differences in gender according to which the events were depresogenic. For men, Divorce, Separation, or Work problem and For Women, Problem in relations and people in their close network were depress genic[10]. Furthermore attempt was made to classify events as Desirable undesirable on personal and impersonal items which is known on following table.

Table 8: Desirable V/S. Undesirable Events

Events		Index		Control	
		Male	Female	Male	Female
D E S I A B L E U N D E S I R A B L E	Personal E.G. Getting Married Engagement	-	1	3	2
	Impersonal E.G. Appearing For Exam.	-	-	1	3
	Personal E.G. Marital Separation Material Conflict Conflict With Inlaws Family Conflict Financial Loss Large Loan	5	5	6	4
	Impersonal E.G. Death Of Spouse Death Of Close Family Member Excessive Alcohol Used By Family Member Illness	7	9	4	7
	Nil	2	1	-	-
	Total	**14**	**16**	**14**	**16**

A number of clinical studies have explored the possibility that specific types of events, rather than life change in general are implicated in the onset of depression. When events are broken down into categories, it was found that the onset of depression was related to distinct types of life events. Significantly these investigators have noted that depressive experienced significantly more "markedly threatening life events", more "Exit events" and more "undesirable events than did general population or schizophrenic control. While "entrance" or desirable events were represented approximately equally in groups. Furthermore Paykel[2] Significantly more CATEGO-R depressives reported an independent threatening events than matched control. These finding do not support the view that depression secondary to major life events is more likely to be mild in nature[11]. Among the undesirable illnesses regarding Interpersonal Conflicts, its role as a precipitant of depression is not firmly proved as depression causes Interpersonal conflict rather than other way round. For many subject chronic difficulty or stress was a relationship difficulty. So the sequence for the depressed would have been; chronic relationship diffi-culty; onset of depression, breaking down of close relationship or other crisis; suicidal attempt[12]. Similarly

Physical disability is only one of the many possible sources of chronic stress. Some of other resources may prove relevant to the development of depressive disorder, as well as symptoms, whereas others not. In present study the desirable events were found more common in control group. Whereas undesirable events were seen in both the groups. Undesirable personal events were almost similar in index group (5 male, 5 female) and control group (6 male, 4 females) however the impersonal events were more in index group (7 males, 9 females) than control group (4 male, 7 females). Thus even though the definite role of Life events in causing depression is still controversial there appear to be definite evidence from the study to conclude that undesirable impersonal events does play a role in precipitation of depression findings, confirming the study of Paykel and Tanner.

Table 9: Confiding relationship

Sex	Confiding relationship			
	Good		Poor	
	Index	Control	Index	Control
Male	8	12	6	2
Female	8	14	8	2
Total	**16**	**26**	**14**	**4**

p>0.5 Not Significant

The above table shows distribution of confiding relationship in both index and study group. 23% of the index group had poor confiding relationship as compared to 6.6% of the control groups and 44% of the control group as against 26.7% of the index had good confiding relationship. Thus the above finding concludes that confiding relationship does have a role in determining depression. These findings are consistent with C.M. Carnelis (1989) study of Social Network in relation to depression[13]. According to Cognitive trial of Beck, one would expect the depressed patient would evaluate their social network more negatively than the healthy subject without objective reason. Such a negative evaluation could be expected in this study as we find our depressed patients in an objectively less sufficient social Network. Social support plans important role. Perception of being understood and useful to the members of one's social network; feeling that significant others are available to talk to, about problems; feeling that significant others can be counted upon; Perception of not feeling lonely; and overall positive evaluation of quality of relationship with Significant others[14]

Table 10: Confiding relationship and Severity of Depression In Index group

Hdrs Score	Confiding Good	Relationship Poor
24-30	11	-
31-35	3	2
36-40	2	10
>40	-	2
Total	**16**	**14**

p<0.001 Significant

The table shows the relationships between confiding relationships in determining severity of depressionin index group. Confiding relationships was significantly correlated with depression rating, by Hamilton Scale (P<0.001) Murphy (1982) found that having no confident at all, was associated with increased risk of depression but only in the presence of server life event[15]. Chan, Lin and associates showed that confiding relationships and or Social support account for greater amount of variance in depression than do life events. A study by Jamila Bookwala *et al.* There is a need to develop means to maintain and enhance Confiding friendship among widowed older adult[16]   The above findings support the; poorer the confiding relationship with close family members and friends, more severe is the depression. Even though the number of "Poor Confiding Relationship" cases is less as compared to good confiding relationships, they were significantly more severely depressed. Furthermore confirmation of these relationships would require a large sample than the current study.

CONCLUSION AND SUMMARY

A Controlled clinical study of "Life events and confiding relationship in depression", in adult population was carried out in a Psychiatry clinic at rural medical college. It was observed that:

1. Life events have a significant role in causing depression.
2. When the life events were compared in a depressed group and control group, depressed patient experienced life events which were more in number and scored higher in severity when compared with controls.
3. However, the scores of severity of life events did not correlate with severity of depression, indicating that factors others than "Life events" affect depression.
4. In different age groups in index group, life events appeared to be the same.
5. Female experienced significantly greater stress on two items i.e. alcohol consumption in family member (spouse) and death of family member.

While depressed male experienced, illnesses (self and family member), and financial problem.
6. Patient having poor confiding relationship were found to be severely depressed as compared to those with Good confiding relationship.

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