



## Gender moderates the relationship between stressful life events and psychopathology: Findings from a national study

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### ABSTRACT

**Background:** While data suggest a strong relationship between trauma exposure and psychopathology, less research has investigated relationships between psychopathology and stressful life events more broadly, and how these relationships may differ by gender.

**Aim:** To examine strengths of associations between stressful life events and psychiatric disorders (i.e., past-year Axis I and lifetime Axis II, per DSM-IV) and how they may differ by gender.

**Methods:** Data from Wave 1 of the National Epidemiological Survey on Alcohol and Related Conditions (NESARC;  $n = 43,093$ ) were analyzed using chi-square tests and multinomial logistic regression analyses. Participants were categorized according to occurrence of stressful life events (low, moderate, and high).

**Results:** Women as compared to men were more likely to report moderate ( $p < 0.0001$ ) or high occurrence stressful life events ( $p < 0.0001$ ). Increasing experiences of stressful life events were associated with increasing odds of most past-year Axis I and lifetime Axis II disorders in both gender groups, with the largest odds typically observed in association with more frequent stressful life events. Associations between stressful life events and multiple psychiatric disorders were stronger in women compared to men.

**Conclusions:** Stressful life events are associated with multiple Axis I and Axis II psychiatric disorders in both men and women. This relationship is moderated by gender. Screening female patients who endorse significant stressors for mood, anxiety, and substance-use problems might be particularly important. The stronger associations in women between stressful life events and personality disorders in particular warrant further investigation.

### 1. Introduction

Data suggest strong relationships between trauma exposure and psychopathologies (e.g., Hasin and Grant, 2015; Kucharska, 2017a, 2017b; Overstreet et al., 2017; Reardon et al., 2014). Past trauma is associated with mood, anxiety, substance-use, and personality disorders (Galea et al., 2002; Koss et al., 2003; Reardon et al., 2014). A cumulative effect of traumatic experiences may exist such that more frequent experiences of trauma and victimization in the course of one's lifetime may be associated with greater mental health concerns (Hodges et al., 2013; Kira et al., 2014; Kucharska, 2017a; Palm et al., 2016). The relationships between stressful life events and psychopathology more

broadly among the general adult population – irrespective of trauma or trauma-related conditions – are arguably less well understood. Some researchers have begun to evaluate the lasting and potentially serious impact that stressful life events, or significant experiences in one's life that involve sudden and lasting change, may produce (Buccheri, MUSAAD, Bost, Fiese, & the STRONG Kids Research Team, 2017). However, further research is needed to better understand how the occurrence of stressful life events may relate to the prevalence of psychiatric disorders in community samples.

Gender-related differences in stress experiences and severity, as well as in the associations between traumas and psychopathologies, have been reported (Tolin and Foa, 2006). For example, differences in what

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is considered to be stressful by women and men have been identified (Chaplin et al., 2008; Keyes et al., 2012; Matud, 2004), including differences in appraisal of trauma and rates of psychopathology (Kucharska, 2017b). Women as compared to men have been reported to experience more sadness and anxiety in response to stress (Chaplin et al., 2008). Further, the associations between trauma and psychiatric diagnoses may vary according to gender (Kucharska, 2017b), with trauma potentially leading to different psychopathologies in women and men. Whether differences in the associations between stressful life events and adult psychopathologies are moderated by gender or merely reflect gender-related differences in the distribution of psychiatric disorders in the general population is unclear.

While there is some evidence of connection between stress and psychiatric disorders (e.g., substance-use disorders (SUDs); Sinha, 2007, 2008), the extent to which stressful life events relate to psychopathologies and whether these relationships may differ between women and men is incompletely understood. The purpose of the current study is to extend previous work by examining relationships between stressful life events and psychopathologies in women and men and whether gender moderates the relationships between stressful life events and psychiatric disorders in the large, National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) sample. We utilized the NESARC database in order to investigate within-gender relationships and gender-related differences in the relationships between stressful life experiences and psychopathologies, including mood, anxiety, substance-use, and personality disorders (PDs). The specific hypotheses for this study were: (1) women, as compared with men, would report more stressful life events; (2) increases in stressful life events would be associated with more psychopathologies in both women and men; and, (3) gender would moderate the relationships between stressful life events and psychopathologies such that there would be stronger relationships between stressful life events and psychiatric disorders, particularly mood and anxiety disorders, in women as compared to men. Given the possibility that greater psychopathology may lead to more stressful life events and these relationships may differ across gender groups, we also explored relationships with lifetime PD measures.

## 2. Methods

### 2.1. Sample

Data from Wave 1 of the NESARC were examined. The NESARC study methodology has been described previously (Barry et al., 2012, 2013; Desai and Potenza, 2008; Grant et al., 2003, 2004). Briefly, the NESARC, conducted by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the U.S. Census Bureau, surveyed a large community sample of U.S. residents (citizens and non-citizens) age 18 and over who were identified using multi-stage, stratified, cluster sampling. Respondents were living in non-institutionalized settings (i.e., jails, prisons, and hospitals were excluded), including individuals who lived in dormitories, group homes, shelters, facilities for housing workers, and other group living environments. African-American and Latino households, as well as respondents aged 18 to 24, were over-sampled during data collection in order to ensure sufficient statistical power to examine patterns of alcohol use in minority populations and young people, who may otherwise have been under-represented in a simple random sample (American Psychiatric Association, 1994; Grant et al., 2003, 2004). Weights were calculated in order to adjust standard errors for over-sampling, cluster sampling, and non-response.

The final sample included 43,093 respondents, representing an 81% response rate. All respondents provided written consent to participate in the initial study which was reviewed by an appropriate ethical committee, and the investigation was conducted in accordance with the Declaration of Helsinki. The current investigation was exempted from further formal IRB review because it utilizes de-identified data.

Quantitative analyses involving chi-square and logistic regression analyses were conducted to examine relationships.

### 2.2. Measures

Self-reported measures of gender, age in years, race/ethnicity (African-American, Hispanic, Caucasian, and other), education, employment, and marital status were used. Racial/ethnic categories were non-mutually exclusive because respondents could endorse more than one category.

The NESARC used reliable and valid structured diagnostic assessments from the Alcohol Use Disorder and Associated Disabilities Interview Schedule-DSM IV version (AUDADIS-IV; Grant et al., 2003). The AUDADIS-IV has been found to detect psychiatric disorders in community samples (Grant et al., 2003). Data were collected during 2001–2002 through computer-assisted personal interviews. Dependent variables were DSM-IV past-year Axis I and lifetime Axis II disorders. The AUDADIS-IV allows for assessment of past-year diagnoses, prior to past-year diagnoses, and lifetime diagnoses, and excludes for illness and substance-induced symptoms where appropriate.

Diagnostic variables for Axis I disorders included major depression, dysthymia, mania, and hypomania, panic disorder, social phobia, simple phobia, generalized anxiety disorder, alcohol abuse, alcohol dependence, drug abuse, drug dependence, and nicotine dependence. For the purposes of this study, only past-year Axis I diagnoses were examined to allow for a more precise assessment of these conditions that are less subject to recall bias.

Seven DSM-IV Axis II PDs were also assessed, including cluster A (paranoid, schizoid), cluster B (antisocial, histrionic), and cluster C (avoidant, dependent, obsessive-compulsive) PDs. Time constraints and consideration for subject burden limited the assessment of all DSM-IV PDs (Grant et al., 2005). In contrast to the Axis I disorders described above and since Axis II disorders were considered to be temporally stable constructs, no time periods were applied during data collection. Thus, respondents were asked about how they felt or acted most of the time, throughout their lives, and regardless of situation.

### 2.3. Stressful life events

The primary independent variable of interest in this study was based on twelve items from Wave 1 that assessed for the experience of stressful life events. Participants were asked to indicate whether or not they had experienced each of twelve specific events in the past year, including death of a friend or family member, financial crisis (e.g., bankruptcy or being unable to pay monthly bills), serious problems with significant others, violent crime victimization, and changes in job responsibilities or work hours (see Table 2). Thus, while not all events would meet Criterion A for post-traumatic stress disorder as traumatic events, they would be considered stressful to most people. This measure uses similar items to assess for stressful life events that have been validated and associated with general health items in other studies (Buccheri et al., 2017). For the purposes of this study, in order to create a categorical variable, we coded stressful life events as low (zero stress event items endorsed), moderate (one to two stress event items endorsed), and high (three or more stress event items endorsed).

### 2.4. Data analyses

The primary research questions concerned gender-related differences in the associations between stressful life events and psychiatric disorders. To investigate, we first examined the association between gender, stressful life events, and other socio-demographic variables in order to identify socio-demographic variables potentially influencing the relationship between gender, stressful life events, and psychiatric disorders. Next, unadjusted weighted rates of psychiatric disorders were calculated, stratified by both gender (male, female) and stressful life

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