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Research report

Emotional response patterns of depression, grief, sadness and stress to differing life events: A quantitative analysis

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ABSTRACT

Background: In clarifying the clinical definition of an episode of major depression, DSM-5 equates bereavement with a number of other loss-related stressors (e.g. financial ruin, serious medical problems) and infers differences between such loss-related and non-loss-related responses. We undertook a study with the aim of examining the likelihood of varying life stressors leading to depression or to other emotional responses, and so allowing consideration as to whether bereavement might be equivalent to other loss-related stressful triggers.

Methods: We studied a sample comprising sub-sets of those likely to have either experienced or never experienced a clinical depressive episode and report data for both the whole sample and the separate sub-sets. Participants were asked to report their exposure to 16 differing stressors and, given definitions of depression, grief, sadness and stress, to rate (in order of importance) their primary and secondary reactions if so experienced.

Results: Only one event (i.e. the individual being left by their partner) generated depression as the most likely response within the sample. A grief reaction was nominated as the most likely primary response to the death of a first-degree relative (52%) and was also a relatively common primary response to the death of a more distant relative or close family friend (36%). While one-fourth (24%) nominated grief as the primary response to being left by one's partner, it was rarely nominated as a primary response to all other events, including the DSM-5 'loss-related' exemplars of a financial crisis and of a medical illness (rates of 3% and 2%, respectively).

Limitations: As participants were given a definition of the emotional responses and candidate contexts, their responses may have been a reflection of the definitions provided. Additionally, a retrospective, self-report design was used which may have impacted on the veracity of responses.

Conclusions: Findings position a grief response as showing relative specificity to bereavement events and that bereavement is unlikely to induce a depressive response.

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1. Introduction

Over the last decade there has been increasing disquiet within the psychiatric profession and the community about both psychiatric 'expansionism' and 'pathologising' of some seemingly normative states, with Horwitz and Wakefield (2007) detailing principal concerns. Proposed changes to the major depression DSM category by the DSM-5 Mood Disorders Work Group so as to no longer exclude grief further stimulated such concerns, with arguments being substantive enough to contribute to modifications in the final DSM-5

document. In a Note to the DSM-5 criteria for major depression it is stated (p 161) that "Responses to a significant loss (bereavement, financial ruin, losses from a natural disaster, a serious medical illness or disability) may include the feelings of intense sadness, rumination about the loss, insomnia, poor appetite, and weight loss noted in Criterion A, which may resemble a depressive episode." In essence, 'loss' responses with such features may or may not represent a depressive episode in DSM-5 considerations. Second, there is the suggestion that the stress impact of bereavement is equivalent to other losses. Third, DSM-5 infers that loss and non-loss responses differ.

As the DSM-5 major depression model suggests that there is some relevance to distinguishing between loss and non-loss contexts, we undertook a study with the aim of determining the impact of various life event stressors in terms of their 'loss' impact.

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Thus, we sought to examine whether candidate stressors showed greater specificity to grief or to depressive reactions, but broadened the inquiry to allow 'sadness' and 'stress' responses. Second, just as DSM-5 allows that (major) depression can occur in those experiencing bereavement, we designed the study so as to allow individuals to report one or more emotional responses to each stressor examined. We hypothesised that grief would be the most common response following bereavement, but that grief would be uncommon following other significant losses including medical illness and financial ruin (the latter being two of the losses nominated by DSM-5).

As our candidate emotional states (i.e. depression, grief, stress, sadness) are variably defined or applied we elected to provide study subjects with definitions of each and with such definitions weighting relatively distinctive features and likely contexts. Our study design involved selecting a broad sample of participants with experiences comprising both likely clinical (qua major depressive) and non-clinical depressive states.

2. Methods

We recruited both those likely and those unlikely to have experienced episodes of clinical depression by respectively recruiting from our clinical services and by advertising for adults who had never "experienced depression." Participants were invited to take part in "an interview about sadness and depression". Each was interviewed face-to-face by one of four research assistants with extensive training in assessing mood disorders via formalized interview schedules.

At interview participants were provided with written definitions of (i) a depressed mood state, (ii) sadness, (iii) grief and (iv) stress, and asked to read each and refer to them during the interview if required. A 'depressed mood state' was defined as "feeling both depressed and experiencing a drop in self-esteem or self-worth, perhaps following being taken down a peg, unfairly criticised or bullied, or sometimes even coming out of the blue without a trigger." 'Sadness' was defined as "feeling downhearted or sorrowful (but not experiencing any distinct drop in self-esteem or self-worth) when experiencing some rather temporary 'loss' (e.g. a partner going overseas for an extended period and being missed; leaving your family to move overseas; your sporting team loses when you had all your hopes in them winning)." 'Grief' was defined as "feeling heartache, distress and the anguish of loss but without any drop in self-esteem or self-worth when a painful and seemingly permanent break in a social bond is experienced (e.g. the death of a partner, relative or even a favoured pet). 'Stress' was defined as involving "feeling stressed, insecure, fearful and unsettled but again without any distinct drop in self-esteem or self-worth (e.g. loss of a passport or running out of money or accommodation while overseas; being unable to meet necessary requirements at work or at school and which are likely to have painful consequences)."

The interviewer then asked participants if they had experienced "some specific events over your life and what types of responses you remember experiencing, immediately or later as you were adjusting." Sixteen stressors were derived from measures such as the List of Threatening Events (Brugha et al., 1985) and participants were asked to affirm if they had ever experienced such an event, and if so, code (in order of importance) whether they experienced 'grief', 'depression', 'sadness', 'stress' or no such reaction. The instruction allowed them to affirm multiple responses and rate them in order of their importance (i.e. primary, secondary). Demographic information was also obtained and participants were assessed as to whether they had ever met criteria for a DSM-defined major depressive episode. Detailed information about the assessment of DSM major depressive episodes has been previously published (Parker et al., 2015).

3. Results

Of the 208 completed interviews, eight participants were excluded from analyses - principally as the interviewer judged their information as unreliable. The remaining 200 participants had an average age of 49.0 (s.d. 13.4) years, were more likely to be female (80.9%), highly educated (59% with a bachelor degree or above), in a stable de facto or married relationship (55.3%) and currently employed (61.2%). Of the 200, 126 (63%) were judged as likely to have experienced one or more lifetime episodes of clinical depression ('depressed'). The 74 'non-depressed' were judged at interview as never having experienced a DSM-defined major depressive episode.

Depressed and non-depressed groups were compared to see if they experienced similar rates of events using chi square analyses. For most events, there was no difference in the percentages of the depressed and non-depressed groups who experienced the event. However, there were significant differences in the rates of experiencing the death of a first-degree relative ($X^2 = 14.19$ $p < 0.001$), with the non-depressed group experiencing this more, and in seeking work for more than one month ($X^2 = 5.85$ $p = 0.02$) as well as being bullied by a partner or at work ($X^2 = 12.65$ $p < 0.001$) with these events being more common in the depressed sub-set. Overall, the depressed group did not experience more events than the non-depressed group ($t = 1.1$ $p = 0.27$) with the means being seven and eight events, respectively.

Primary and secondary responses to specific events for the two sub-sets and the overall sample are reported in Table 1, and indicate that secondary responses to most events were not uncommon. Focusing on primary responses, for ten of the events there was no difference between the rates of differing emotional responses experienced by the depressed and non-depressed sub-sets, as assessed by chi square analyses. Significant differences in primary responses were quantified for six events—(i) being left by one's partner, (ii) leaving one's partner, (iii) losing one's job for no fault of one's own, (iv) seeking work unsuccessfully for more than one month, (v) being bullied by a partner or at work, and (vi) being demeaned or humiliated at work or in a relationship, with the depressed group being more likely to report both a primary depressive response and any emotional response. Focusing on the depressive response, we quantified that only three events were judged as being most likely to cause a primary depressive (as against any other) response in the depressed group—(i) being left by one's partner (42.9%), (ii) losing one's job for no fault of one's own (36.1%) and (iii) being demeaned or humiliated at work or in a relationship (40.5%), albeit with the last stressor being equally likely to cause a primary stress response.

The data were also examined for the combined sample. Grief was the commonest response following death of a first-degree relative (51.8%) and was common (35.5%) following the death of a more distant relative or close friend—although a response of sadness was even more likely (50.7%). Grief had a modest primary response rate of 23.6% in response to being left by one's partner, and was relatively rare in response to other events (being less than 10% for 9 of the 16 events).

As noted DSM-5 nominates a set of "significant losses" considered equally likely to generate responses which "resemble a depressive episode" (i.e. bereavement, financial ruin, serious medical illness, losses from a natural disaster). Our data included the first three events—with bereavement prioritizing a primary grief response for a first-degree relative and being a common grief response for a second degree relative. In both cases very low primary depression responses were quantified (3.6% in relation to loss of a family member and 4.6% in relation to loss of a family friend or other relative). Neither event had a significantly different response profile in depressed and non-depressed sub-sets. In contrast, both a financial crisis and a medical illness generated a primary stress response (73.2% and 36.1%, respectively),

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