

ROLE OF STRESSFUL LIFE EVENTS IN MANIA

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SUMMARY

The study investigated the role of stressful life events and family pathology in manic illness—selecting 30 cases of mania from Psychiatric Centre Jaipur and 30 normal controls from paramedical staff of psychiatric hospital. Both manics and normals were matched in terms of age, sex, education, marital status etc. All the subjects were subjected to Paykel's life events questionnaire, and an intensive psychiatric interview. Results revealed the significance of life stresses and family pathology in the genesis of mania. Death of close relative, financial difficulties, death of spouse, disappointment due to defeat in election, turned out to be major life events in contribution of manic pathology.

Suggestions that exogenous factors can play a part in the precipitation of Mania can be found earliest in the works of the Kraepelinian era of psychiatry (Meynert, 1890; Westphal, 1911). Most commonly romantic and psychoreactive factors were taken into account. However, all these references were brief and based on impression rather than facts. Studies conducted in this field are rather few. Work has been done investigating the role of reactive factors in schizophrenia and depression but mania is ignored. Winokur *et al.* (1969) in their monograph of manic depressive illness disposed of the question of reactive mania inconclusively in less than one page only. Stern (1944) in complete isolation concluded that mania is a reactive illness. Léff *et al.* (1976) discovered, as an off shoot of a binational epidemiological study of mania, independent events occurring soon before an attack in 28% of his cases. Ambelas (1979) concluded that stress in the form of loss or threat is a common precipitant of mania.

Some amount of work has also been done on this problem in the west, but the results may not be applicable in the Indian context. Kapur and Pandurang

(1979) did a comparative study of reactive psychosis and acute psychosis without precipitating stress, in our country. They found that reactive psychotics predominantly present as affective features both that of mania and depression, and higher proportion of nonremitted reactive psychotics turnout to be suffering from affective psychosis. This study indirectly hints towards the importance of precipitating factors in affective psychosis. There is hardly any other work in India which specifically deals with this problem. Therefore the present study was designed to fulfill the following aims :

- (1) To study the frequency of occurrence of stressful events just prior to the onset of illness (i.e. one month before the onset of illness) in patients of manic episodes and controls and to evaluate the significance of such events in precipitation of these episodes.
- (2) To find out the pattern of some life events which are more frequent in these patients as compared to controls.

MATERIAL AND METHODS

The subjects for experimental (ma-

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tics) and control (normals) groups were selected on the basis of following inclusion and exclusion criteria. The selected thirty cases of experimental group had definite onset of illness and no other psychiatric illness prior to the present one. Thus, in this study two types of patients have been excluded those who developed excitement in the course of other kinds of psychiatric illnesses, such as alcoholism, schizophrenia or hysteria and those who developed transient non-sustained mood changes, such as anger and anxiety, in response to understandable stresses and whose symptoms cleared in a few days if the stresses were removed. Such patients can not be considered to be having primary affective disorder, and were as such excluded from the present study.

Equal number of controls were selected and matched with subjects of experimental group with respect to age, sex and marital status. Controls fulfilled the following criteria :

- (1) They had never been hospitalised for psychiatric symptoms at any hospital.
- (2) There was no history of chronic, excessive ingestion of alcohol.
- (3) There is no history of current psychiatric illness.
- (4) There was not history of impairment in work, school or domestic affairs with psychiatric symptoms lasting a month or more, requiring psychiatric assistance.

The normal subjects with the above criteria were selected from hospital outdoor service who came for minor physical complaints. Subjects and controls received a standard psychiatric interview and were evaluated for the occurrence of stressful events as recommended by Paykel *et al.* (1976) in his Life Events Inventory. Each interview took one to three hours per patient. Detailed psychiatric history was taken and informations regarding family history, medical

history and stressful life events was recorded. Details were recorded about the significance of all types of events, even when they did not seem to represent stress. Relatives of patients were interviewed wherever possible and in doubtful cases. As far as possible interview was conducted immediately after admission and patients were assessed for diagnosis by diagnostic criteria of Feigner *et al.* (1972). Psychiatric and sociodemographic data of the respondents were recorded on a proforma prepared for this purpose.

OBSERVATION AND RESULTS

TABLE-I. *Sociodemographic data of experimental and control group*

	Experimental	Control
Age (Mean age)	34.15*	34.57**
<i>Sex</i>		
Male	22	22
Female	8	8
<i>Marital Status</i>		
Married	25	28
Single	5	2
<i>Education</i>		
Illiterate	7	8
upto VIII class	10	16
upto higher secondary	11	6
Upto Graduation	2	0
<i>Economic Status</i>		
Higher	7	1
Middle	15	7
Lower	8	22

*Age range of Experimental group was 18 to 70 years and

**Age range of Control group was 19 to 68 years.

It may be seen from the above table that experimental group (mania) and control group is properly matched in terms of variables indicated except on economic status.

TABLE-II. Showing frequency of stressful events in manics and normal controls

	Presence of Events	Absence of Events	X**
Experimental	19(63%)	11	13.82
Control	4(13%)	26	(p<.01)

*(With Yate's correction)

Table II reveals that a significantly greater number of manic patients reported stressful life events within 30 days just prior to onset of illness as compared to normal controls.

TABLE-III. No. of patients reporting different stressful life events in order of frequency

Life Events	Manics* (N=30)
1. Death of first degree relatives	5 (16.7%)
2. Serious financial difficulties	4 (13.%)
3. Election campaign	4 (13.3%)
4. Death of Husband or wife*	2 (6.7%)

*Remaining life events were infrequently reported. From the normal controls, only four of them could report the life events of "birth of the child"—"Wife becoming Pregnant," "Failure in an important examination". No other life events were entertained by any of the normal respondents.

Table III reveals that death of first degree relative, serious financial difficulties and constant strains of election campaign (failure in achievement) were the commonest stressful life events as compared to normal controls.

In our analysis, data are also available with regard to the role of family history.

TABLE-IV. Showing presence of family history of affective illness

	Positive	Negative	X**
Experimental (N=30)	12	18	12.60
Control (N=30)	0	30	(p<.01)

*With Yate's correction.

Table IV shows that 40% of cases had a positive history of affective illness in their families whereas controls were devoid of such history.

DISCUSSION

The major aim of present study was to understand the significance of stressful life events in the genesis of manic episode—an area overlooked by Indian researchers. One of the significant findings emerged from this study is that an overwhelming majority of manic patients (63%) reported to have entertained stressful life events of various kinds (i.e. Death of close relative, major financial difficulties, death of spouse, losing election etc.) within the period of one month just prior to onset of their illness signifying that such stresses have definite bearing in the genesis of mania. This inference becomes more tenable when we compare the results from the normal controls in whom such stresses were present only in 13% of subjects. This high prevalence of stressful life events in manics is statistically significant when compared to normal subjects. This finding is of great importance and is in conformity with the observations reported by Dunner *et al.* (1979), Ambelas (1979) and Leff (1976) on manic patients.

As regards to the pattern of these stressful events the most frequent are the

death of first degree relative, economic crisis, failure in any achievement like election, death of spouse. The other events are infrequently reported. The commonest life event was in the form of loss or threat in Ambela's study (1979) which is in harmony with the present study.

Finally the additional observation on the family history is of great interest emerging from this study. It is found that 40% of experimental cases had family history of affective illness in comparison to controls. It may be interpreted as signifying the role of hereditary factors in these cases. This finding should not be taken as a conflicting one in the light of significance of stressful life events in mania. We can only suggest that both stressful life events and family history of illness may jointly affect the genesis of mania. Whereas life stresses may be taken as environmental factors and family history of illness as hereditary factor. So at the best, life stresses can be considered as precipitating factors in the genesis of mania whereas role of heredity as a basis of mania, is well established.

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