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Article on

AN ANALYTICAL STUDY ON PHYSICAL ILLNESS DUE TO STRESS AND DEPRESSION

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ABSTRACT :

Depression and stress are a complex mental health condition that causes a person to have low mood and may leave them feeling persistently sad or hopeless. Stress and depression can affect physical health,Depression and stress can reduce a person's motivation to make positive lifestyle choices. Their risk of heart disease increases when they eat a poor diet and have a sedentary lifestyle. Stress and depression keep people awake at night due to worry, anxiety, or uncertainty about the future. Some people worry about their jobs, while others are concerned over family issues or health problems. Many things in life can be stressful and stress, if left unmanaged, can interrupt or delay sleep. Stress and depression can be harder on the body than harsh physical labour. The genetic factors are important in many cases of depression. Depression seems to run in families (as do other mood disorders), and about 30% of the predisposition for depression is due to genetic influences. Stressful life events play a part in the onset or relapse of depression. Ongoing conflicts with others can take their toll on our well-being, as can other social and environmental stressors such as financial difficulties, retirement, unemployment, childbirth, loneliness, or loss of someone or something important. In vulnerable people, these unpleasant life events may be enough to cause or worsen a depressive illness. There are a range of ways to deal with stress and depression, and often they are best used in conjunction with each other. The primary medical options are Cognitive Behavioural Therapy (CBT), antidepressant medication, and in some severe cases, Electro Convulsive Therapy (ECT). Education and coping strategies are also important when learning to manage your depression.

KEY WORDS :

Anxiety, Depression, Distress, Mental trauma, Physical illness, Stress.

INTRODUCTION :

Depressive illness increases the risk of developing severe physical illness. There are two broadly different mechanisms. The most obvious has a psychological or cognitive mechanism. Thus, the illness may provide the life event or chronic difficulty that triggers a depressive episode in a vulnerable Individual. Secondly, more specific associations appear to exist between depression and particular physical disorders. These may turn out to be of particular etiological interest. The best examples are probably stroke and cardiovascular disease. Finally major depression, but especially minor depression, dysthymia, and depressive symptoms merge with other manifestations of human distress with which patients present to their doctors.

The evolution of the biological concept of stress, or the stress response, was not popularized until the 1950s, although it's quiet medical debut occurred in 1936, in the science journal Nature, under a different name, “A Syndrome Produced by Diverse Nocuous Agents.” Hans Selye, the late Hungarian-Canadian endocrinologist and so-called “father of stress,” described in Nature his work with lab rats in Montreal, where he had determined that any stimulant, or stress, would trigger the same chain reaction. Disease didn’t kill the rats, he found, but stress did. a Greek physician named Hippocrates is credited with the idea that depression, or melancholia as it was known then, was caused by an imbalance in four body fluids, called humors: yellow bile, black bile, phlegm, and blood.Specifically, melancholia was attributed to an excess of black bile in the spleen. Hippocrates' treatments of choice included bloodletting, baths, exercise, and diet.

The Government initiatives for stress and depression management are the Mental Health Care Bill 2016 and others programmes such as the National Mental Health Survey, conducted by the National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, National Mental Health Programme (NMHP), District Mental Health Programme (DMHP),Mental Health Action Plan 2013-2020 and various other programmes by NGOs and other social help groups.

Factors affecting the physical illness due to stress and depression can generally have negative effects on your physical and mental health, it can be especially harmful if you have

depression.Stress can make you feel less able to maintain positive habits or coping strategies, which are important to managing depression. This can make symptoms of depression feel more intense. Interrupting a healthy routine can result in negative coping strategies, such as drinking or withdrawing from social relationships. These actions can result in further stress, which can then make depression symptoms worse.Stress can also affect your mood, as anxiety and irritability are both common responses to stress. When a stressor causes you to feel anxious, the anxiety may result in more negative feelings or frustration, even if the stressor is only temporary.

Current trends related to physical illness due to stress and depression, a recent WHO report provides evidence about the same. India is the most depressed country in the world, leaving the USA and China behind. The maximum cases of anxiety, schizophrenia, depression and bipolar disorders were found in India, with most cases going unreported. As the coronavirus disease (Covid-19) continues to take lives across the world, there's another public health crisis that's rearing its ugly head. This new danger may perhaps unleash more death and despair than the coronavirus itself. India's harsh coronavirus lockdown has seen a spike in cases of mental illness, with experts warning that distress calls and reports of suicidal tendencies had been alarmingly high since the confinement began on 24 March. The Indian Psychiatry Society (IPS) said a recent study showed a 20 percent rise in mental illness cases, affecting at least one in five Indians.

Comparison with other /states/countries related to physical illness due to stress and depression,

States : Top three States with highest suicide rates are Puducherry, Sikkim and Andaman and Nicobar Islands respectively, while Bihar recorded lowest suicide rates. And alsoJabalpur (Madhya Pradesh) followed by Kollam (Kerala) reported the highest rate of suicides at 45.1 and 40.5 per 100,000 people respectively, about 4 times higher than national average rate.There is a wide variation in suicide rates, year to year, among Indian cities. As well in Punjab suicide rate increase for bank issues.

Countries : The highest suicide rates in the world are Russia, China, India, South Korea , were the eastern European country of Lithuania (31.9 suicides per 100k), the eastern European country of Russia (31 suicides per 100k), the south American country of Guyana (29.2 suicides per 100k),

and the Asian country of South Korea (26.9 suicides per 100k). A number of other eastern European countries have high suicide rates, including Belarus (26.2 suicides per 100k), Suriname and Kazakhstan, both at around 22 suicides per 100k. The lowest suicide rates in the world are concentrated in the Caribbean Islands of the Bahamas, Jamaica, Grenada, Barbados, and Antigua and Barbuda. Suicide is almost unheard of in each of these countries, with Barbados and Antigua And Barbuda reporting 0.8 and 0.5 suicides per 100k, respectively.

OBJECTIVE :

The objective of the present study is to determine how much stress and depression can cause paralysis and other physical illness. To determine the difficulty in management of stress and depression.To determine the probability of exacerbating many serious health problems due to stress and depression. To determine the probability of proneness to committing suicide due to stress and depression.

REVIEW OF LITERATURE :

In the article by **Beck (1983)**, Hammen, Ellicott, Gitlin and Jamison (1989)**,** he suggested that those who highly value interpersonal relationship are especially vulnerable to depression when negative life events occur within the interpersonal domain, such as rejection or loss of a loved one. They point out that stressful life events can precipitate depression in cognitively vulnerable individuals.

In the article by **Cohen (1995)** he suggested that report a relationship among stress, social support and depression. High stress and low levels of social support seem to be associated with and to predict depressive symptoms.

In the article by **Paykel (1983)** he suggested that it is an intriguing developmental observation that the rates of depression increase during early adolescence. And also points out

that recent life events precede depression at greater than control rate.And also have found high stress as a crucial factor in high risk depressive symptomatology.

In the article by **Hawkins, Hawkins and Seeley (1993)** he suggested that Adolescence is the age of stress and strains. Age related physical changes and the resulting psychological disturbances may lead to greater maladjustment, stress and lead to depression in adolescents.

In the article by **Srivastava and Sinha (1989)** he suggested that stressful events during life time are found to be related with the symptoms of depression. A more significant relationship between stressful events of the past one year and symptoms of depression is also found.

In the article by **Lempers, Lempers and Netusil (1990)** he suggested a positive relationship between family financial stress and depressive symptoms in adolescent children.

In the article by **Holahan and Moos (1991)** he suggested that under high stress, personal and social resources relate to future psychological health indirectly through adaptive coping strategies.

In the article by **Williamson conducted in 1995,** he suggested the relationship between stressful life events and Major Depressive Disorder (MDD) among adolescent children. The results show that MDD and normal control adolescents have similar rates of total stressful life events in the year before being interviewed. Depressed adolescents have significantly more dependent stressful life events during the previous year than did the normal controls.

In the article by **Kessler (1997)** he suggested that found stressful life events were strongly related to depression. Results show that the relationship between severe and in some cases, traumatic life events lead to depression. Similar findings confirm the relationship of stressful events to the onset of episodes in bipolar disorder.

In the article by **Anuradha (2001)** she suggested that depressive disorders incorporate a spectrum of psychological functions which vary considerably in severity, frequency and duration. A critical issue in research of depression and its correlation with other variables is the frequency and expression of depressive cognitions and behaviours.

In the article by **Satapathy and Singhal (2001)** he suggested that compared stress, self-esteem, depression and academic performance of visually and hearing impaired adolescents. Results reveal that visually impaired are less stressed and depressed, have higher self esteem and academic performance than the hearing impaired adolescents. Hearing impaired adolescents also exhibit a larger number of behaviour problems.

In the article by **Abela and Payne (2003)** he suggested that stress and symptom components of the integration of the hopelessness and self-esteem theories of depression. The integrative theory reveals that depressogenic inferential styles interacted with negative events to predict increases in hopelessness but not non hopelessness depression symptoms.

In the article by **(Singh, 2005)** he suggested that Stress is a crucial factor leading to depression in adolescents. It is the internal feeling of unhappiness and unwanted tensions which results from several deleterious changes associated with age such as, reduced income, loss of loved ones, reduced social support, poor social interactions and over dependency may increase the vulnerability of depression among adolescents.

In the article by **Beck (1967, 1976)** he suggested that individuals who have negative schema about themselves and who experience negative life events within a life domain relevant to that negative self-schema are particularly prone to becoming depressed.

In the article by **Gore (1990)** he suggested that in a study of men who had lost their jobs has found physical illness and psychological disturbances as more than those who have supportive friends and family backgrounds.

In the article by **Nolen-Hoeksema, Girgus and Seligman (1992)** he suggested that reported negative attributional style do not predict later symptoms of depression in adolescents, rather stressful life events seem to be the major precipitant of symptoms. However, as they grow older they tend to develop more negative cognitive styles which tend to predict symptoms of depression in reaction to additional negative events.

In the article by **Masi, et al. (2000)** he suggested that Self-image and self-perceived competencies have been considered to be related to depression in childhood and adolescence.

In the article by **Angold and Costello (1993**) he suggested that the depressive co-morbidity in children and adolescents. The authors reviewed recent epidemiological studies using standardized interviews and DSM-III criteria. Results indicate that there is a high rate of co-morbidity in children and adolescents with major depressive disorders or dysthymia.

In the article by **Mennen (1993)** she suggested that evaluated the level of distress in sexually abused girls (aged 6-18 years) as predicted by the relationships of the perpetrator to the victim, the kind of abuse, the use of force, remoral from the home and race or ethnicity. Students completed measures of depression, anxiety and self worth, which were then trichotomized into distress levels.

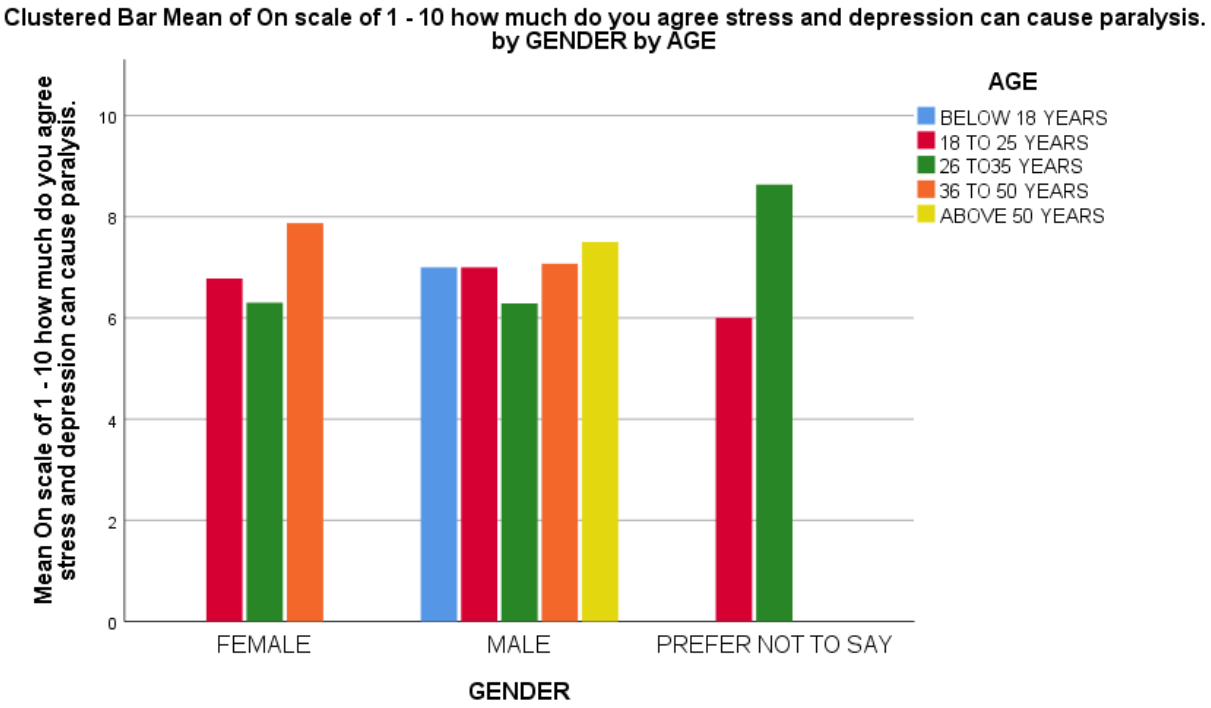
In the article by **Bharkat, Saikh and Abdul (1998)** he suggested the role of the physical and social environment in determining and shaping the behaviour of the individual. According to them a stressful and unhealthy environment can lead to several behavioural problems such as stress, depression, low self esteem and school failures. Psychopathology can help to alternate some of the behavior problems.

METHODOLOGY :

The research method followed here is empirical research. A total of 80 responses have been taken out of which is taken by the sampling method of Convenient sampling. The sample frame was collected through online forms. The independent variable taken here is age, and gender.The dependent variables are the Physical illness due to stress and depression, and how much they think stress and depression can cause paralysis and how they think stress can be the reason for forgetfulness and disorganization and how much they think the stress and depression can lead to death and how much they think that that stress and depression can exacerbate many serious health problems. The statistical tool used by the researcher is graphical representation.

ANALYSIS :

FIGURE 1 : On a scale of 1 - 10 how much do you agree stress and depression can cause paralysis. (BY GENDER, BY AGE)



LEGEND :

Figure 1 shows the graph about how much they think stress and depression can cause paralysis, where there are female, male and prefer not to say between the various age categories from below 18 years, 18-25 years , 26-35 years , 36-,50 years and above 50 years.

RESULT :

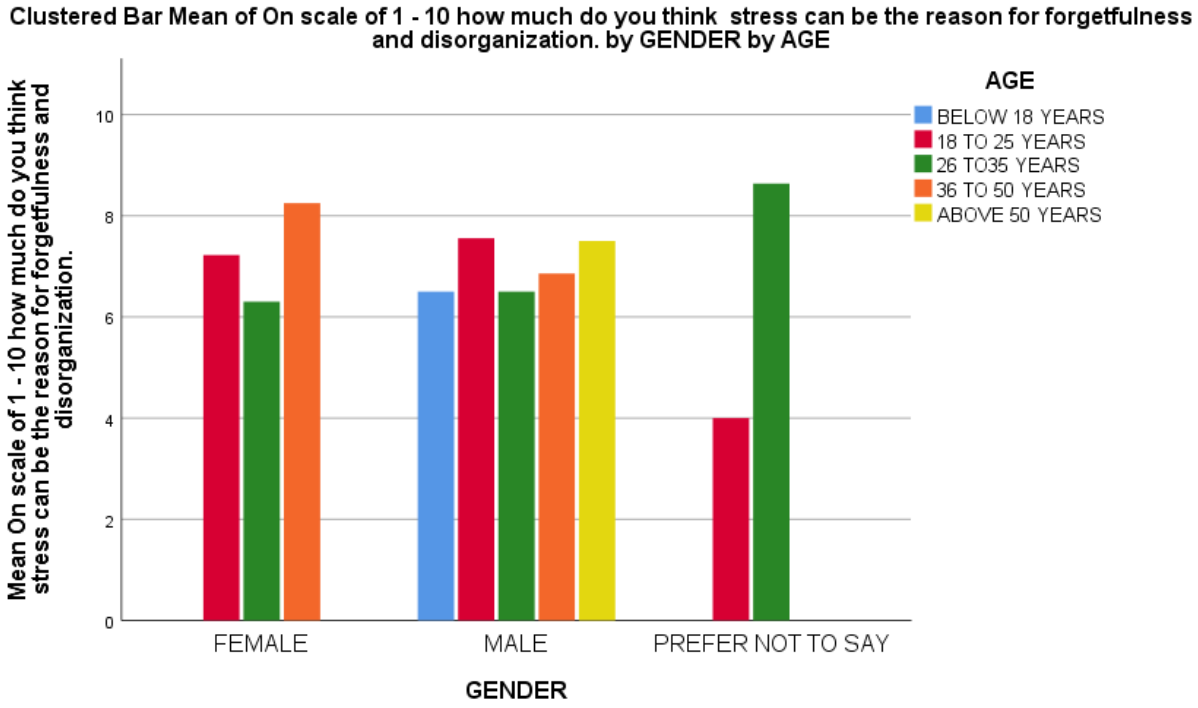
In Figure 1 it is found out that there is more acceptance that stress and depression can cause paralysis. There are minimal responses recorded against the statement. From this we can understand that stress and depression can cause paralysis.

DISCUSSION :

From Figure 1 we can understand that the males between the age group above 50 years and the females between the age group 36 - 50 years and the respondents who did not prefer to say gender between the age group 26 - 35 years have a high rate of acceptance that stress and depression can cause paralysis.

From Figure 1 we can also understand that the males between the age group 26 - 35 years and the females between the age group 26 - 35 years and the respondents who did not prefer to say gender between the age group 18 to 25 years have the least rate of accepting that stress and depression can cause paralysis.

FIGURE 2 : On scale of 1 - 10, how much do you think stress can be the reason for forgetfulness and disorganization (BY GENDER, BY AGE)



LEGEND :

Figure 2 shows the graph about how they think stress can be the reason for forgetfulness and disorganization, where there are female, male and prefer not to say between the various age categories from 18 years, 18-25 years , 26-35 years , 36-,50 years and above 50 years.

RESULT :

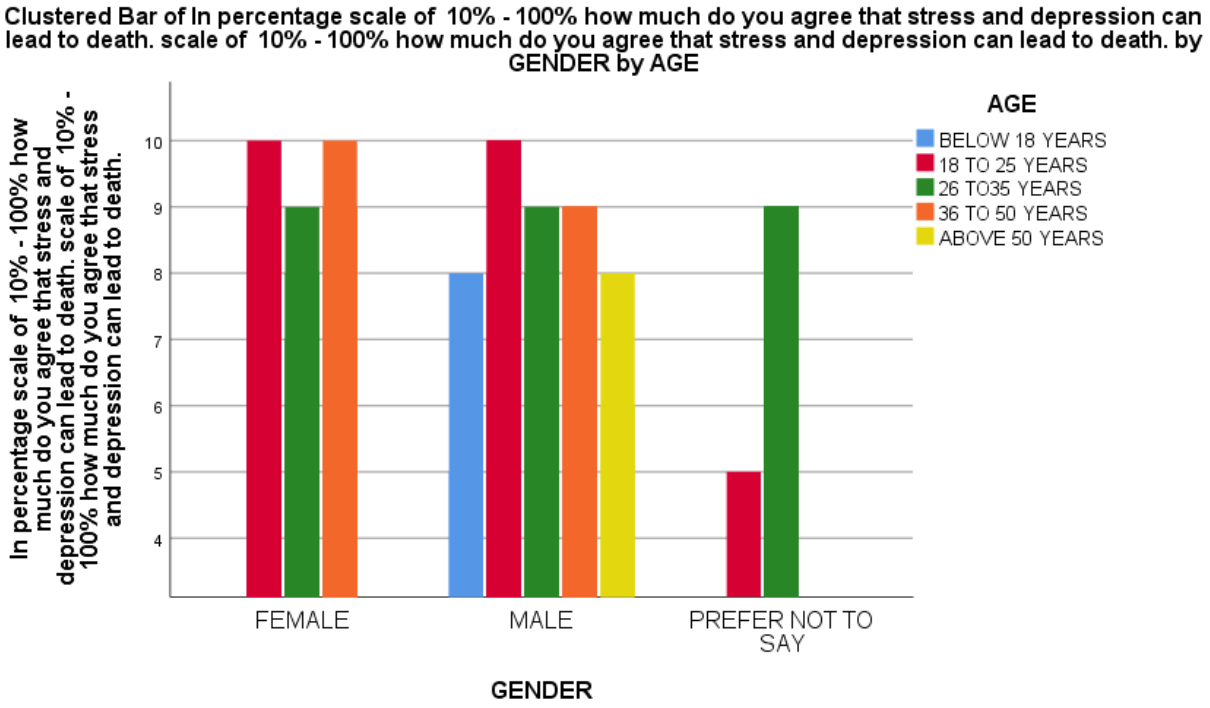
In Figure 2 it is found out that there is more acceptance that stress can be the reason for forgetfulness and disorganization. There are minimal responses recorded against the statement. From this we can understand that stress can be the reason for forgetfulness and disorganization.

DISCUSSION :

From the Figure 2 we can understand that the males between the age group 18 - 25 years and the females between the age group 36 - 50 years and the respondents who did not prefer to say gender between the age group 26 - 35 years have a high rate of acceptance that the stress can be the reason for forgetfulness and disorganization.

From the Figure 1 we can also understand that the males between the age group below 18 years, 26 - 35 years and the females between the age group 26 - 35 years and the respondents who did not prefer to say gender between the age group 18 to 25 years have the least rate of accepting that the stress can be the reason for forgetfulness and disorganization.

FIGURE 3 : In the percentage scale of 10% - 100% how much do you agree that stress and depression can lead to death. (BY GENDER, BY AGE)



LEGEND :

Figure 3 shows the graph about how much they think stress and depression can lead to death, where there are female, male and prefer not to say between the various age categories from below 18 years, 18-25 years , 26-35 years , 36-,50 years and above 50 years.

RESULT :

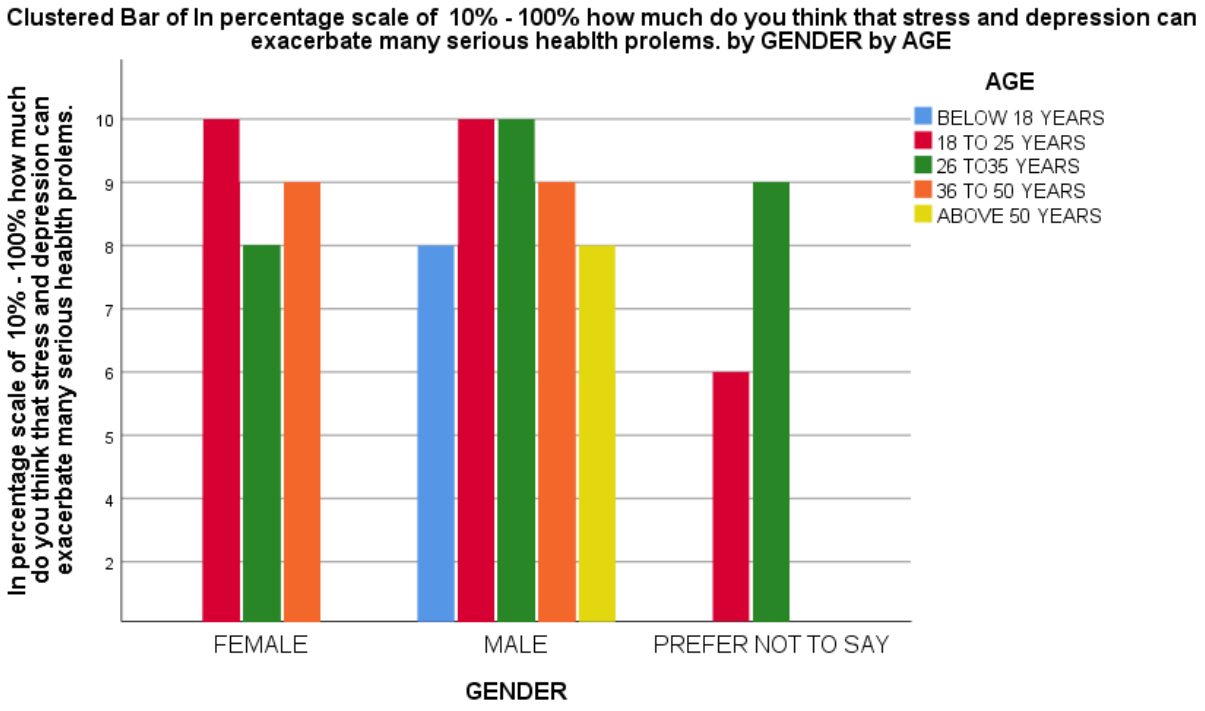
In Figure 3 it is found out that there is more acceptance that stress and depression can lead to death. There are minimal responses recorded against the statement. From this we can understand that the stress and depression can lead to death.

DISCUSSION :

From the Figure 3 we can understand that the males between the age group 18 to 25 years and the females between the age group 18 to 25 years, 36 - 50 years and the respondents who did not prefer to say gender between the age group 26 - 35 years have a high rate of acceptance that the stress and depression can lead to death.

From the Figure 3 we can also understand that the males between the age group 26 - 35 years and the females between the age group 26 - 35 years, 36 - 50 years and the respondents who did not prefer to say gender between the age group 18 to 25 years have the least rate of accepting that the stress and depression can lead to death.

FIGURE 4 : On a percentage scale of 10% - 100% how much do you think that stress and depression can exacerbate many serious health problems. (BY GENDER, BY AGE)



LEGEND :

Figure 4 shows how much they think that stress and depression can exacerbate many serious health problems, where there are female, male and prefer not to say between the various age categories from below 18 years, 18-25 years , 26-35 years , 36-,50 years and above 50 years.

RESULT :

In Figure 4 it is found out that there is more acceptance that stress and depression can exacerbate many serious health problems. There are minimal responses recorded against the statement.

From this we can understand that stress and depression can exacerbate many serious health problems.

DISCUSSION :

From the Figure 4 we can understand that the males between the age group 18-25 years , 26-35 years and the females between the age group 18-25 years and the respondents who did not prefer to say gender between the age group 26 - 35 years have a high rate of acceptance that the stress and depression can exacerbate many serious health problems.

From the Figure 4 we can also understand that the males between the age group below 18 years, above 50 years and the females between the age group 26 - 35 years and the respondents who did not prefer to say gender between the age group 18 to 25 years have the least rate of accepting that the stress and depression can exacerbate many serious health problems.

CONCLUSION :

Stress can cause a number of physical symptoms and illnesses. The challenge of the mood disorders lies in their apparently rising incidence and prevalence, the realization that long-term disability and even mortality is likely to be increasingly evident, and the need for better delivery of more effective treatments. Their association with other disorders may provide clues to etiology, especially relating to brain mechanisms underlying reward and stress/autonomic regulation. The greatest uncertainty relates to their co-occurrence with somatic syndromes which are common and poorly understood. There is a risk that the ubiquitous use of the term depression is becoming potentially counter productive. There is a danger that, just as the authenticity of cases of functional disturbance or somatization is frequently doubted, depression diagnoses now come to be seen as little more than endorsements of minor distress. This may do a disservice not only to those individuals whose minor syndromes are major to them, but also those patients with more severe depression whose treatment may be difficult and whose suffering may be discounted.

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