

A Comparative Study of Depression, Stress and Wellbeing between widowers/widows and normal control Males/ Females.

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Abstract

The present study was taken up to determine to assess, compare and to find out the relationship the widowers/widows and normal control males/females. The sample of 30, 30 widowers/widows and 30, 30 normal males/ females. Therefore, the total numbers of participants are 120. ADS scale and PGI general well-being Questionnaire. ADS scale has been used to access the depression and stress. The data was analyzed using Mean, S.D., t-test. The result indicates that widower/widows scores higher than normal control males/females on depression, stress and wellbeing scales.

Key Words: Depression, stress, well-being.

Introduction

Depression is a state of mental illness. It is characterised by deep, long lasting feelings of sadness or despair. Depression can change an individual's thinking/feelings and also affects his/her social behavior and sense of physical well-being. It can affect people of any age group, including young children and teens, old age. Women and elderly people are more commonly affected than men. There are several types of depression such as major depression it is a change in mood that lasts for weeks or months. It is one of the most severe types of depression. Dysthymia (chronic depression) is a less severe form of depression but usually lasts for several years. Psychotic depression a severe form of depression associated with hallucinations and delusions (feelings that are untrue or unsupported). Seasonal depression, occurring only at certain time of the year usually winter, also known as 'winter blues'. Causes: Depression is thought to be caused by an imbalance of certain brain chemicals called 'neurotransmitters' that carries signals in brain which the body uses to control mood. Some of the common factors that may cause depression are genetics (hereditary), trauma and high levels of stress, mental illnesses such as schizophrenia and substance abuse, postpartum

depression (women may develop depression after the birth of the baby), serious medical conditions such as heart disease, cancer and HIV, use of certain medications, alcohol and drug abuse, individuals with low self-esteem, trauma and high levels of stress due to financial problems, breakup of a relationship or loss of a loved one. Signs and Symptoms: The signs and symptoms of depression include feeling of sadness and loneliness, loss of interest in activities once found enjoyable, feeling of hopelessness, worthlessness or excessive guilt, fatigue or loss of energy, sleeping too little or too much, loss of appetite, restlessness and being easily annoyed.

Major Depression

You may hear your doctor call this "major depressive disorder." You might have this type if you feel depressed most of the time for most days of the week.

- Loss of interest or pleasure in your activities.
- Weight loss or gain.
- Trouble getting to sleep or feeling sleepy during the day.
- Feelings restless and agitated, or else very sluggish and slowed down physically or mentally.
- Being tired and without energy.
- Feeling worthless or guilty
- Trouble concentrating or making decisions
- Thoughts of suicides. .

Sometimes people with a depressive disorder can lose touch with reality and experience psychosis. This can involve hallucinations (seeing or hearing things that aren't there) or delusions (false beliefs that aren't shared by others), such as believing they are bad or evil, or that they're being watched or followed. They can also be paranoid, feeling as though everyone is against them or that they are the cause of illness or bad events occurring around them.

Cyclothymic disorder

Cyclothymic disorder is often described as a milder form of bipolar disorder. The person experiences chronic fluctuating moods over at least two years, involving periods of hypomania (a mild to moderate level of mania) and periods of depressive symptoms, with very short periods (no more than two months) of normality between. The duration of the symptoms are shorter, less severe and not as regular, and therefore don't fit the criteria of bipolar disorder or major depression

Dysthymic disorder

The symptoms of dysthymia are similar to those of major depression but are less severe. However, in the case of dysthymia, symptoms last longer. A person has to have this milder depression for more than two years to be diagnosed with dysthymia

Stress

The use of terminology "Stress" in our daily conversation has increases. Though we all talk so much about stress but it often isn't clear what stress really is about all? We are well aware with some terms which are used synonymously for stress. These terms are stress,

strain, conflict, burnout, depression and pressure. Many people consider stress is something that happens to them, an event such as a harm or encouragement. Whereas others think stress is what happens to our bodies, psyche and our behavior in response to an event. When something happens to us, we as a reflex action start evaluating the situation mentally. We try to come to a decision, if it is threatening to us, how we need to deal with the situation and what skills and strategies we can use. If we come to conclusions that the demands of the situation overshadow the skills we have, then we label the circumstances as “stressful” and need to react it with the classic “stress response”. If we trust that our coping skills prevail over the demands of the situation, then we don’t see it as “stressful”. Some situations in life are stress-provoking, but they are our thoughts about situations that determine whether they are a problem to us or not. How we look it and perceive a stress-inducing event and how we react to it determines its impact on our health. If we respond in a negative way our health and happiness suffer. When we understand ourselves and our reactions to stress-provoking situations, we can learn to handle stress more effectively. A definition is that stress is a bodily reaction to stressors; consequently, complex interaction of systems of the body can result in deleterious consequences to those systems and organs to the point of a person becoming “stressed out”; and serious illness can follow. This class fits Hans Selye’s definition of stress as the nonspecific response of the body to any demand. The demands, Hans Selye (1978/1956) held, can be positive ones (Eustress) or negative ones (Distress). The internal component of stress involves a set of neurological and physiological reactions to stress. Hans Selye (1985) defined stress as "nonspecific" in that the stress response can result from a variety of different kinds of stressors and he thus focused on the internal aspects of stress. One of the most comprehensive models of stress is the Bio-psychosocial Model of Stress (Bernard & Krupat, 1994). According to the Bio-psychosocial Model of Stress, stress involves three components: an external component, an internal component, and the interaction between the external and internal components. (Bernard, 1994) Stress may be understood as a state of tension experienced by individuals facing extraordinary demands, constraints or opportunities. The pressures of modern life, coupled with the demands of a job, can lead to emotional imbalances that are collectively labeled ‘Stress’. However, stress is not always unpleasant. Stress is the spice of life and the absence of stress makes life dull, monotonous and spiritless. While no definition of stress has been universally accepted, three common classes of definition are as follows: one is a stimulus, an environmental event, usually a threat, that affects the body in complex ways; in this interpretation, stress is referred to as a “stressor”, one that evokes complex reactions of the various systems of the body. Stress may be understood as a state of tension experienced by individuals facing extraordinary demands, constraints or opportunities. The pressures of modern life, coupled with the demands of a job, can lead to emotional imbalances that are collectively labeled ‘Stress’. However, stress is not always unpleasant. Stress is the spice of life and the absence of stress makes life dull, monotonous and spiritless. While no definition of stress has been universally accepted, three common classes of definition are as follows: one is a stimulus, an environmental event, usually a threat, that affects the body in complex ways; in this interpretation, stress is referred to as a “stressor”, one that evokes complex reactions of the various systems of the body.

Type of stress

Acute stress

Of all forms of stress, acute stress is the most widely experienced one, since it typically is caused by the daily demands and pressures encountered by each one of us. While the word “stress” connotes a negative impression, acute stress is what actually brings about excitement, joy and thrill in our lives. Riding a roller coaster in a theme park, for instance, is a situation that brings about acute stress, yet brings excitement. However, riding a higher and longer roller coaster can bring so much stress that you wish it would end sooner, or that you should have not gone for the ride in the first place. When the long and windy ride is over, you might feel the effects of too much acute stress, such as vomiting, tension headaches, and other psychological and/or physiological symptoms

Episodic Stress

Neuroses, all of which were regarded by Freud as having a biological basis. The word anxiety has as its root angst, German Acute stress that is suffered too frequently is called episodic stress. This type of stress is usually seen in people who make self-inflicted, unrealistic or unreasonable demands which get all clamoured up and bring too much stress in their attempt to accomplish these goals. Episodic stress is not like chronic stress, though, because this type of stress ceases from time to time yet not as frequently as acute stress does. Episodic stress is also typically observed in people with “Type A” personality, which involves being overly competitive, aggressive, demanding and sometimes tense and hostile. Because of this, the symptoms of episodic stress are found in Type A persons. These include:
Longer periods of intermitted depression, anxiety disorders and emotional distress
Ceaseless worrying
Persistent physical symptoms similar to those found in acute stress.

Chronic Stress

Chronic stress is the total opposite of acute stress; it’s not exciting and thrilling, but dangerous and unhealthy. Chronic stress tears the life of a person apart his mind, body or spirit.

Well Being

Psychological well-being is about lives going well. It is the combination of feeling good and functioning effectively. Sustainable well-being does not require individuals to feel good all the time; the experience of painful emotions (e.g. disappointment, failure, grief) is a normal part of life, and being able to manage these negative or painful emotions is essential for long-term well-being. Psychological well-being is, however, compromised when negative emotions are extreme or very long lasting and interfere with a person's ability to function in his or her daily life.

The concept of feeling good incorporates not only the positive emotions of happiness and contentment, but also such emotions as interest, engagement, confidence, and affection. The concept of functioning effectively (in a psychological sense) involves the development of one's potential, having some control over one's life, having a sense of purpose (e.g. working towards valued goals), and experiencing positive relationships. The term well-being

encompasses all the ways in which people experience and evaluate their lives positively. What exactly it means to experience life positively can be understood in myriad ways. Some equate well-being with happiness, but this can sometimes conjure up images of an immensely joyful, cheerful person that many do not identify with. As a result, some prefer to view well-being as a prolonged state of contentment. For others still, well-being is simply about wellness--as in having good physical and mental health. None of these views is incorrect; but each perspective is incomplete in itself. A great challenge for the science of well-being has been to define and measure this broad, encompassing construct. An important development in this field over the past few decades is the recognition and growing acceptance that well-being consists of many aspects--that it cannot be fully represented by any one measure. A person who is depressed cannot be said to be well; however, to equate well-being with an absence of depression misses much of what people strive for when they seek to enhance and preserve their well-being. In other words, well-being includes the lack of suffering, but it is more than this. (Diner, 1984,2000) Recent years have witnessed an exhilarating shift in the research literature from an emphasis on disorder and dysfunction to a focus on well-being and positive mental health. This paradigm shift has been especially prominent in current psychological research. (arglye, 1984,1987,1999,1998,2002).This positive perspective is also enshrined in the constitution of the World Health Organization, where health is defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1948). More recently, the WHO has defined positive mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (WHO, 2001).

Objectives:

1. To find out the difference between widowers and normal males on the level of depression.
2. To find out the difference between widows and normal females on the level of depression.
3. To study the impact of stress widowers on normal males.
4. To study the impact of stress widows on normal female
5. To examine the impact of well being widowers on the normal males.
6. To examine the impact of well being widows on the normal females.

Hypotheses:

1. Depression is dominant widowers in compression to normal males.
2. Depression is dominant widows in compression to normal females.
3. There would be stress significant difference between widower on normal males.
4. There would be stress significant difference between widows on normal females.
5. There would be significant impact of poor well being between widowers on normal males
6. There would be significant impact o f poor well being between widows on normal females.

Review of literature

Widow/widower anxiety depression stress well being was present even before the down of the recorded history. The scope of present study is limiting the review up to positive studies. In studies, 1051 widowed individuals were screened for the prevalence anxiety of Major Depressive Disorder, which was diagnosed in 184 widowed individuals (17.5%). This percentage, however, was derived from the complete sample of widowed individuals who lost their spouse within a 36-month period, without considering the impact of time. After the time period was restricted to the first 12 months of widowhood, the prevalence rate of Major Depressive Disorder increased to 21.9%. rates with 95% confidence intervals (CI) of all included studies. We explored the 95% confidence intervals of the different studies and identified two distinct groups of prevalence rates, and two outliers. The first group included three studies examining the prevalence of Major Depressive Disorder within the first year of bereavement (Bruce, 1990,1989,1994,1990). The other group comprised three studies exploring the prevalence of Major Depressive Disorder within a more extended period, ranging from 24–36 months (. (Carnelly, 1999) . (Barry et al, 2002) The two remaining studies reported considerably lower prevalence rates. Deviation from other included studies however, could be explained by the population under review. The first study reported a prevalence of 0.09 (confidence interval 0.04–0.14) four months after the loss (Barry et al., 2002. The sample used in this study was not a representative community sample unlike most other studies but consisted of widowed individuals recruited from self-help or religious organizations, and most received specialized support during their bereavement process, which was not the case in the other studies. The other study representing deviant data, reported a prevalence of 0.02 (CI, 0.00–0.06) 13 months post-loss (Byrne et al., 1999). The sample used in this study included only widowed men, whereas in all other samples the majority of participants were female. The death of a spouse is one of the most profound and life-altering events adults will ever experience. Widowhood often is accompanied by emotional distress, physical symptoms, compromised health behaviors, potentially disruptive residential relocations and economic strains triggered by both the direct costs of medical care and funeral arrangements at the end of a spouse's life, as well as the loss of the spouse's income. A study revealed that the single elders are having significant depression and suicidal ideation than coupled elders (Shridevi, 2014a Journal of personality Assessment, 66, 20-40 Sridevi, G. (2014a).). Depression is the common mental problem in elderly widows and it is viewed as a serious outcome of the feelings of loneliness and it presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy and poor concentration. The rates of depression are found to be still high two years after a loss of a spouse) (Turvey, 1999). A study concluded that the non-institutionalized single elders are showing significant death depression than coupled elders. (Sridevi, 2014b) .In addition the experiencing the loss of a spouse has a negative impact on widows wellbeing up to four years bereavement (Bennet, 2005). A study revealed that the institutionalized elders are having significant death depression, geriatric depression and suicidal ideation than non-institutionalized elders and there is no significant difference in death anxiety and death depression among institutionalized elders based on gender but non-institutionalized male

elders are having significant death anxiety than female elders (Sridevi & Swathi, 2014). Cultural and religious organizations help to become socially integrated into the larger society in which they live and as a result, these ties control or regulate older men's help-seeking, health habits (Balaswamy et al., 2004) and coping (Lund & Caserta, 2001) thus mediating the negative effects of widowhood. The present study has been carried out to understand the relationship between depression among widows and widowers belonging to different age groups.

Methodology

Research Design: 2(Gender) *3(variable) factorial design would be used for study in which anxiety depression stress well being is dependent variable.

The present study was conducted on a sample of 30, 30 widowers/widows and 30, 30 normal males/ females. Therefore, the total numbers of participants are 120. The subject of the present study were drawn on the basis of stratified proportionate random selection from Varanasi place. Of the age range 30 to 70.

Sample distribution

City	Gender status	Depression	Stress	Well, being
Varanasi	widowers	30	30	30
	widows	30	30	30
	Normal males	30	30	30
	Normal females	30	30	30
Total	120	120	120	120

Instrument

ADS scale and PGI general well being Questionnaire. ADS scale has been used to access the anxiety depression stress developed by Pallavi Bhatnager, Megha Singh, Manoj Panday, Sandhya, Amitabh with 48 items. There are three dimensions in this scale anxiety depression stress. Reliability of the scale .71 and validity of the sale .74. PGI well being scale access the well being developed by S..K. Verma & Amitya Verma with 20 items.

Statistical Techniques:

To test the purposed hypothesis the obtained data were analyzed in tremns of Mean, S.D, and t-test.

Results and Discussion

Mean, S.D. and t values of depression between widowers/widows and normal males/normal females. (N =30 each group)

TABLE NO -1

	Widowers			Normal Males			t values
	N	Mean	S.D.	N	Mean	S.D.	
Depression	30	9.20	2.58	30	3.07	1.98	10.52**
	Widows			Normal Females			
	N	Mean	S.D.	N	Mean	S.D.	
Depression	30	11.77	1.22	30	3.07	1.982	20.46**

Note: - * = p<.05, ** = p<.01, NS = Not significant.

Analysis of anxiety difference between Widowers/Widows and Normal Males/Females.Following hypothesis was formulated to the would be significant difference between widowers and normal males on the level of depression.Hypothesis-1 Depression is dominant widowers in compression to normal males.Show that depression of ADS scale score of normal males Mean =(3.07)was found less than widowers M=(9.20) and normal males S.D(1.98) was found less than widowers S.D=(2.58).T value of =(20.465**)An inspection of table 1 indicate that there are significant difference between widowers and normal males.(T value = 20.465**,p<0.01,p<.0.05 level).So formulated hypothesis is accepted.Following hypothesis was formulated to the would be significant difference between widowers and normal males on the level of depression.Hypothesis -2 Depression is dominant widows in compression to normal females.Show that depression of ADS scale score of normal females Mean= (.3.07) was found less than widows M = (11.77) and normal females S.D(1.98) was found less than widows S.D=(1.223).T value of =(10.52**)An inspection of table -1 indicate that there are significant difference between widows and normal females.(T value = 10.52**,p<0.01,p<.0.05 level). So formulated hypothesis is accepted

Mean, S.D. and t values of stress between widower/widow and normal male/normal female. (N =30 each group)

TABLE NO-2

	Widowers			Normal Males			t values
	N	Mean	S.D.	N	Mean	S.D.	
Stress	30	8.67	1.82	30	3.07	1.98	10.58
	Widows			Normal Females			
	N	Mean	S.D.	N	Mean	S.D.	
Stress	30	11.57	3.67	30	3.67	2.44	14.79

Note: - * = p<.05, ** = p<.01, NS = Not significant.

Analysis of stress difference between Widowers/Widows and Normal Males/Females. Following hypothesis was formulated to there would be significant difference between widowers and normal males on the level of stress. Hypothesis -3. There would be stress significant difference between widowers and normal males. Mean, S.D and T values were calculated to find out that there will be difference between widowers and normal males are presented table 2. An inspection of table 2 indicate that there are significant difference between widowers and normal males. (t-value = 10.58**, p<0.01, p<.05 level). So formulated hypothesis is accepted. Following hypothesis was formulated to the would-be significant difference between widows and normal females on the level of stress. Hypothesis-4. There would be stress significant difference between widows and normal females. Mean, S.D and T values were calculated to find out that there will be difference between widows and normal females are presented table 2. An inspection of table 2 indicate that there are significant difference between widows and normal females. (T value = 14.80**, p<0.01, p<.05 level). So formulated hypothesis is accepted.

Mean, S.D. and t values of wellbeing between widower/widow and normal male/normal female. (N =30 each group).

	Widowers	Normal Males	t values

	N	Mean	S.D.	N	Mean	S.D.	
Well being	30	10.27	3.005	30	15.67	1.989	10.18**
	Widows			Normal Females			
	N	Mean	S.D.	N	Mean	S.D.	
Well being	30	7.93	2.26	30	15.57	2.933	11.26

TABLE NO- 3

Note: - * = $p < .05$, ** = $p < .01$, NS = Not significant.

Analysis of stress difference between Widowers / Widows and Normal Males/ Females. Following hypothesis was formulated to the would-be significant impact between widowers and normal males on the level of wellbeing. Hypothesis -5. There would be wellbeing significant impact between widowers and normal males. Mean widowers (10.27) and males (15.67), S.D widowers(3.05) and males (1.99) T values were calculated to find out that there will be difference between widowers and normal males are presented table 3. An inspection of table 3 indicate that there are significant difference between widowers and normal males (T value = 10.18**, $p < 0.01$, $p < 0.05$ level). So formulated hypothesis is accepted. Following hypothesis was formulated to the would-be significant impact between widows and normal females on the level of wellbeing. Hypothesis -6. There would be wellbeing significant impact between widows and normal females. Mean widows (7.93) and females (15.57) ,S.D widows(2.269) and females (2.939) T values were calculated to find out that there will be difference between widower and normal male are presented table 3. An inspection of table indicate that there are significant difference between widows and normal females (T value = 11.27**, $p < 0.01$, $p < 0.05$ level).

Discussion

According to Turvey et.,al after the death of husband and wife in widowers/widows increase the high level of depression. If the high level of depression whole personality of widowers/widows is affected . Decrease the level of adjustment. So, hypothesis is accepted. The appropriate result is so that well being poor between widowers/widows compression to male/ female. If the poor level of well being widowers/widows show many symptoms changes in personality. and poor social adjustment level. According to Harlow etal 1991; Jacobs etal 1989; Ferrero 1989. Study of well being between widowers/widows if the decrease positive emotion level, so that depression low morale decline in the physical health in short term.

According to Bennett and Morgan 1982 study of well being low level of widowers /widows so that mental and physical health

Disturbance in short terms decrease the quality life mental health decline (personal disturbance) and morale down all of these things are changes low level of well being affected the whole personality.

It is clear from the all of these results show the position of widowers/widows ion society is not good. attempts and so many change in their life and suffering from problems can be made improve widowers/ widows life and support them. All of these hypotheses are accepted.

Conclusion:

There are difference found in total anxiety depression stress well being widowers/widows on the normal males/females. Widowers/widows socially isolated and poor adjustment level found this study. The depression level normal females and males lower than widowers/ widows. The stress level normal females and males lower than widowers/ widows. The well being level normal females and males higher than widowers/ widows.

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