International Journal of Research in Medical Sciences
Samanta S et al. Int J Res Med Sci. 2024 Jul;12(7):2428-2435
www.msjonline.org
pISSN 2320-6071 | eISSN 2320-6012
DOI: https://dx.doi.org/10.18203/2320-6012.ijrms20241893

Original Research Article

A study to assess perceived stress, life events and prevalence of dissociative experiences in patients with anxiety disorders

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Received: 06 May 2024
Revised: 01 June 2024
Accepted: 17 June 2024

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ABSTRACT

Background: Anxiety disorders are characterized by a central theme of intense subjective distress and apprehension of impending danger. Dissociation has been frequently associated in such patients, where it acts as a defense mechanism that allows temporary relief. Previous studies have also shown that more number of life events and higher perceived stress are seen in patients of anxiety disorder, which may even act as predictors of developing the disease. Addressing these factors may contribute to improved understanding of underlying psychopathology and better treatment outcomes.
Methods: This was a cross-sectional, 1 year time bound study. As per calculation from prevalence, 161 participants were selected as sample population with specific inclusion and exclusion criteria. Socio-demographic data was collected, appropriate scales were administered to assess the required parameters and statistical analysis was carried out thereafter.
Results: We found that 21.74% patients had dissociative experience, 40.37% patients had perceived stress during last month, 53.4% had less/moderate stress and 39.1% patients had severe stress. Most frequently occurring life event was financial loss or problem. Statistically significant association was found between total life events score and socio-demographic variables. Mean dissociative experience scale score was positively correlated with total perceived stress scale score and total life event score. Total perceived stress scale score was also positively correlated with total life event score.
Conclusions: Anxiety disorder patients had high levels of dissociation, perceived stress and life events, and these three parameters were also correlated with each other.

Keywords: Anxiety disorder, Dissociative experience, Life events, Perceived stress

INTRODUCTION

Anxiety is an unpleasant, diffuse yet vague sense of dread, indicated by an inability to sit or stand for long duration, along with symptoms of headache, diaphoresis, restlessness, palpitations, choking feeling, heaviness in chest, gastrointestinal disturbances which are commonly referred to as autonomic symptoms. The experience of anxiety has two components: the awareness of these physiological sensations (e.g. palpitations and sweating) and the awareness of being nervous or frightened.[1]

Anxiety disorders constitute a spectrum of diseases which share a common theme of increased worry, anticipatory anxiety and often, avoidance behaviors.[2] In 2019, 301 million people in the world were suffering from

anxiety disorder, including 58 million children and adolescents.[3] Current weighted prevalence of total Anxiety Disorders in India is 2.57% based on National Mental Health Survey 2016 data. Female gender, age between 40-59 years and residence in urban locality were identified as risk factors for developing anxiety disorders.[4]

Stress is what is experienced by a person when conditions in his environment are such that his resources are exceeded by the demands which in due course will threaten his well being. Perceived stress is the feelings or thoughts that an individual has about how much stress they are under at a given point in time or over a given time period. It does not simply measure the frequencies of stressful events in life, but rather the perception of such events by an individual and their ability to handle it. People may suffer similar negative life events but appraise the impact or severity of these in different extents as a result of factors such as personality, coping resources, and support and hence have varied levels of Perceived stress.5·6 As per existing literature, high levels of perceived stress in study subjects was found to be associated independently with higher anxiety scores (1.28 to 3 fold increased risk).[7-9]

Life-event can constitute any demarcated change at a particular point in time in a person's life span. It can affect demographic, educational, health, employment or other such circumstances.[10] Research has shown increased frequency of various undesirable life events in patients with anxiety disorder, thus suggesting a possible correlation between the two.[11]

Dissociation can be defined as an "impairment of the integrity of cognitive functions such as intelligence, identity, memory, perception, emotion, thought content, structure of thought, and behavior, generally seen as sudden and transient responses under stress". It is a defense mechanism that allows an individual to adjust to a traumatic experience by temporary relief of associated anxiety.[12,1] Among anxiety disorders, patients with panic attacks often exhibit symptoms of depersonalization/derealization, although the sequence of incidence is yet to be clearly understood, that is whether impending dissociative episode trigger a panic attack by inciting a fear of loss of control or, hyperarousal which is commonly associated with panic attacks trigger an episode of dissociation.[13]

In western countries, several studies have focused on assessment of dissociative experience, perceived stress and life events among anxiety disorder patients.[12,14-16] However in India, such studies are few. The aim of this study is an attempt to assess the prevalence of dissociative experience, perceived stress and explore life events among patients of anxiety disorder, in a tertiary government hospital in West Bengal, in order to address this gap in existing knowledge and provide a better understanding of these correlates specific to this region, if any.

METHODS

Study setting and participants

Study participants were selected from patients attending Psychiatry outpatient department at Burdwan Medical College and Hospital. It was a time bound cross sectional study of 1 year, from February 2016 to January 2017 and was approved by the Institute Ethics Committee. Total number of new patients annually during the time period of study was around 15000. Taking prevalence of anxiety disorder to be 18.7% among all psychiatric diseases, with confidence level 95% and margin of error 6%, sample size of the study was determined to be 161.[17,18] The study tools were as follows**:**

Semi structured socio demographic proforma

A specially designed semi-structured interview schedule was prepared and was approved by the ethical committee of Burdwan Medical College and Hospital consisting of parameters like age, sex, background (rural/urban), religion, education, occupation, language, family income per month in rupees and family type.

Modified B.G. Prasad's socio-economic status classification

Prasad's classification (1961) based on the per capita monthly income has been widely in use in India, where per capita monthly income= Total monthly income of the family/total members of the family.

Table 1: As per revision of Prasad's SES classification revised for the year 2014 are as follows.[19]

SES class	May 2014
I	Rs 5571 and above
II	Rs 2786-5570
III	Rs 1671-2785
IV	Rs 836-1670
V	Rs Below 836

Diagnostic guideline for anxiety disorders (according to DSM-5)[20]

Dissociative experience scale

The dissociative experience scale (DES) questionnaire is a simple questionnaire widely used to screen for dissociative symptoms.[21] It consists of 28 questions about experiences that the person may have occurred in his daily life. A score of 100% means 'always', 0% means 'never' with 10% increments in between. A score more than 45 suggests a high likelihood of a dissociative

disorder alongside a reduced likelihood of a 'false positive'.

Perceived stress scale

The perceived stress scale (PSS) is the most widely used psychological instrument for measuring the perception of stress.[22] There are 10 questions in the PSS to assess about feelings and thoughts during the past month. Each item is rated on a 5-point scale, where 0=never, 1=almost never, 2=sometimes, 3=fairly often, 4=very often. Positively worded items (4, 5, 7 and 8) are reverse scored, and the ratings are summed, with higher scores (20 or higher) indicating more perceived stress.

Presumptive stressful life events scale

The standardized and statistically tested presumptive stressful life events scale (PSLES) Scale was designed by Indian scientist Singh et al.[23] In this scale, 51 different variables (life events) are listed, from which the patient has to tick the ones applicable to them in the past one year. For each life event, a mean stress score was given. The total score was obtained by adding all the applicable life events scores. Accordingly, they were categorized into no stress (up to 40), less/moderate stress (41-200) and severe stress (>200).

Statistical analysis

Statistical analysis was done after completion of data collection using standard statistical methods. Descriptive statistics was used to determine frequency, central tendency and dispersion. Chi square test was used to compare means of a qualitative data between two groups. Pearson correlation analysis was used to determine correlation coefficient. Data was presented as percentage, means and standard deviation. A p value less than 0.05 was considered as statistically significant (95% confidence interval).

RESULTS

About 161 patients from those who attended the Psychiatry Outpatient Department of Burdwan Medical College and Hospital were selected as sample population in the study. Mean age of this study population was 36.40±9.32 years. The detailed socio demographic characteristics of the population are given in Table 2.

About 21.74% (35) patients had dissociative experience and 40.37% patients had perceived stress out of total patients (161) with anxiety disorder (Table 4).

Majority of patients (53.4%) of anxiety disorder had less/moderate stress (PSLES score-41-200), whereas, 39.1% patients had severe stress and 7.4% had no stress (Figure 1). Most frequently occurring live event was Financial loss or problem (PSLES17) (43.5%) followed by marital conflict (PSLES8) (24.8%) and thereafter by change in sleeping habits (PSLES44) (24.5%) (Table 5).

Table 2: Descriptive statistics for socio demographic parameters (n-161).

Variable	Groups	N (%)
Background	Rural	121 (75.16)
	Urban	40 (24.84)
Religion	Hindu	108 (67.08)
	Muslim	53 (32.92)
Language	Bengali	126 (78.26)
	English/Bengali	31 (19.25)
	Hindi/Bengali	4 (2.48)
Sex	Male	93 (57.76)
	Female	68 (42.24)
Family	Nuclear	101 (62.73)
	Joint	60 (37.27)
Education	Illiterate	48 (29.81)
	Up to primary	46 (28.57)
	Up to secondary	12 (7.45)
	Up to H.S.	19 (11.80)
	Graduation and above	36 (22.36)
Occupation	Retired/ housewife/ unemployed/ student	72 (44.72)
	Unskilled/ farmer/ labor/ shopkeeper	45 (27.95)
	Semiskilled/businessman	20 (12.42)
	Skilled/ govt. job/private job	24 (14.91)
Socio economic state (according to modified BG Prasad scale)	I (Rs 5571 & above)	18 (11.18)
	II (Rs 2786-5570)	19 (11.80)
	III (Rs 1671-2785)	7 (4.35)
	IV (Rs 836-1670)	38 (23.60)
	V (below 836)	79 (49.07)

Table 3: Scores of different scales used in the study (n=161).

Scales	Mean	Std. Dev.	Median
Mean dissociative experience scale score	22.6102	14.9787	16.43
Total perceived stress scale score	18.1242	6.6104	17
Total life events score	172.882	95.8819	157

Table 4: Distribution of study subjects according to perceived stress and dissociative experience (n=161).

Parameter	Yes (%)	No (%)
Perceived Stress	65 (40.37)	96 (59.63)
Dissociative experience	35 (21.74)	126 (78.26)

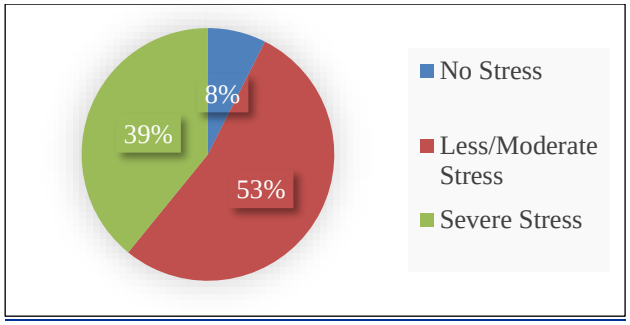

Figure 1: Distribution of study subjects according to severity of stress perceived due to life events.

Life event score was found to be statistically significant with various socio-demographic parameters like age, language, occupation, gender and per capita income.

Pearson correlation analysis showed that mean dissociative experience scale score had significant effect on total life event score [correlation coefficient r= 0.6408, p<0.001] (Figure 2).

Total perceived stress score is also positively correlated with total life event score (correlation coefficient r = 0.5396, p<0.001).

Table 5: Percentage of different life events with mean.

	Response by	Percentage	Mean
PSLES1	5	3.1	95.000
PSLES2	25	15.5	80.000
PSLES3	7	4.3	77.000
PSLES4	4	2.5	76.000
PSLES5	6	3.7	72.000
PSLES6	9	5.6	67.000
PSLES7	5	3.1	66.000
PSLES8	40	24.8	64.000
PSLES9	10	6.2	61.000
PSLES10	1	0.6	60.000
PSLES11	3	1.9	59.000
PSLES12	21	13.0	58.000
PSLES13	31	19.3	57.000
PSLES14	16	9.9	57.000
PSLES15	30	18.6	56.000
PSLES16	7	4.3	55.000
PSLES17	70	43.5	54.000
PSLES18	22	13.7	52.000
PSLES19	10	6.2	52.000
PSLES20	1	0.6	52.000
PSLES21	1	0.6	52.000
PSLES22	9	5.6	51.000
PSLES23	9	5.6	51.000
PSLES24	13	8.1	51.000
PSLES25	6	3.7	51.000
PSLES26	27	16.8	49.000
PSLES27	12	7.5	49.000
PSLES28	5	3.1	48.000
PSLES29	23	14.3	47.000
PSLES30	1	0.6	47.000
PSLES31	9	5.6	46.000
PSLES32	0	0	
PSLES33	4	2.5	43.000
PSLES34	4	2.5	43.000
PSLES35	0	0	
PSLES36	3	1.8	40.000
PSLES37	1	0.6	40.000
PSLES38	1	0.6	39.000
PSLES39	2	1.2	37.000
PSLES40	0	0	

Continued.

	Response by	Percentage	Mean
PSLES41	0	0	
PSLES42	4	2.5	35.000
PSLES43	1	0.6	33.000
PSLES44	41	24.5	33.000
PSLES45	3	1.8	30.000
PSLES46	0	0	
PSLES47	0	0	
PSLES48	4	2.5	28.000
PSLES49	8	4.9	27.000
PSLES50	0	0	
PSLES51	1	0.6	20.000

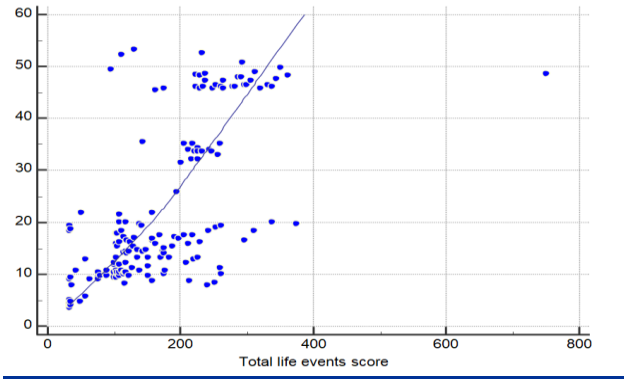

Figure 2: Correlation between mean dissociative experience scale score and total life event scale score.

Total perceived stress scale score and dissociative experience scale score was found to be positively correlated (correlation coefficient r= 0.9047, p<0.001).

DISCUSSION

As per the prevalence rate of anxiety disorder, the sample size of the study population was taken to be 161. In our study, the mean age of participants was found to be 36.40±9.32 years.

Majority of participants came from a rural background (75.16%) and from lower socio economic class (class IV and V) (72.67%). Participants mostly belonged to nuclear family (62.73%), Illiterate group (29.81%), were male (57.76%), Bengali spoken (78.26%) and Hindu (67.08%).

Out of 161 patients, 35 had dissociative experience (21.74%) as assessed by Dissociative Experience Scale (DES). This finding is near similar to the findings of Ural et al who found that 19% of patients with panic disorder had a co-morbid dissociative disorder diagnosis.[24] Similar results were also obtained in studies done by Belli et al, Bersani et al, Hunter et al.[25-27] In our study, mean dissociative experience score was 22.6±14.9. This is consistent with the findings from a Meta-analysis of prevalence of dissociation in psychiatric disorders, where mean dissociative experience scale score for patients with anxiety disorders was found to be 15.2.[13]

We found that 40.37% patients from our study had perceived stress. This finding is consistent with the finding of Liu et al who concluded that perceived stress was significantly associated with symptoms of anxiety and perceived stress explained 37.5% of the variance in symptoms of anxiety among ovarian cancer patients.[28] A similar study by Weigne et al found high level of perceived stress was often accompanied by symptoms of anxiety and/or depression and 59% of study patients indicated stress level 2 or 3.[29]

According to total score obtained for each patients using presumptive stressful life events scale (PSLES), 53.4% patients had less/moderate stress and 39.1% patients had severe stress. This corroborates to results seen in Faravelli et al who reported that a higher recall rate of stressful life events in the 12 months preceding the onset of illness in 64.1% in panic disorder patients.[30] This was also seen in study by Miloyan et al, where adverse life events were positively associated with first onset anxiety disorder.[31] This can be explained by the signal detection approach given by Bateson et al which predict that adverse life circumstances enhance vulnerability of inducing anxiety.[32] In our study, most frequently occurring live event was found to be financial loss or problem (43.5%), followed by marital conflict (24.8%) and then by change in sleeping habits (24.5%). This finding is similar to that of Gautam et al who found financial loss or problem present in 34%, change in sleeping habits present in 32%, marital conflict present in 28% of neurotic patients.[33]

In this study statistically significant association was not found between dissociative experience or perceived stress with various socio-demographic parameters.

However, statistically significant association was found between life events score and five socio-demographic variables namely age, socio economic class, occupation, gender and language. This is corroborated with results of Businelle et al who found that the number of stressful life events experienced in the past 12 months mediated the

relation between socio economic status and other demographic variables (i.e. age, gender) and mental health 3 years later.[34] Age was found to be significantly related with life event score, life event score was highest among age 30-45 years, thereafter in the group with <30 years and then followed by the group with age >45 years. This may be due to greater prevalence GAD among young adults. Although the chances of life events are more in older population, our inclusion criteria only considers patients with the diagnosis of anxiety disorder, of which GAD is a significant portion. Thus life event score was higher in 30-45years age group. Higher life event score was also significantly associated with income below Rs 836, followed by group with income between Rs 836-1670, Rs 2786-5570, Rs 5571 and above and Rs 1671- 2785. This may be because low income creates more financial strain thus resulting in elevated life event score. Life event was also significantly related to occupation, with the highest being reported in retired/ housewife/unemployed/student group, followed by unskilled/labor/farmer/shopkeeper group, skilled/Govt. job/private job group and then semiskilled/ businessmen. This may be because unstable job, retirement and financial crisis leads to higher stress score in PSLES. The higher association of life event with male gender than female may be explained by higher number of male participants in our study than female, which may have affected the correlation. Life event was significantly related to language with the highest being reported in Bengali spoken, followed by English/Bengali, and Hindi/Bengali speaking group. This can be due to the fact that our population pool mostly comprise of Bengali speaking patients owing to regional considerations.

In this study, mean dissociative experience scale score was significantly positively correlated with total perceived stress scale score. This is consistent with the findings of study by Kolozsvári et al done on domestic and international students from Hungarian University during the COVID-19 pandemic which showed that perceived stress was moderately correlated with dissociation.[35]

Mean dissociative experience scale score was found to be positively correlated with total life event score. This finding is similar to the finding of Reddy et al that patients having dissociation had significantly higher mean stressful life events than in normal individuals.[36] Tripathi et al also found that stressful life events are associated with various psychiatric problems like dissociative disorders.[37]

We also found that total perceived stress scale score was positively correlated with total life event score. This is consistent with study done by Feizi et al which showed that among stressful life events, family conflicts and social problems were more correlated with level of perceived stress.[38]

This study has few limitations. Cross sectional nature of this study limits the possibility to explore the cause and effect relationship among dissociative experience, perceived stress, life events and anxiety disorder properly. This study lacks a control group which hinders the comparison of the data with the control population. Another deficit of this study stems from the fact that Dissociative Experience Scale (DES) used in this study is not a diagnostic instrument; it is designed for screening only. Lastly, since the data were collected from a specific population, the degree to which they represent the general population cannot be commented on.

CONCLUSION

In our study 21.74% patients had dissociative experience, 40.37% patients had perceived stress during last month. According to total score obtained for each patients using PSLES, 53.4% had less/moderate stress, 39.1% patients had severe stress. The result also explored that most frequently occurring life event is financial loss or problem (43.5%), followed by marital conflict (24.8%), and thereafter by change in sleeping habits (24.5%). There was statistically significant association between total life events score and five socio demographic variables namely age, socio economic class, occupation, gender and language.

Early recognition of dissociation, perceived stress and stressful life events will lead to better choice of medication, behavior therapy and treatment plan with least side effects. Use of non pharmacological interventions to alleviate dissociation is an important factor to influence treatment effectiveness in anxiety disorder and to overcome distress arising from stressful life events.

ACKNOWLEDGEMENTS

Authors would like to thank the faculties and post graduate trainees of Department of Psychiatry, Burdwan Medical College and Hospital for all their guidance and assistance. We would also like to acknowledge our gratitude to all the patients who have been a part of our study, without whose cooperation none of this would be possible.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: The study was approved by the Institutional Ethics Committee

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Cite this article as: Samanta S, Nandi S, Saha I, Roy S, Bandyopadhyay GK. A study to assess perceived stress, life events and prevalence of dissociative experiences in patients with anxiety disorders. Int J Res Med Sci 2024;12:2428-35.