

DISSOCIATIVE PHENOMENOLOGY, STRESSFUL LIFE EVENTS AND SUBJECTIVE MENTAL HEALTH AMONG YOUNG ADULTS IN HARYANA, INDIA

Abstract

Background: Now a day's stress has been known as a significant health issue, which is also related to morbidity as well as mortality. Because everyone is experienced so many stressful life situations in their life which are more likely to, later on, have many succeeding psychological problems. **Objective:** To assess the relationship and severity between stressful life events, dissociative phenomenology and subjective mental health rating in the general population. **Method:** A group of 100 healthy participants from Medical College, Rohtak (Haryana), India was selected on the basis of convenience and snowball sampling techniques. Tools: Socio-demographic datasheet, General Health Questionnaire-12, Dissociative Experience Scale-28 and Presumptive Stressful Life Events Scale were used in the present study for obtained the objectives. **Results:** There is a significant relationship has been seen between depersonalization and education ($r=-0.233$, $p<0.005$), absorption and education ($r=-0.315$, $p<0.001$), age ($r=-0.232$, $p<0.005$). On stressful life experience, marital and sexual problem and mental health ($r=-0.246$, $p<0.005$), education-related with depersonalization and absorption ($r=0.203$ & $r=0.235$, $p<0.005$) respectively. Chi-Square value showed that there is a significant difference between gender in term of mental health ($\chi^2=5.76$, $p=0.01$), the severity of dissociative symptoms ($\chi^2=9.00$, $p=0.003$) and stressful life events ($\chi^2=49.52$, $p=0.01$). **Conclusion:** Male participants reported more dissociative symptoms than female. Female participants reported a more mild level of traumatic events in comparison to male. **Key Words:** Stress, Dissociation, Health, Gender, Traumatic Experiences

Introduction

Stress exists in many forms and it manifests in many adaptive and maladaptive ways. Dissociation is one of the defense mechanisms that helps a person deals with stress through in a maladaptive way. Students' life, of medical student is full of stress due to heavy curriculum, too frequent examinations and burden of unavoidable patients-care duties. Therefore

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there are chances that a medical student is more likely to deal with stress through maladaptive ways, leading to symptomatic behavior.

Dissociative experiences are present at a greater or lesser degree in every one in their life period. (Waller et al 1996) Approximately 80% to 90% of individuals report dissociative symptoms.(Gershuny and Thayer,1999) While the majority of adults report mild dissociative experiences such as “highway hypnosis” (e.g. losing the awareness during driving, then suddenly found that they have been travelled some distance), whereas few had experienced more extreme experiences. (Freyd et al 1998). Dissociative experiences are used to depict behaviors and perceptual change identity. (Spiegel and Cardena,1998) These dissociative experiences range from normal daily life to variety of psychopathological condition amounting to mental disorder.(Kihlstrom J,2005).

Dissociative serve to protect ego from the suppressed unconscious conflict, which may try to reach preconscious or conscious mind at different times specially under stressful circumstances.(Cohen1996,De Wachter et al 2006, Spiegel et al 2011)

Kendler et al reported, people exposed to stressful life events are more likely to report subsequent psychological problems. (Kendler et al 2001) These stress-related are distinct measurable environments, such as education-related problems, family and personal conflicts, job conflicts and security related issues, financial related issues, social relations, health related events etc. that increase the risk of any type of psychological symptoms involving dissociations. (Gjesfjeld et al 201, Low et al 2012). These situations could have a special role in the onset and exacerbation of psychological problems. (Osler et al 2016, Pedersen et al 2016)

Keeping all these fact in the view, it is very urgent and necessary to know how students' distress affects their learning, professional development. Regarding medical students, it is yet unclear whether the distress among them is chronic and persistent or episodic, and what its magnitude is. (Rosal et al 1997).Stress and health concerns increase during the medical curriculum also. [Moffat et al 2014].The transition from school to medical

school, the beginning of a new course, and the shift from preclinical classroom training to the clinical setting, and examinations have been suggested as potential periods of increased burden.(Radcliffe & Lester.2003).

Based on screening using valid instruments students have been found suffering from dissociative symptoms which may be due to one or other kind of stress.(Heather,DG, 2009).

There is paucity of studies on this subject. Therefore, present study has been planned to assess the relationship and severity between stressful life events, dissociative phenomenology and subjective mental health rating in the medical students.

Methods

2.1. Study design

This study is approved by the institute ethic committee. This cross-sectional study was conducted to assess the relationship between stressful life events, dissociative phenomenology and subjective mental health among medical students and assess the severity of stressful life events, dissociative symptoms and subjective mental health among medical students.

2.2 Sample: Fifty male and fifty female MBBS students from A group of 100 healthy participants from the Pt BD Sharma, Post Graduate Institute of Medical Science, Rohtak (Haryana), India were selected through convenience sampling between September 2019 to March 2020.

2.3 Inclusion Criteria Exclusion Criteria:

The age criterion was 18 to 24 years, who were willing to participate in study and absence of a history of psychiatric, medial illness in participants. Those participants had a history of psychiatric illness, any major medical or neurological illness, having substance dependence, and refuse to give informed consent were excluded.

2.4 Tools used

A socio-demographic record sheet was prepared for collecting the social, demographic and clinical variables related information.

1)General Health Questionnaire. It consists of 12 items which are rated on 4 point Likert method. The scoring is 0 to 3. The minimum score on this scale is 0 and 36 is maximum. [Goldberg and Williams,1988] The lowest

score is indicative of better health vice versa. The questionnaire is widely used for screening the mental health issue.(Anjara et al,2020).

2)Dissociative Symptom Scale. (Bernstei and Putnam,1986) It is a 28-item self-report scale with maximum score of 100. A person scoring 30 or more is considered to have high level of dissociation. This scale has been commonly used for screening of dissociative symptoms in various studies. It is based on a visual analogue technique. This scale assesses dissociation on three subscales, i.e. amnestic, absorption or imaginative involvement, and depersonalization or derealization experiences.

3)Presumptive Stressful Life Event Scale. (Singh et al 1984) The scale includes 51 different life events which are commonly experienced by any normal person and this scale is based on Indian adult population. These events are arranged in decreasing order. The scale has been standardized for two periods of time – i.e. lifetime and during the previous year. It is very easy to apply and for assessing the participants have to mark against any particular life event which is present or absent in their lifetime period and scoring is done by adding the assigned scores to each item. The coefficient of correlations ranged from 0.65 to 0.98, indicates the significant reliability and validity of the scale.

2.5 Procedure

The participants were assured for the confidentiality of their information as well as their comfort during the testing also kept in mind and also clear them about the purpose of the study. All the participants were involved only after their written informed consent for the study. After developing rapport the actual administrations of the tests were started and instructions of all tests were given to them. The 15 to 20 minutes were spent for the administration of tests.

2.6 Method of analysis

The data was analyzed with using SPSS 20 using both descriptive (Mean and Standard deviation) and inferential statistical Pearson's correlation and Chi-Square techniques. For the significance of the severity the percentages and Chi-Square test was used.

Results

Variables		Mean	SD
Age		20.53	2.35
Education in years		12.54	1.16
		Frequency	Percent
Residence	Rural	30	30
	Sub-Urban	8	8
	Urban	62	62
Family Type	Joint	31	31
	Nuclear	69	69
Education in years	12 years	82	82
	15 years	18	18
History of Psychiatric illness	Absent	99	99
	Present	1	1
History of substance abuse in family	Absent	99	99
	Present	1	1
History of psychiatric and medical illness in family	Absent	92	92
	Present	8	8

Table 1 reveals that the age mean (SD) of the sample is 20.53 (2.35) years and in the education, mean (SD) is 12.54 (1.16) years. In other demographic variables i.e. gender, both groups were equally distributed i.e. 50 in each. In occupation, religion and marital status, all participants were student, Hindu and unmarried. In the residence domain, 66% from the female group and 58% from the male group belonged to the urban background, 26% and 34% were from rural background respectively and 8% in both groups the sample were from the sub-urban background. Most of the participants belong to a nuclear family i.e. 68% from the female group and 98% from the male group and 32% female and in male participants only 2% were from joint families. In the domain of history of psychiatric illness in the family, 98% female participants reported there was no history and in male participants all reported absence of any psychiatric illness in the family. There are no family history of mental illness and substance use disorder in majority of subjects.

Table 2: Frequency and percentages with Chi Square (Subjective General health, dissociative symptoms and stressful life events)

Variables		Female		Male		Chi Square	p value
		Frequency	Percent	Frequency	Percent		
Subjective Mental Health	Normal	2	4	1	2	5.76	3 0.01
	Mild	26	52	32	64		
	Moderate	12	24	13	26		
	Severe	10	20	4	8		
Dissociative Symptoms	Normal	34	68	31	62	9.00	1 0.003
	Severe	16	32	19	38		
Presumptive Stressful Life Event Scale	Normal	7	14	6	12	49.52	3 0.001
	Mild	8	16	4	8		
	Moderate	10	20	10	20		
	Severe	25	50	30	60		

In Table 2 it has been found that only 4% from the female group and 2% from male group rated their health under the normal category. 52% and 64% female and the male have been rated under mild ill health respectively and 24% to 26% were in moderate ill health, whereas 20% female participants and 8% male participants rated their health as severely ill. Overall, the Chi-Square value showed that there is a significant difference between both genders in term of the subjective rating of their general health ($\chi^2=5.76, df=3; p=0.01$).

In another domain of the present study i.e. dissociative phenomenology 32% female participants reported severe dissociative symptoms and 38% male participants also showed similar results, whereas 68% to 62% participants reported no experience of any dissociative symptoms in their life.

The Chi-Square value ($\chi^2=9.00, df=1, p=0.003$) depicts that there is a significant difference in both groups (Table 2).

On stressful life events scale, 14% of the female participants and 12% of the male participants reported no traumatic events in their life. 16% of the female participants and 8% of the male participants reported mild level of traumatic events in their life, while 20% of male participants as well the female participants reported moderate stressful experiences in their lives. Apart from this 50% of female participants and 60% of male participants reported severe stressful life events. Overall, the chi-square value was found to be 49.52; $df=3$, which is significant at 0.01 level indicating a significant difference between male and female participants.

Table 3
Correlation analysis of subjective mental health, dissociative symptoms and stressful life events in the sample

Variables	Age	Education In years	General Health Questionnaire	Amnesia	Depersonalization	Absorption
Amnesia	-0.101	-0.194	-0.079	1		
Depersonalization	-0.129	-0.233*	0.031		1	
Absorption	-0.232*	-0.315**	0.175			1
Financial and social	-0.054	0.009	0.068	0.029	0.034	0.093
Work	0.116	0.048	0.114	-0.111	-0.111	-0.053
Financial	0.179	0.087	-0.097	0.022	-0.004	0.016
Marital and sexual problems	-0.033	-0.095	-0.246*	0.009	0.008	0.065
Health	0.009	0.037	0.084	-0.046	0.015	0.044
Bereavement	0.002	0.12	0.061	0.035	0.147	0.050
Education	-0.098	0.026	0.05	0.065	0.203*	0.235*
Legal	-0.098	-0.084	0.055	0.08	0.064	0.038
Courtship and Cohabitation	-0.118	-0.041	0.116	-0.076	-0.106	0.011
PSLES Total	0.010	0.049	0.114	-0.008	0.043	0.093

**Correlation is significant at the 0.01 level (2-tailed)

*Correlation is significant at the 0.05 level (2-tailed)

There is a significant relationship between depersonalization and education in years ($r=-0.233$). It indicates that higher level of education is positively correlated with symptoms of depersonalization (table-3).

Similar results found in the domain of absorption and education ($r=-0.315$) but it also negatively related with age variable ($r=-0.232$) at a significant level which also denotes similar results i.e. if the age of the person increased there are chances of decrement in these dissociative symptoms.

On the other variables i.e. dissociative experience and age, education and general health there is a negative relationship but not at significant which suggests that if the age, education and general health increased the symptoms of amnesia might be decreased or vice versa (Table 3).

In the domains of Presumptive Stressful Life Events Scale (PSLES), only a few domains found a significant relationship with mental health and dissociative symptoms. The marital and sexual problem is negatively related to mental health ($r=-0.246$), it suggests that if marital and sexual problem increased then the mental health problems decreased. On the other hand, education-related stressful experience positively with depersonalization and absorption dissociative experiences, their correlation value is $r=0.203$ and $r=0.235$ respectively. It suggests that if the participant experienced more stressful experience in education area then the symptoms of depersonalization and absorption also increased. In the other domains, there is no significant findings are seen but in some domains, there is a negative relationship has been observed i.e. financial and social with age, work-related stressful events with all three domains of dissociative experiences i.e. amnesia, depersonalization and absorption, financial issues with general health and depersonalization, age with marital and sexual problems, health with amnesia, education issues with age, legal issue with age and education in years, courtship and cohabitation with age, education in years, amnesia and depersonalization. The overall total score of PSLES is negatively related to amnesia (Table 3). These results showed that these all domains related to each other

negatively but in the present study these findings not found at a significant level.

Discussion

This study was conducted with the aim to assess the relationship between dissociative phenomenology, subjective mental health and stressful life events and also the severity of these variables among medical students from Indian culture.

Unlike other study (Deka et al 2007) it has found that male students having more severe life events than the females. Other studies reported the students with dissociative symptoms had decreased concentration and poor academic functioning & less peer relationship. (De-Prince et al 2008, Matsumoto et al 2007). In another study it has been suggested that children with dissociative symptoms also have poor performance in school membership, academic competence, and achievement tests. (Perzow et al 2013).

In the context of the severity of dissociative symptoms, subjective rating of mental health and stressful life events experience present study showed that female participants reported poorer mental and general health but male participants experience more dissociative symptoms as well as stressful experience. The life-time prevalence of the dissociative disorder is reported varying from 12.2% to 18.3% in different cultures. (Sar et al 2011, Spiegel et al 2011, Loewenstein et al 2017). A Finnish Study on the general population and the results showed that pathological dissociation was around 3.5%. High scores on the dissociative scale were found significantly associated with depression and suicide. (Maaranen et al 2008).

Against the present findings another study mentioned that women had high situational stress and stressful experiences than men and majority of these researches are self-reported which emphasized that women have a high tendency to admit their symptoms such as pain, depression or negative mood as compare to men. (Schwarzer et al 2001). Another study also showed that dissociative symptoms are significantly more observed in females than males the ratio is 3.5:1. (Reddy et al 2018). The reason for differences may be the extent to which men and women differ in the types of stressful events that they are exposed to. A reviewed showed that men are

historically more likely to be encouraged from their early age to developed self-focused goals (e.g., getting a good job) than women. Similarly women are encouraged to be a socially interdependent (e.g., taking care of a family). (Dedovic et al 2009)

Conclusion: The aim of the present study was to assess the relationship and severity between stressful life events, dissociative phenomenology and subjective mental health among medical students. There is a significant relationship has been seen between depersonalization, absorption and education. Regarding the severity of dissociative symptoms, male participants reported more than female. On the severity of stressful life events, female participants reported a more mild level of traumatic events in comparison to male, while male participants described more severe stressful life events than female in their life. Dissociative symptoms are negatively correlated with age, education and mental health issue. Lastly, it can be said that both genders perceive stress or may have traumatic experiences.

Plan for future research

The study is conducted on small sample with convenient sample. The results are difficult to generalise. However, the results indicate that majority of medical students feel stress and follow maladaptive defensive behaviours. More studies at different centers with larger samples would be needed to know the relationship between mental health issues and stress of the curriculum among medical students.

Limitations of the Study

This study has some limitations also which include firstly the sample size is small so the results couldn't generalize. Second, another comparative group also needs to include.

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