SOCIAL ASPECTS OF DEPRESSION

Joseph A. Flaherty and F. Moises Gaviria
University of Illinois at Chicago
College of Medicine, Department of Psychiatry
P.O. Box 6998 Chicago, IL 60680

Over the last ten years, American psychiatry has witnessed a remarkable rise in interest in the social aspects of depression in particular. A key factor in this rise has been better agreement on research criteria for this group of disorders and new epidemiologic instruments such as the Diagnostic Interview Schedule (DIS), the Present States Examination (PSE), and the Center for Epidemiologic Studies-Depression Scale (CED-S). In a related theme, Dohrenwend has developed an instrument for measuring demoralization as a non-specific indicator for depression and other psychopathology in community surveys (1). Weissman has developed a reliable scale for assessing social adjustment and has shown how this outcome variable is different than symptom ratings in depressive illness (2). In addition, two well known concepts, social support and life events, have been reexamined and applied to depressive illness. It is the purpose of this report to examine the research on these two variables in particular. This emphasis is predicated on the assumption that we are in danger of becoming complacent with our current understanding of and methodology for measuring these two crucial factors in the etiology and clinical course of the affective disorders.

I. Life Events

The most basic hypothesis regarding life events and depression is that stressful events can lead to the development of depression, although more sophisticated versions including additional variables have been proposed by the Dohrenwends (3) as well as Dean and Lin (4). Holmes and Rahe advanced the research in this area by developing a quantitative method for measuring life events. Using this, or similar instruments, numerous studies have examined the relationship of life events to psychosomatic illness and depression.
There are three criticisms of this type of life events research. First, certain events, such as a vacation or traffic tickets seem relatively minor and have questionable predictive capacity over negative outcomes. Second, while the numerical values for each event may be accurate for the population surveyed, they have dubious impact for the individual patient or for populations which are culturally different. Unfortunately, this instrument has been used by clinicians to determine whether an individual client is at risk for depression. A third criticism is that while the scale may be predictive for the development of gastrointestinal or cardiovascular illness, it is probably less predictable for depression.

Aware of the limits of the SRRS, several investigators have developed new instruments and methods for measuring stress. George Brown and colleagues, long known for their work on stress and schizophrenia, began developing a more time-consuming method of assessing life events in their work on depression (5). The threat of each important event, the emotional impact, and the readjustment in daily routine that resulted from it is solicited and quantitatively rated for each patient. A unique feature of Brown's method is the solicitation of data to determine whether the event occurred prior to and independent of any outcome symptoms or assessments. Brown also has provided a measure of the support received from a confidant and others surrounding each event. In addition to events, this research group has provided similar assessments of "difficulties" thus clarifying the previous confusion between two types of stressors: discrete events and long-standing problems (e.g., financial, marital, occupational). While this method represents the most optimal method of rating events, the two-hour interview needed for its completion and the required training with Brown and Harris make it impractical for most research projects.

Another venue in life events research has been the impact of early life events on depression in later life. This is particularly difficult because it is not possible to make an objective assessment of the impact of an event in the past nor to estimate the level of ongoing stress, such as marital conflict or single parent homes, on the child's development. Perhaps most importantly, it is impossible to measure the amount of support a child receives from others when experiencing the stress and its aftermath. For this reason, most research has concentrated on the death of a parent and the age the death occurred. While the preponderance of evidence probably favors the hypothesis that early parental loss renders one more vulnerable to depression in later life, there are a number of studies which fail to support this hypothesis. This variation is due in part to the sampling problems as well as the lack of a reliable way to retrospectively measure social support.

There are at least three new areas in which the life events research can expand. The first is to attempt to integrate early