

**DEPRESSION, ANXIETY AND STRESS; A
COMPARATIVE STUDY BETWEEN
GRANDPARENTS AND GRANDCHILDREN**

Vijaya U. Patil*

Rukmini S.**

ABSTRACT

The present study is aimed at exploring the depression anxiety & stress among Grandparents & Grandchildren. Sample of the study consisted 30 Grandparents & 30 Grandchildren of that respective grandparent. Age ranged between 18 to 20 years in grandchildren & 60 to 74 in grandparents. Grandchildren are students of Govt Home science College, Hassan, karnataka studying in B.A & B.Sc. & Grandparents belong to Hassan District. They are belonging to middle & high socio-economic status. The personal data sheet prepared by the investigator and DASS scale by Lovibond (1995) were used. Results indicated mild to moderate depression in grandchildren compare to more number of severe depression in grandparents ,moderate to severe anxiety in both the groups & normal to moderate stress in both the groups. The findings of the results also shows significant relationship between depression , anxiety & stress among both grandparents & grandchildren

Key words: Grandparents, Grandchildren, depression, anxiety, stress.

* M.H.Sc (Humandevlopment),NET,Assistant Professor, Dept of Home Science , Govt Home Science College, Hassan-573201,Karnataka.

** M.Sc.(psychology),M.Phil,Assistant Professor, Dept of Psychology, Govt Home Science College, Hassan-573201, Karnataka.

Introduction

Depression is the opposite of the individual's mood of elevation. There is a morbid sadness and dejection, an increased perception of physical pain and guilt consciousness. The expression of worry, sighs, weeping, crying, and refusal to eat or to speak are the usual signs of depression. In deep depression, the individual feels that everything is impossible and nothing in life is worth living. In extreme cases it leads to the suicidal depressions. **Depression** is a state of low mood and aversion to activity that can affect a person's thoughts, behavior, feelings and physical well-being. Depressed people may feel sad, anxious, empty, hopeless, worried, helpless, worthless, guilty, irritable, or restless. They may lose interest in activities that once were pleasurable; experience loss of appetite or overeating, have problems concentrating, remembering details, or making decisions; and may contemplate or attempt suicide. Insomnia, excessive sleeping, fatigue, loss of energy, or aches, pains or digestive problems that are resistant to treatment may be present.

The exact cause of depression is not known. Many researchers believe it is caused by chemical changes in the brain. This may be due to a problem with your genes, or triggered by certain stressful events. More likely, it's a combination of both. Some types of depression run in families. But depression can also occur if you have no family history of the illness. Anyone can develop depression, even kids.

The following may play a role in depression:

- Alcohol or drug abuse
- Certain medical conditions, including underactive thyroid, cancer, or long-term pain
- Certain medications such as steroids
- Sleeping problems
- Stressful life events, such as:
 - Breaking up with a boyfriend or girlfriend
 - Failing a class
 - Death or illness of someone close to you
 - Divorce
 - Childhood abuse or neglect
 - Job loss
 - Social isolation (common in the elderly)

Anxiety is a psychological and physiological state characterized by somatic, emotional, cognitive, and behavioral components. It is the displeasing feeling of fear and concern. The root meaning of the word anxiety is 'to vex or trouble'; in either presence or absence of psychological stress, anxiety can create feelings of fear, worry, uneasiness, and dread. Anxiety is considered to be a normal reaction to a stressor. It may help an individual to deal with a demanding situation by prompting them to cope with it. When anxiety becomes excessive, it may fall under the classification of an anxiety disorder. **Anxiety**, The noun refers to troubled state of mind. Anxiety suggests feelings of fear and apprehension: "Feelings of resentment and rage over this devious

form of manipulation cannot surface in the child.... At the most, he will experience feelings of anxiety, shame, insecurity, and helplessness" (Alice Miller). The symptoms concerning anxiety are marked by apprehension, tension, restlessness, tremor, nausea, rapid pulse, palpitation and profuse perspiration.

The word 'stress' is used in psychology in at least two different ways. First it is defined as the state of psychological upset or disequilibrium in the human beings caused by frustrations, conflicts and other internal as well as external strains and pressures. What to do? What not to do? How to do? Where to do? Such questions depict the stage or stage of stress under which one is expected to act or behave. In a more serious condition of stress, the individual reaches a point where the physical processes are seriously affected, the mental processes are confused, and the emotional state is chaotic. In 2nd case, stress is regarded as a class of stimuli which threaten an individual in some way and thus cause disturbances in his behaviour.

Ghaderi, A.R., Venkatesh Kumar, G., and Sampath Kumar(2009) in their study Depression, Anxiety and Stress among the Indian and Iranian Students with the purpose to understand and compare the experiences of Stress, Anxiety, and depression among the Indian and the Iranian students, collected data from students studying in different departments of University of Mysore, Mysore, studying post-graduate and Ph.D. degree courses. The sample comprised of 80 Indian and 80 Iranian, both male and female students. The Depression Anxiety Stress Scale (DASS) is used to assess depression, anxiety and stress. It is hypothesized that the Depression, Anxiety and Stress level of Iranian students is higher than Indian students. The 2 x 2 x 3 ANOVA is used for statistical analysis. Interestingly, the findings revealed that the Depression, Anxiety and Stress level of Indian students are significantly higher than those of Iranian students. Furthermore gender differences are not found significant.

A. F. JORM (200) in his review study, does old age reduce the risk of anxiety & depression? A review of epidemiological studies across the adult life span, A search was made for studies that examine the occurrence of anxiety, depression or general distress across the adult life span. To be included, a study had to involve a general population sample ranging in age from at least the 30s to 65 and over and use the same assessment method at each age. There was no consistent pattern across studies for age differences in the occurrence of anxiety, depression or distress. The most common trend found was for an initial rise across age groups, followed by a drop. Two major factors producing this variability in results were age biases in assessment of anxiety and depression and the masking effect of other risk factors that vary with age. When other risk factors were statistically controlled, a more consistent pattern emerged, with most studies finding a decrease in anxiety, depression and distress across age groups. This decrease cannot be accounted for by exclusion of elderly people in institutional care from epidemiological surveys or by selective mortality of people with anxiety or depression. There is some evidence that ageing is associated with an intrinsic reduction in susceptibility to anxiety and depression. However, longitudinal studies covering the adult life span are needed to distinguish ageing from cohort effects. More attention needs to be given to understanding the mechanism behind any ageing-related reduction in risk for anxiety and depression with age. Possible factors are decreased emotional responsiveness with age, increased emotional control and psychological immunization to stressful experiences.

Martin G. Cole & Nandini Dendukuri (2003) in their review study Risk factors for depression among elderly community subjects: A systematic review and Meta analysis, found out that Follow-up of the inception cohort was incomplete in most studies. In the qualitative meta-

analysis, risk factors identified by both univariate and multivariate techniques in at least two studies each were disability, new medical illness, poor health status, prior depression, poor self-perceived health, and bereavement. In the quantitative meta-analysis, bereavement, sleep disturbance, disability, prior depression, and female gender were significant risk factors.

Md Aris Safree Md Yasin¹ and Mariam Adawiah Dzulkifli (2011) Differences In Depression, Anxiety And Stress Between Low-And High-Achieving Students, This study was conducted to examine the differences in depression, anxiety, and stress between low-and high-achieving students. 120 undergraduate students of the International Islamic University Malaysia (IIUM) were involved in this study. The Depression Anxiety Stress Scale (DASS) was used to measure the depression, anxiety, and stress among students. Independent Sample T-test was used to differentiate the depression, anxiety, and stress between low-and high-achieving students. The findings of this study revealed that there were significant differences in depression, anxiety, and stress between low-and high-achieving students. The findings of the study will be useful in assisting educators, counselors, psychologists, and researchers to develop strategies to enhance students' psychological well-being.

Jihan Saber Raja Mahmoud, Ruth "Topsy" Staten, Lynne A. Hall, DrPH (2012) The Relationship among Young Adult College Students' Depression, Anxiety, Stress, Demographics, Life Satisfaction, and Coping Styles, study shows that , Recent research indicates that young adult college students experience increased levels of depression, anxiety, and stress. It is less clear what strategies college health care providers might use to assist students in decreasing these mental health concerns. In this paper, we examine the relative importance of coping style, life satisfaction, and selected demographics in predicting undergraduates' depression, anxiety, and stress. A total of 508 full-time undergraduate students aged 18–24 years completed the study measures and a short demographics information questionnaire. Coping strategies and life satisfaction were assessed using the Brief COPE Inventory and an adapted version of the Brief Students' Multidimensional Life Satisfaction Scale. Depression, anxiety, and stress were measured using the Depression Anxiety and Stress Scale-21 (DASS-21). Multiple regression analyses were used to examine the relative influence of each of the independent variables on depression, anxiety, and stress. Maladaptive coping was the main predictor of depression, anxiety, and stress. Adaptive coping was not a significant predictor of any of the three outcome variables. Reducing maladaptive coping behaviors may have the most positive impact on reducing depression, anxiety, and stress in this population.

With all these thoughts in mind , we have decided to know & compare depression anxiety & stress among Grandparents & Grandchildren.

Objectives:

1. To study the depression, anxiety and stress among grandparents & grandchildren
2. To study the interrelation between depression, Anxiety and Stress in both grandparents & grandchildren

Materials and methods:

Sample of the study consisted 30 grandparents & 30 grandchildren of that respective grandparent. Grandchildren are students of Govt Home Science College, Hassan, Karnataka studying in B.A & B.Sc. & Grandparents belong to Hassan District. They are belonging to middle & high socio-economic status. The random method was employed in the selection of the sample. The respondents were given assurance of confidentiality.

Tools:

Following tools were employed in the present study

1. Personal data sheet
2. DASS scale by Lovibond (1995) was used to measure Depression, Anxiety & Stress.

Personal data sheet: The socio demographic data for the present research was elicited using this personal data sheet. The researcher prepared this schedule himself. This is detailed schedule, which consists of provision to collect data on age, sex, income etc.

Depression Anxiety stress scale by Lovibond (DASS) (1995)

Internal consistency reliability coefficients for DASS-42 items, depression, anxiety stress subscales and full scale were found to be high with cronbach's alphas of .89, .85, .81 and .95 respectively. For DASS-21, these values were .79, .71, .76 and .89.

Statistical Methods:

Descriptive statistical analysis has been carried out in the present study. Results on continuous measurements are presented on Mean \pm SD (Min-Max). One way ANOVA has been carried out between variables.

Results and Discussion

The objectives of the present study are to find out the depression, anxiety and stress among grandparents & grandchildren & To study the interrelation between depression, Anxiety and Stress in both grandparents & grandchildren

The data obtained from 30 grandparents & 30 grandchildren of that respective grandparent. Grandchildren are students of Govt Home Science College, Hassan, Karnataka

studying in B.A & B.Sc. & Grandparents belong to Hassan District. They are belonging to middle & high socio-economic status. The random method was employed in the selection of the sample. The results were presented in the Tables.

Table 1 & Graph 1 Shows Depression, Anxiety and Stress among grandparents & grand children. In depression the mean is 6 in both grandparents & grand children and SD is different that is 3.74 for grandparents & 5.24 in grandchildren. Thus it shows the grand children in our study in age range between 18-20 years are comparatively less depressed than their grandma or grandpa in age range between 60-74 years. This we can make out from **Table A**. showing depression scores of both, among 30 samples more of that means 15 numbers of grandparents are under severe depression. Whereas almost equal number of grandchildren that is youth are in mild, moderate, severe depression. But still the effect of depression are bad in all age ranges of mankind, Symptoms may vary from feelings of minor sadness to sheer misery and dejection. When sadness persists and impairs daily life, it may be an indication of a depressive disorder. Depression brings together a variety of **physical and psychological symptoms**, which together constitute a syndrome. **The most common symptoms of depression** are feelings of acute sense of loss, inexplicable sadness, loss of energy and loss of interest. The person usually feels tired and lacks interest in the world around him. Sleep disturbance is frequent. And **Cases of severe depression** may also be characterized by low body temperature, low blood pressure, hot flushes and shivering. If we observe Table B, Table 1& Graph 1 in anxiety the mean is 7.5 for grandparents & 3.25 for grandchildren and SD is 3.10 & 2.5 respectively. Only 3 in 30 samples among youth are in normal anxiety range, other all are facing moderate, severe & extremely severe anxiety problem, even among grandparents we can see the extremity of the problem. *‘One thing is certain, that the problem of anxiety is a nodal point, linking up all kinds of the most important questions; a riddle of which the solution must cast a flood of light upon our whole mental life’* Sigmund Freud(Introductory lectures on Psychoanalysis). Thus anxiety is complex & mysterious, as Freud realized many years ago. Anxiety is a negative mood state characterized by bodily symptoms of physical tension and apprehension about the future (American Psychiatric Association, 1994; Barlow, 2002). What makes the situation worse that severe anxiety usually doesn't go away – that is, even if we “know” there is really nothing to be afraid of, we remain

anxious. If we observe Table C, Table 1 & Graph 1 Stress level in grandparents the mean is 5 & SD is 4.39 where as in grandchildren 5.75 and 5.31 respectively. Equal number of that is 11 among 30 samples in both aged & youth stress level is normal. It continued till moderate, only 4 youth are under severe stress no grandparent is facing severe stress. Extreme stress conditions, psychologists say, are detrimental to human health but in moderation stress is normal and, in many cases, proves useful. Stress, nonetheless, is synonymous with negative conditions. Today, with the rapid diversification of human activity, we come face to face with numerous causes of stress and the symptoms of anxiety and depression. But Stress can cause headaches, irritable bowel syndrome, eating disorder, allergies, insomnia, backaches, frequent cold and fatigue to diseases such as hypertension, asthma, diabetes, heart ailments and even cancer. In fact, Sanjay Chugh, a leading Indian psychologist, says that 70 per cent to 90 per cent of adults visit primary care physicians for stress-related problems. Scary enough.

Table 2 & Graph 2 representing depression, anxiety and stress between the grandparents group the sum of square is 12.69 and the difference is 2 and the mean square is 6.34 and F value is 0.44 & P value is 0.65. This significant relationship between depression, anxiety & stress among both grandparents & grandchildren. Anxiety is known to be a big part of depression but in recent years mental health professionals have begun to understand that anxiety and depression may be part of a single mental illness: anxiety stress depression. Well over half of all major depression patients report having anxiety symptoms as a regular part of their lives and they often preceded the depression altogether. The link may be that anxiety is a precursor to depression and that treating the symptom of anxiety stress depression types may lead to an effective depression treatment. It is as important for the patient to recognize the symptom of anxiety stress depression indicators because they need to be able to alert their doctor to the possibility of a problem that is going untreated.

In 2003 doctors published information that stated anxiety and depression have the same stress pathway which means they have the same causes and responses. Often, the fight or flight reflex is a segment of response in anxiety and depression and the presence of one can lead to the existence of the other. The brain itself sends out the messages to the body that results in a hormone response that can trigger depression as a result of anxiety stress. This led doctors to realize that depression

is not a passive state but an active response to stimuli just as anxiety. When depression hits it usually knocks the person back and leaves them without the ability to figure out how to relieve the depression. The person feels powerless in response to the things that are going on around them and anxiety can creep in, if it was not already there in the first place. Any little problem can send a depression sufferer further down and anxiety is by no means a little problem. Medication may help but it takes more than chemicals to relieve depression, you have to seek help. This type of disorder can come over any person, no one is immune. It is necessary that you understand that depression is an illness just like anything you can catch with a cough. It is not an indication of failing in your character or sinfulness in your soul. It is as important to know the symptom of anxiety stress depression types as it is to have them treated. The list is extensive and you may suffer from any number of the symptoms at any given time for at least two weeks. They include:

- Feelings of overwhelming sadness, fear, guilt, helplessness, hopelessness, worthlessness, isolation, loneliness, anxiety or the inability to feel emotion (emptiness)
- A decrease in interest or pleasure in daily activities
- Changes in appetite and significant weight gain or loss
- The inability to sleep (insomnia), loss of REM sleep, or excessive sleep (hypersomnia)
- Psychomotor agitation or retardation
- Fatigue and loss of energy
- Inability to concentrate, keep focus or make decisions
- Recurrent thoughts of death or suicide
- Self-loathing or a decrease in self-esteem.
- Inattention to personal hygiene
- Sensitivity to noise
- Unexplained physical aches and pains
- Periods of sobbing
- Possible behavioral changes, such as aggression or irritability
- Constant fear that becomes inescapable
- Being overly introspective and secluded
- Withdrawing and avoiding interaction with others
- Chest pain and heart palpitations, shortness of breath or fatigue
- Stomach problems (nausea, "butterflies"), headaches, dizziness
- Nervousness, shaking, muscular tension, restlessness
- Urgency to urinate
- Sweating or feeling cold and clammy, dry mouth
- Fatigue and difficulty concentrating
- Insomnia, hypersomnia and nightmares
- Tingling in the hands or feet
- Fearfulness, worrying and feelings of insecurity
- Uncontrollable obsessive thoughts
- Intense, repeated memories of traumatic experiences

- Isolation
- Hair loss
- Muscle tension
- Cold hands or feet
- Skin problems (hives, eczema, psoriasis, tics, itching)
- Periodontal disease, jaw pain
- Reproductive problems
- Immune system suppression: more colds, flu, infections
- Growth inhibition
- Depression, moodiness
- Irritability, frustration
- Memory problems
- Lack of concentration
- Feeling out of control
- Substance abuse
- Phobias
- Overreactions

Conclusion

It can be concluded from this study that, depression, anxiety & stress are related & one should be careful when he/she are in anxiety or depression or stress, the symptoms should be carefully observed and care should be taken that one should not lead to other. Otherwise it may lead to another big problem altogether.

Limitations of the study

The sample was not representative of the urban population. The sample size was very small. The effect of demographic variables was not studied.

Suggestion for the further study

The effect of demographic variables can be studied to know the reasons for depression, anxiety & stress. The study highlights the need to allocate resources and develop strategies of individual & family counseling, yoga, meditation to make the so called pillars of the nation the young adults without depression, anxiety & stress. And make evening of the life (old age) beautiful by helping elderly to come out of depression, anxiety & stress.

Acknowledgment

We convey our sincere thanks to all our respondents for their co-operation. We are thankful to our students for their sincere response. We are thankful to our family and friends.

References:

1. A.F.Jorm (2000), does old age reduce the risk of anxiety & depression? A review of epidemiological studies across the adult life span, *Psychological Medicine*,30(01),11-22.
2. Ghaderi, A.R., Venkatesh Kumar, G., and Sampath Kumar(2009) , Depression, Anxiety and Stress among the Indian and Iranian Students, *Journal of the Indian Academy of Applied Psychology*, January 2009, Vol. 35, No.1, 33-37.
3. Martin G. Cole & Nandini Dendukuri (2003) Risk factors for depression among elderly community subjects: A systematic review and Meta analysis, *The American Journal of Psychiatry*, VOL. 160, No. 6,1147-1156
4. Md Aris Safree Md Yasin1 and Mariam Adawiah Dzulkipli (2011) Differences In Depression, Anxiety And Stress Between Low-And High-Achieving Students, *Journal of Sustainability Science and Management* ,Volume 6 Number 1, June 2011: 169-178.
5. Jihan Saber Raja Mahmoud, Ruth “Topsy” Staten, Lynne A. Hall, DrPH (2012) The Relationship among Young Adult College Students’ Depression, Anxiety, Stress, Demographics, Life Satisfaction, and Coping Styles, *Issues in Mental Health Nursing*, March 2012, Vol. 33, No. 3 , Pages 149-156.
6. S.K.Mangal(2005), *Abnormal Psychology*, Sterling publishers pvt ltd, 70-71, 45-50.
7. David H. Barlow & V.Mark Durand (2007), *Abnormal Psychology* , An integrative approach, Baba Barkha Nath Printers, Delhi,120-126, 152-157.
8. http://en.wikipedia.org/wiki/depression_mood
9. <http://en.wikipedia.org/wiki/anxiety>
10. <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001941/>

Table A : Depression scores of Grandparents and Grand children.

	Grandchildren	Grandparents
Normal	3	4
Mild	9	3
Moderate	8	6
Severe	9	15
Extremely severe	1	2
Total	30	30

Table B: Anxiety scores of Grandparents and Grand children.

Anxiety	Grandchildren	Grandparents
Normal	3	-
Mild	-	3
Moderate	10	8
Severe	7	12
Extremely severe	10	7
Total	30	30

Table C : Stress scores of Grandparents and Grand children.

Stress	Grandchildren	Grandparents
Normal	11	11
Mild	6	9
Moderate	9	10
Severe	4	-
Extremely severe	-	-
Total	30	30

Table 1 : Depression, Anxiety and stress comparison according Grandparents and Grand children.

Variable	Depression		Anxiety		Stress		Total	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Grand parents	6	3.74	7.5	3.10	5	4.39	6.15	3.60
Grand Children	6	5.24	3.25	2.5	5.75	5.31	5.07	4.40

Graph 1

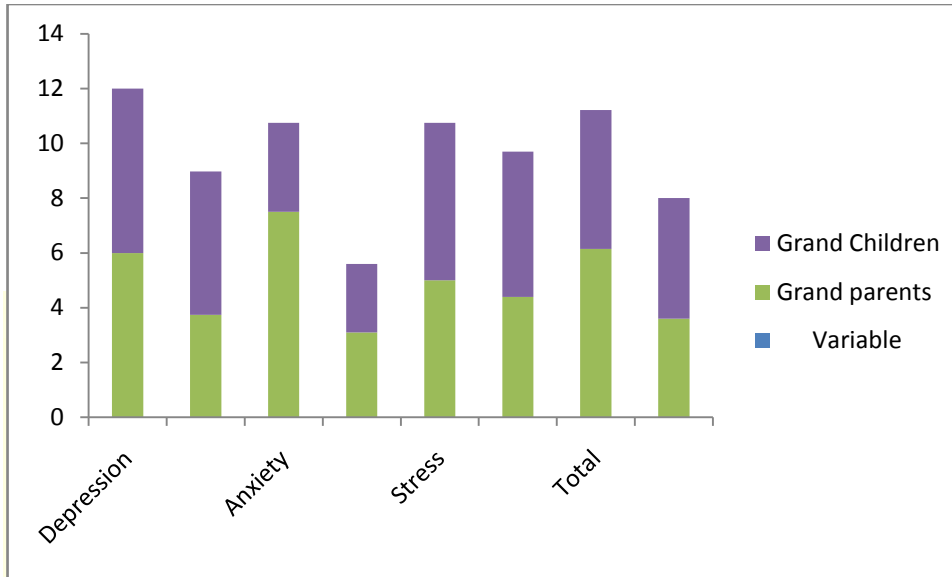


Table 2 : One way ANOVA

Depression, Anxiety and Stress	Model	Sum of Squares	df	Mean Square	F	P
Between group	Grand parents	12.69	2	6.34	0.44	0.65
Between group	Grand children	19.42	2	9.71	0.45	0.64

Graph 2

