

Impact of life change unit on psychiatric patients and non- psychiatric individuals

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Abstract

Using the concept of Life Change Unit, the study is undertaken with the sample of psychiatric patients and non-psychiatric individuals. Hypotheses set for the study (i) the scores of Life Change Unit are higher for psychiatric patients as compared to non-psychiatric individuals. The sample size consists of 30 psychiatric patients and 30 non-psychiatric individuals selected through purposive sampling method on matching criteria. Tools used for the study are Life Change Unit Scale formulated by DR. B.R. Shejwal. Two groups were compared with 't' test. Result shows that sample of psychiatric patients is significantly higher on life change units ($t= 5.365, p < .05$).

Introduction: Life change unit can be defined as any sudden change in life circumstance which affects the body, or the reordering of important routines that the body become used to, and which cause eustress as well as distress affecting physical, social, psychological well-being of a person. Mental or psychiatric illnesses are a major public health concern. They adversely affect functioning, economic productivity, the capacity for healthy relationships and families, physical health, and the overall quality of life. Impairment of mental health generally causes loss of human resource. There are many factors which may result in such impairment of mental health. One of the important factors, as identified by the psychologists is social stress. The association of social stress and mental health impairment has been a topic of interest to researchers for many years. Holmes and Rahe in 1967 developed a simple and easily administered scale which quantified change in the lives of individuals and therefore operationalized the measurement of social stress (Schedule of Recent Events). Many researchers have looked at the relationship between life events and mental health functioning. Most of these studies have shown an increased risk for developing mental health

impairment when cumulative life events are above a critical value. Stressful events are changes that occur suddenly in someone's life. Particularly stressful life events include death of a spouse, divorce and marital separation (Holmes and Rahe, 1967). Other life events can be like daily hassles which include to feel alone, fear of rejection, worry about the meaning of life, not enough money for basic maintenance or clothing, worry about owing money, too little time for all obligations, not having slept enough, dissatisfaction with work, not liking your colleagues, traffic, problems with your child, side effects of medication, shifting of home or job (stresspages.com). Life change events are regularly linked to the mental health to the adults. Those who have experienced more life changing situations are consistently more likely to report worse mental health than those who have experienced few or no life changing events.

The present study deals with Life Change Unit in Psychiatric Patients and the non- psychiatric patients.

Though research literature shows that stressful life predicts psychiatric illness. Whether such relationship exists across cultures is the focus of this study. As no study has been conducted in Indian set up, this study will help to understand universality of the precious findings. The objective set for the present study is:

- (i) Impact of Life Change Unit on non-psychiatric individuals and psychiatric patients.

Method:

Participants: In the present study psychiatric patients are defined as patients who have undergone psychiatric treatment for minimum six months period so far.

Non-psychiatric individuals are defined as the people who have not undergone any kind of psychiatric treatment so far. The samples selected were 30 psychiatric patients and 30 non-psychiatric individuals who fulfilled the criteria of the study. Incidental method was adopted to select the sample and the sample was collected from Pune city. The above sample was matched on

following criteria, age, and gender and socio economic status. The age range for the present study is 20 to 60 years of age considering male (30) and female (30).

Measures: Following tools have been used for the data collection purpose of the selected variables:

- a) **Life Change Unit Scale** for assessing the life change measure. The test was formulated by **Dr. B. R. Shejwal**. The test is self-administered. The test retest reliability of stress measurement in terms of LUC was found to be 0.73.

Procedure: To collect data from the selected sample, (psychiatric sample) were referred by Dr.V.G. Watve the test was conducted in calm and comfortable environment. The test was administered on one individual at a time. For each individual a secret code was given which was helpful to get honest responses. First personal data like age, educational qualification; family size etc. was asked to establish good rapport. Standard instructions were given to the samples. They were asked for any clarification if needed. No time limit was imposed for the completion of the questionnaires, but an individual was expected to solve it within 60 minutes.

Results: To compare the significance of difference between Psychiatric patients and non-psychiatric individuals on the variable Life Change Unit.

Difference between the mean of Life Change Unit scores of

Psychiatric Patients and Non- Psychiatric Individuals

Life Change Unit	Mean	Std deviation	t value	table value of t (at 5% level of significance)
Psychiatric patient	527.27	304.341	5.365	0.000*
non-psychiatric individuals	204.07	127.523		

Since calculated value of “t” ($t = 5.365$, $p < .05$) is significant, we may conclude that life change unit scores are higher for psychiatric patients than non-psychiatric individuals.

Discussion: The present research focuses on the impact of Life Change Unit of the psychiatric patients and the non-psychiatric individuals.

The significance of the study lies on the fact that it will be able to throw some light on the relationship of ‘life change situations and irrational beliefs’ with psychiatric illness. Result shows that psychiatric patients report greater number of life changes, as compared to non-psychiatric patients. This suggests that life stressors play important role in developing psychiatric illness. These results are consistent with previous literature (Rahe, 1967). But this is not a complete story. Along with encounter with life stressors individual’s perception about it also mediates development in psychiatric illness (Ellis 1962). This study has its implication in the understanding and treatment of the psychiatric illness. These findings again confirm the rational emotive behaviour theory model and suggest that intervention with rational beliefs can alter irrationality associated with activating events, self, other, and world conditions and thus can improve mental health.

Limitations:

1. The sample size is small and sampling method is non-probability.
2. Sample is not homogenous in nature. There is variability in relation to symptomatology, socio-economic status, nature of life stressors which could not be controlled.

Conclusions: Psychiatric patients reported greater life changes as well as greater irrationality than non-psychiatric individuals.

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