Chapter 14
Assessment of life events
T.J.K. CRAIG

14.1 INTRODUCTION

There is now a substantive literature attesting to the important role played by recent life events in a number of psychiatric and physical illnesses. For some conditions such as depression, the debate has moved beyond the issue of whether events are aetiological agents to arguments about the strength of the association, and the social and biological vulnerabilities on which they operate. However, for most disorders including schizophrenia, research has not progressed much beyond the first steps towards establishing casual links. The evidence reviewed by Bebbington and Kuipers (Chapter 8) suggests that people who suffer from schizophrenia may be at greater risk of relapse if they are exposed to stressful environments which heighten levels of psychological arousal and that relapse may be prevented by interventions which reduce this exposure. So far, it has only been practicable to attempt such interventions for a narrow subset of chronic stressors (i.e. high ‘expressed emotion’ family environments). Ideally, it should be possible to develop interventions to reduce the occurrence or impact of other stressful experiences as well, but at present, this seems an unattainable target.

Three factors impede our chances of developing successful interventions. First, the ver breadth of circumstances which might produce the sort of arousal which matters and the fact that such circumstances are part and parcel of ordinary life. Second, the apparent impossibility of predicting when such ‘events’ will occur and third, the short time lag between the event and the relapse, which most studies place at a matter of weeks at most. It stands to reason therefore that any hope of successful interventions will depend on the ability to identify what events matter for which people, to predict periods in a person’s biography when these crises are more likely to occur and to develop rapid response strategies (including adjustments to medication) at these times. It has to be admitted that at present these all seem unattainable targets. But developments in the technology of life event assessment are beginning to suggest that this may not be such an impossible task after all. The purpose of this chapter is to review these recent advances in the hope that this may inspire a fresh look at schizophrenia.

14.2 WHAT IS A LIFE EVENT?

The first step in pursuing the aetiological relevance of a particular experience requires a precise definition of the unit of enquiry.
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Physical stressors such as extremes of temperature, noise, or the deprivation of nourishment must be clearly distinguished from social experiences. Discrete events which occur abruptly and which are relatively transient need to be distinguished from chronic situational difficulties (such as poor housing conditions) which persist over prolonged periods of time and which may exist without ever producing a discrete event.

Deciding what range of phenomena to study is clearly not enough. Stressors also differ in terms of meaning. Events can only be 'stressful' once they have been appraised and evaluated by the person who experiences them and just what meaning an occurrence will have depends on the extent to which it impinges on a person's plans, goals and concerns (Fridja, 1986). For example, a pregnancy may be desired or wholly unwelcome and a change of job may involve more or less adjustment to new work demands. It might seem therefore, that even if we are able to define events in some arbitrary manner, we will still be unable to assess their likely impact on individuals and the only way to proceed to this level of measurement is to ask people to provide their own classifications as to which of the recent experiences were stressful. However, people may not always be able to give accurate reports of how they felt or responded to an event. Some will deny the impact of events, others will exaggerate claims of distress; people forget how they actually felt at times of crisis; and the full meaning of events may not even be open to conscious awareness or have any rational explanation. Even more problematic from a research point of view is that such an approach does nothing to deal with the possibility that the respondent's account will be influenced by what happened after the event including any subsequent onset of illness.

14.3 MEANINGLESS MEASURES

Small wonder then that first attempts at developing life event rating scales put the issue of meaning firmly to one side. Instead, the emphasis was 'firmly placed on change and disruption from the existing steady state of adjustment and not on psychological meaning, emotional or social desirability' (Rahe, 1969, p. 98). There was some theoretical justification for this. In keeping with Selye's general adaptation theory (1956), events were considered to be important not because they produced emotional reactions, but because they heralded changes in the organism's environment which called for behavioural change and physiological adaptation. The physiological response might be entirely non-specific, but might be enough to precipitate disease in a vulnerable organ which could not 'cope' with the biological strain placed upon it by the process of adaptation.

The Social Readjustment Rating Scale — SRRS (Holmes and Rahe, 1967) was developed as a self-report quantitative assessment of recent change. Accordingly, it concentrated on assessments of events that should produce the greatest demand for 'adaptation' and began with the premise that such events would exert additive effects: each new experience adding to the need for adaptive responses in a linear manner. Since emotional reactions to events were thought to be relatively unimportant (in the sense that these probably reflected the extent of physiological arousal) there was little need to attempt to measure meaning. All that was required was an accurate account of the total number of events over a given time period and a way of scoring the likely adaptive changes that such events would produce. To develop the measure, Holmes and Rahe (1967) combed the medical records of naval personnel for incidents apparently associated with injury or onset of illness, and derived a list of 43 of the more common experiences which seemed to precede illness: all were thought to involve abrupt changes in routine. Since the final measure was the amount of change, scoring initially consisted of asking respondents to indicate which of the list of events they had experienced in the time