STRESSFUL LIFE EVENTS AND ILLNESS: A REVIEW WITH SPECIAL REFERENCE TO A CRITICISM OF THE LIFE EVENT METHOD.

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INTRODUCTION

During the last decades a considerable number of quantitatively based studies on relationships between one and other indices of psycho-social stress and illness have been published. However, in many instances it remains unclear how these associations are to be interpreted, partly owing to methodological problems and limitations in the research strategies applied (Gunderson & Rahe, 1974, Dohrenwend & Dohrenwend, 1974, 1981, Rabkin & Struening, 1974 and Rahe & Arthur, 1978).

The purpose of this review is to point out some results and methodological issues based on the literature and experience from own investigations on psycho-social stress and various diseases in childhood, and hypertension and duodenal ulcer in adult (Aagaard, 1979, Aagaard et al., 1980, Aagaard et al., 1981a, Aagaard et al., 1981b, Aagaard, 1982, Aagaard & Kristensen, 1982, Aagaard et al., 1983 and Aagaard et al., in press).

In principle, at least two different approaches exist in analysing associations between psycho-social stress and illness, one mainly emphasizing personality traits including intrapsychic conflicts, coping etc., the other mainly stressful life events.

In a traditional psychiatric/psycho-analytical concept, which has been the framework in analysing the psychosomatic disorders, e.g. hypertension and duodenal ulcer, the main emphasis has been laid on personality traits. In 1913 Jaspers delimited the reactive psychosis as a disease entity and set up the etiological criteria. His viewpoint has had some impact on clinical psychiatry (e.g. Wimmer, 1916 and Førgeman, 1945). For him life events are seen as provoking factors of some psychoses, but they are assessed partly on individually based...
reaction patterns, partly on predisposing factors involving an unspecific lowering of resistance. Within the psychiatric crisis-theory (Cullberg, 1976) stressful life events are also considered provoking, but here their impact are assessed in a psycho-dynamic concept, and the person's psycho-social level of development and the accessibility of social support. Lazarus (1966) has pointed out the importance of personality traits in the comprehension of the effects of stressful life events; for instance persons with low self-esteem may experience and misunderstand many situations as stressful, and react with helplessness with a higher risk of illness, and persons characterized by pronounced defence-mechanisms or repressions may have less ability to cope adequately with a certain stressful situation. Lazarus has underlined the individual aspect i.e. what is stressful to one person need not be stressful to another person, and has underlined that the most important modifier in the effect of stressful life events is the person's coping strategy. This approach is in accordance with Hinkle (1958, 1974), who has suggested that the psychologically or socially conditioned limitations in coping with difficulties are more important than stressful life events for risk of illness.

In the different investigations on stressful life events the dependent variables are 1) onset of certain physical or psychiatric disorders, 2) the course of certain diseases, 3) various psychiatric symptoms, 4) susceptibility to unspecific illness, and 5) utilization of health services. In some instances a distinction has been made between illness and illness behaviour, in other instances between a general susceptibility to illness and onset or course of a certain disease. The concept of a general susceptibility or the unspecific approach is mainly based on Selye's theories (1956), whereas the specific approach is based on new psychosomatic concepts (e.g. Lipowski et al., 1977). The last mentioned approach involves an analysis of the relative effect of biological, social and psychological factors including stressful life events on a certain disease.

In the present investigation the following terminology has been applied:

By determinants respectively predictors is meant statistical risk indicators computed from cross-sectional respectively prospective investigations.