Psychosocial Stressors:
Concepts, Causes and Effects

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Key advances in life events research included recognition of the need to differentiate events that were independent of disorder; to take the social context of events into account; to assess life events in terms of the long term threat rather than degree of life change; to determine the temporal linkage between life events and onset of psychiatric disorder; to appreciate the importance of long term difficulties as well as acute events; and to examine the role of vulnerability and protective mechanisms in determining individual differences in response to life events. Stress effects in childhood are considered in terms of possible mediating mechanisms; of turning points in life trajectory; of individual differences in response; of difficulties in the concept and measurement of onset of psychiatric disorder; of possible additivity of negative life events; and of the origins of individual differences in exposure to negative life experiences.

There is now a very substantial research literature on the possible role of psychosocial stressors in the genesis of psychiatric disorders in adult life (Brown & Harris, 1978, 1989), and a rapidly growing comparable set of reports on the operation of psychosocial influences in the causation of child psychiatric disorder (Johnson, 1982; Garmezy & Rutter, 1983, 1985; Eth & Pynoos, 1985; Goodyer, 1990). Numerous investigations have shown substantial, well replicated, statistical associations between adverse life experiences and the onset of psychiatric disorder. It might be thought that the research issue must, by now, be more or less settled. In fact, that is very far from the case; quite fundamental questions have yet to be answered. Of course, we should not underestimate what has been achieved. A combination of a range of research strategies has demonstrated beyond all reasonable doubt that psychosocial factors do indeed exercise a causal effect on peoples' psychological functioning, and also that they contribute in a major way to the multifactorial causation of psychiatric disorders in both childhood and adult life (Rutter, 1981a, 1985, 1991a). The research evidence that supports that statement will not be considered as it has been reviewed several times elsewhere. Instead there will be a focus on the conceptual dilemmas and on the methodological and scientific issues that remain to be resolved.

These may be approached by noting briefly some key points in the history of the overall topic of the psychiatric importance of psychosocial stressors. It is clear that the notion is not a new one. Early in the 19th century, Pinel, the doyen of psychiatrists in that era, emphasized the aetiological role of "unexpected reverses of adverse circumstances" (see Riese, 1969). Indeed, his initial question at administrative interviews with patients was said to be "Have you suffered vexation, grief, or reverse of fortune?" Later in the 19th century, Griesinger (1867/1965) discussed the importance of psychic causes of mental disorder, citing a mixture of acute life events such as loss of fortune or grief, and chronic adversities such as "forced sojourns in inadequate circumstance".

The next highlight concerns the role of Adolf Meyer (1957) who suggested that life events need not be catastrophic or particularly unusual to be pathogenic. He urged the value of life charts to bring out temporal links between such happenings as marriage, divorce, and bereavement and the onset of psychiatric disorder.

This approach was further developed in the 1960s by Holmes and Rahe (1967) through their production of questionnaires to provide overall scores of degree of life change - the assumption being that it was the extent of life change that was
stressful and not necessarily the unpleasant nature of the life experiences. In parallel with these overall approaches to life events, there were numerous studies of specific life events such as family breakup, bereavement, and disasters such as floods or hijacking.

The 1970s saw a major reappraisal of psychosocial stress research through the work of Paykel (1974, 1978), who noted the importance of differentiating between desirable and undesirable life changes; of Lazarus (Lazarus & Launier, 1978) who emphasized the role of cognitive appraisal of the events; and especially of Brown and Harris (1978, 1989), whose critiques and methodological advances were particularly radical and important. Six main features of their work deserve particular emphasis.

Some Key Advances in Life Events Research

First, Brown and Harris pointed to the need to differentiate between events that could have been brought about by the person's own actions stemming from psychiatric disorder and those that were independent of disorder. For example, being arrested may well be stressful, but it makes no sense to see that as a cause of delinquency. Yet, life events checklists include many such items. For example, the Johnson and McCutcheon (1980) questionnaire includes failing a grade at school, trouble with teachers, and getting put in jail. Brown and Harris argued the need to exclude such non-independent items when seeking to study causal processes. It should be noted that it was not suggested that events that people bring about themselves cannot be stressful (Rutter, 1986). To the contrary, they may well constitute major causes of illness. Cigarette smoking and lung cancer provide a striking example. Instead, the point is that there is a methodological need to exclude events that could be the results of psychiatric disorder when trying to examine their role in aetiology.

The second research advance constituted the realization that it was necessary to take into account the social context of life events in order to assess their meaning, and hence their stressful quality. For example, it is unreasonable to treat pregnancy as a unitary event. An unwanted pregnancy in a teenager resulting from casual sex is in no way equivalent to a highly wanted first pregnancy after years of trying to conceive in, say, a thirty-five year old woman in a stable loving relationship. The clear implication is that interviews rather than questionnaire approaches are needed for an adequate assessment of life events. It is rather surprising that so many researchers persist with life change checklists. They constitute measures with so many limitations that they should be abandoned for most research purposes. Of course, for large scale epidemiological studies, intensive interviews may be impractical. Although undoubtedly less discriminating than interviews (because of their inability to make the important contextual discriminations), questionnaires can constitute reasonable screening devices provided that they exclude non-independent events, focus on those events known to carry a high risk in most circumstances, and use definitions of events that avoid possible bias in terms of perceptions that have been coloured by the psychiatric consequences of the event. Well designed questionnaires of this type would probably be reasonably effective in picking up major effects even though, inevitably, they would omit many personalized events that were stressful in the individual because of the particular social context. The work of Goodyer et al. (1985) and of Monck and Dobbs (1985) has been important in extending the use of interview assessments of contextual threat of life events to children and adolescents.

The third methodological feature involved a criticism of the questionnaire practice of summat- ing life events so that many trivial happenings produce the same score as one major event such as the death of a partner in a love relationship. This practice lacks empirical support and it is based on two rather dubious assumptions: (1) that many minor changes in a range of different life domains equates with one major change; and (2) that change, rather than unpleasantness or psychological threat, constitutes the key dimension.

Fourthly, Brown and Harris noted the key methodological importance of showing a close temporal connection between the date of the key life event and the date of onset of psychiatric disorder. It was not enough to show, say, an increase in negative life events during the last year in psychiatric patients compared with controls. Case-control differences had to be combined with the demonstration that severe life events were more likely to be present during the time period immediately preceding the onset of psychiatric disorder compared with other times in the more distant past.