

## DEVELOPMENT OF STRESSFUL LIFE EVENTS QUESTIONNAIRE

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### ABSTRACT

This article describes the development of a questionnaire to assess the stressful life events which has potential relevance to stress management training programmes and also in stress research. The questionnaire taps the nature and frequency of life events considered stressful and perceived control over such situations in a sample of 346 adult subjects.

The questionnaire provides the scores in terms of total frequency of experiencing events and the varied nature of such experiences. The distribution of stressful events in a random sample of 346 adult males and females are discussed in relation to their clinical status

### INTRODUCTION

Life events and pressures of everyday life, have a forceful impact on health. Recent advances in mind-body medicine is an outcome of the empirical research on stress and its effects on body and mind. The need to identify these life events or the human environmental triggers have gained importance, as early detection can help in preventing major degenerative diseases.

Identifying or listing of events are not so simple. Stress is seldom caused by a single isolated event, but more typically it builds up over a series of what may appear as unrelated events. Life experiences are highly personal and to be perceived as stressful, depends on multiple extrinsic and intrinsic factors.

Stress researchers have used schedules, interview techniques to assess the stress levels of subjects. Schedule of Recent Experiences (SRE) was the first of this kind. SRE has undergone many modifications and variations. Holmes and Rahe (1967) were able to quantify the effects of stressful events in terms of life change units.

This questionnaire lists the life experiences, based on the amount of 'change' or adjustments' one has to make to life, rather than the undesirability of the events themselves. Kasl, (1983) critically evaluating these measures, argues that life events are intimately bound up with a person's life style, and also the stage in his life cycle. Some changes in life are normative, expected and planned. Generally, it is the unanticipated events, the uncertainty of which upsets the rhythm of life, leading to imbalance.

Lazarus and his colleagues (1984) have emphasised the role of 'controllability' in the appraisal and experience of events. It is the sense of control which can reduce the intensity of stressful impact of events.

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The objective of the present study is to develop a tool to assess the frequency and nature of stressful events and the controllability over such situations, as perceived by the subjects.

### ITEM PREPARATION :

The items for the present questionnaire were partially pooled from the presumptive stressful life events scale (Singh 1983), from interviews of a cross section of clinical patients and a review of stress literature.

### STRUCTURE OF THE QUESTIONNAIRE :

Instead of grading the items on a scale based on its stressfulness for the individual, the events were arranged from mild to severe depending on its impact in disturbing the normal life and efficiency of the individual. Factors such as desirability, anticipation, controllability and also amount of adaptation required in light of such events were taken into consideration while arranging the statements of events.

The final format of the questionnaire involved 52 items, representing a statement of an event or situation in a person's life. The respondents were requested to either endorse a 'Yes' or 'No' according to the experience of the situation.

Against each 'Yes' response or experience of the situation, the respondent also recorded whether he/she had complete, partial or No control over such situations.

### SCORING :

The questionnaire yielded not only the frequency of the stressful events but also an index of the nature of such events whether its impact could be characterised as mild, moderate or severe.

The control index was derived by giving a weightage of 'one' 'two' or 'three' marks against items scored as Complete Control, Partial Control, and No Control respectively.

### PILOT STUDY :

The scale was tried out on a sample of 80 subjects. The item reliability value was 0.86. A test reliability on a sample of 30 subjects was found to be 0.96 ( $P < 0.01$ ). The content validity based on judges rating was 0.86. After initial trial of the questionnaire, the final format was structured with no major changes.

### MAIN STUDY :

The stress questionnaire, involving 52 items was administered on a random sample of 346 subjects. The sample for the main study was selected in Madras city. Only literates and urban population were included in the study. The age ranged from 24 to 60 years. Married people belonging to both sexes were studied. The sample from a clinical population was also included.

These patients were hospitalised for specific medical disorders and were under medical supervision at the time of study.

The final sample of the study emerged as follows :

INSERT TABLE 1

TABLE 1 SHOWING THE CHARACTERISTICS OF THE SAMPLE

		Percentage	Mean Age	SD	't' Value
Sex	Male	48	46.43	11.04	10.42
	Female	52	35.90	7.34	
Non - clinical		65.60	36.52	8.49	6.4
	Clinical	34.39	49.25	9.37	

#### THE SAMPLE DESCRIPTION :

The sample for the main study had a slightly higher representation of females (52%) than the males (48%). The former were significantly younger (Mean age 35.90 +7.34 years) compared to the males (Mean age 46.43 +11.04 years). There was equal representation of subjects in all the age groups.

The 34% of the total sample included clinical patients who had a diagnosis of essential hypertension, coronary heart disease or neurotic disorders. The 65% of the sample had no clinical diagnosis, and were outside the medical suspension, and were also free from any regular medication.

Within the clinical group, the representation was significantly in favour of Men (79%) than women (21%), as the clinical sample included, mainly patients of coronary heart disease, which epidemiological studies have proved to be more prevalent among men than women (National Health and Nutrition Survey 1980, U.S.A). Thus, higher frequency of males in specific clinical conditions is noted. Further, it was also noticed, that the mean age of the clinical patients (49.24 + 9.37 years) was significantly higher than the non-clinical group (36.32 + 8.49 years). Age and sex of the subjects are very important risk factors in the onset of cardio-vascular diseases. Typically, 40 years is considered to be the most susceptible period among males for cardio-vascular dysfunctions (Survey of Joint National Committee, USA 1984).

#### FREQUENCY OF STRESSFUL EVENTS :

The number of life events and the intensity of such events were analysed for the group. An average of 12 life situations or events in a span of one year are reported by the respondents in this study. The findings show significantly ( $P>0.01$ ) higher number of stressors than reported by presumptive Life Events Scale (Singh, Kaur and Kaur, 1983). Mean life events of 7.24 reported by hypertensives and 10.32 events by Emergency patients in powers and the Jalewicz study (1981) is comparable to the findings in this study.

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Keeping in view, the nature of the sample, time frame and locale of the study, possibility of increase in frequencies, over the years can be attributed to the changes in the life styles in recent years. And stressors are always mounting and multiplying and its numbers cannot be reduced. And all stress research reports emphasise this fact.

Examining the distribution of scores, 25% of the sample have a score of 7 and below, 25% of the total sample have a score above 16 and they are considered to have a higher load of stressful experiences, which can have a strong impact on the psychological and physical well being of an individual (fig.1) The distribution of events is comparable to earlier findings by Jalewicz (1981) where 64% of the hypertensives had stressful life events of 16 and above.

TABLE - II SHOWING MEAN STRESSFUL EVENTS EXPERIENCED FOR ADULT SAMPLE

Nature of Stressors	Mean frequency	T
Mild	6.15	4.34
Moderate	3.49	3.01
Severe	2.79	2.49
Stressors	12.41	6.74

#### INSERT TABLE 2

Mild annoyance in the nature of "lack of holiday", rest, lack of domestic help, work load, and change in sleeping habits were found to be averaging around 6 events. But an average of 2-3 severe events such as bereavement, job change, depression are experienced in a year. It is the mild day to-day hassles which are supposed to affect the psychophysiological status of an individual. Stress does not have to be earth shattering. Daily events such as completion of an assignment, a disagreement with a neighbour and dealing with a maid servant can be considered as a series of mild annoyances. Elliot (1994) states "Squandering doses of mundane episodes like standing in a grocery line, running out of fuel, waiting in a traffic-jam can also be irritants for people"

As stated earlier, the severe life events are of an average of 2.79 + 2.49. This is significantly higher than the frequency 1.90 + 2.62 reported by Singh et al (1983). Thus, experiencing 2-3 events in a year which involves a severe disruption in normal life are more common. Having more than five events could be highly stressful which disrupts in normal day-to-day efficiency and can have an impact on health.

The experiences of stressful life events are significantly higher among females than males. ( $P>0.01$ ) Females had an average life situation of 13.37 + 6.09 events. Though the frequency reported in this study is much higher than the average score reported by Singh (1983) for females 2.46 + 3.34, it confirms their findings that females report more problems than males. Though there