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THE ROLE AND DEVELOPMENT OF SOME METHODOLOGICAL QUESTIONS IN LIFE EVENT, SOCIAL SUPPORT AND DEPRESSION RESEARCH

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SUMMARY

Research on life events, social support and depressive behaviour has evolved from the descriptive level to the contextual perspective. Precise conceptualization of the terms used, such as 'life events' and 'social support' is called for, together with a conscientious application of research techniques like the interview method. Careful analysis of different variables such as 'provoking agent' and 'vulnerability factor' would seem necessary, before the causality question can be approached.

In studying the relationship between health and illness, the basic importance of psycho-social factors cannot be denied, and it is to Freud,¹ among others, that we owe our understanding of their significance. Scientific study of the impact of stress in human terms entails an assessment of the meaning of everyday occurrences and the influence of life events. When they introduced their 'social readjustment scale' in 1967, Holmes and Rahe² delivered to medical science a substantial contribution towards the operationalization of the concept of 'stress'. The accent lay, in particular, on the degree of adaptation based on the idea of change. Further development in the field of life event research has given more credence to connection perspectives, such as the terms 'objective impact'³ and 'contextual threat'.⁴

LIFE EVENTS

Stress is not only definable in biological terms, but also in psychosocial terms and can be understood as a basic demand being placed on an individual from within his own environment in which the stress elements or stressors are both conceptually

and analytically separate from the person being studied and his/her circumstances.

The dynamic exchange of forces between life event and environment, including the subject being examined, are explicitly excluded from Holmes' and Rahe's research model. Research of this kind bypasses the possible role of the psychosocial processes during the life event — (symptom) — behaviour interaction.

We contend that the pioneers in the field of life event research quite deliberately paid no heed to the psychosocial aspects. This error is understandable considering how few research methods were available to them in those early days. The true merit of Holmes' and Rahe's work, therefore, lies in the fact that out of a loosely constructed social process, they were able to create an operationalization concept of stress as an adaptation phenomenon, quite divorced from other environmental aspects.

THE CONTEXTUAL PERSPECTIVE AND ITS SIGNIFICANCE FOR LIFE EVENT RESEARCH

There has been a shift from the changeable aspects of life events to an extended study of context-

dependent variables. We will take the well-known pair 'desirable/undesirable' as our example. Paykel *et al.*⁵ successfully studied the question of whether an undesirable life event did indeed result in more stress for the person concerned.

As far as the interaction between life events is concerned, no matter how unexpected or undesirable, Brown and Harris⁴ postulated that the way in which an individual comes to terms with life events depends on the way these events reflect and clarify certain individual tensions. For instance, a divorced woman decompensates for the absence on holiday of one of her daughters by sinking into a depression. She explained this later as 'due to the realization that my children will one day leave me in the lurch'.

Pearlin *et al.*⁶ show that life events alone cannot cause a depression. The stress process then set in motion includes a number of other factors, such as self-esteem and economic status. It is clear that in life event research, more and more account is being taken of the interactional processes, i.e. the relationship between the individual and his environment, without at the same time losing sight of the time elements. Personal traits also play an undeniably important role here, enabling some people to place items of bad news in a relatively favourable light: 'Peter and Mary are having a much tougher time than we are'.⁶ Studies have shown that neighbourhood help in the form of social support can do much to redress the balance and put hardship into perspective.⁷

SOCIAL SUPPORT AND CONTEXT

What is social support? In order to answer this question, we need to consider three basic aspects:

1. Perception

What are the signs picked up by the recipient? Does he accept the help in the spirit in which it is given?

2. Individual coping

How does he receive the signals and on which wavelengths do they reach him? Where and how are they assimilated? If he comprehends and accepts the support, how does he communicate this?

3. Interpretation

What has he ultimately been able to derive from the information? If he accepts the support, is that

a sign of personal insight into what is happening, or has he undergone some kind of change?

We would define social support as that element through which people can converse and interact, enabling the individual, in one way or another, to feel secure in their self-esteem. Social support is a process of cognitive and emotional reactions. Both take place outside (e.g. through the support of trusted people and/or institutions) as well as within the individual (i.e. recognition, appreciation and a willingness to accept and incorporate the support being offered to him). These reactions go together or are part of a process in which the individual feels 'engaged' in the totality of the relational networks. Incorporation presupposes that a person equips himself, in the cultural and emotional sense, with habits, feelings and motivations appropriate to normal and accepted human behaviour. We will return later to the concept of 'network'. For the moment, we submit that real social support exists when the subject perceives it as such and derives from it the impulse to become actively engaged in it.

SOME METHODOLOGICAL QUESTIONS

If we look at the present state of affairs surrounding research on the (possible) relationship between social support and abnormal behaviour, our first stumbling block is: how do we define, operationalize and evaluate the concept?⁸

Henderson⁹ and Brown¹⁰ opt for careful pragmatism. They suggest, not surprisingly, that conceptualization is very important but that appreciation of what the practitioner is able to contribute from his own fund of experience and insight is equally so. What they are doing, in fact, is corroborating current developments in the area of social support. For example, Waring¹¹ has identified the following three needs:

1. Increase the number of social support (aspects) studies;
2. Make more casuistry available;
3. Examine further the multi-coloured aspects of the social support concept.

We will examine each of these themes in turn.

CONCEPTUALIZATION

Before specific studies can be carried out, care is needed to define the boundaries of social support

in regard to other concepts bordering on it. It is surprising how carelessly particular core-concepts are defined. For instance the concept of 'social network'. Barnes¹² subjected this to a systematic analysis. He made a distinction between the total number of social contacts (as seen through the eyes of the researcher) and the whole set of relationships revolving in and around the person (the system as seen by the person himself). It is also not unusual to find the social network concept used without any kind of linkage to a workable definition.¹³ Other studies seem to ignore it altogether¹⁴ and leave it up to the unsuspecting and often untutored reader to decide for himself what the concept 'social network' really means.

EMPIRICAL ANALYSIS AND SPECIFIC STUDIES

Granovetter¹⁵ explains that the weaker the dyadic relationship, the greater the tendency to seek integration into the surrounding environment. However, an excess of strong intermittent personal relationships seems to impede the inclination to gravitate from the individual 'me' to the social 'we'. Lin *et al.*¹⁶ have shown that when a person seeking employment gains more confidence in making new contacts beyond those within his already existing home and neighbourhood circle, the intensity of his current liaison with the work situation tends to increase.

Thus that interactional flexibility — i.e. the degree to which people move within their social world and endeavour to extend it — goes hand in hand with self-confidence and the sense of individualness in relation to the support from the immediate environment.

Research suggests¹⁷ that in the case of more specific life events or stress (e.g. the death of a partner) there is a greater likelihood that only a limited group of support sources (i.e. relatives and close colleagues) will be approached. On the other hand, general stress manifestations (e.g. a natural disaster) can set in motion a whole arsenal of support systems (e.g. a nationwide action).

MORE USE OF CASUISTRY

The clinician regularly witnesses how the social milieu, via the involvement of neighbours, friends and family, can have a profound effect on the illness

behaviour of the individual.^{18,19} As an example of the social importance of this for clinical psychiatry, we present the following (fairly common) cameo.

A 61 year old laboratory assistant was referred to our clinic, completely stuporous and mutistic. He had experienced two life events in the previous six months (the death of both his brother and his cousin). He was unmarried and unattached, and had worked in the same laboratory as a 'Jack of all trades' for thirty years. He was a well-known and trusted figure and enjoyed regular support from his closest colleagues, who also visited him on the rare occasions he fell ill. This even extended as far as one of his colleagues administering to him a neuroleptical tablet when he started 'getting that strange look in his eyes again' — and this usually had the desired effect. Our approach was to direct all efforts to returning the patient to his old and trusted work situation as soon as possible.

REFINING THE CONCEPT OF SOCIAL SUPPORT

Taking Waring's¹¹ list of three needs, we will determine which of the core-concepts are most strongly affiliated with social support. Homans²⁰ has included in his work a systematic and critical analysis of the value of homogeneous interpersonal relationships as a general principle of social functioning. His use of the word homogeneous presupposes that the interactions we are talking about take place primarily between individuals sharing the same or similar characteristics or traits; Gottschalch²¹ refers to this as the 'social character'.

In delving further into the existing concept-cadres which, in one way or another, are concerned with social support, we come up against the following hypothetical statements.

1. If frequent contacts are characteristic of a 'strong' relationship, then we must assume that they involve people with comparable dispositions (i.e. similar traits, opinions, cultural capacities etc.).
2. The forming of heterogeneous relationships (i.e. social contacts on the basis of different dispositions) takes place most often as part of what we call 'loose contacts'.

The concepts outlined above — strong, loose and weak relationship patterns — might well serve as useful footholds in the climb to greater heights in social support research.^{15,16,22}

LIFE EVENTS, SOCIAL SUPPORT AND DEPRESSION — A METHODOLOGICAL ANALYSIS

The significance of events does not stand isolated from their context and from the individual concerned. This view constitutes the main message of Brown's work and became later also Paykel's main methodological worry. These two researchers form the scientific frontline of what modern psychiatric life event research has to offer.

Brown maintains that the epidemiology does not have to be completely stripped of individual characteristics. He has endeavoured with great care to combine auto-anamnestic information with facts and questions from an epidemiological perspective. He wanted, as it were, to let the 'soft' part of the 'Verstehende' ferment with the 'hard' scientific-positivistic element, in a kind of melting-pot. His idea was that the researcher, reinforced not only by clinical but also by methodological experience, should be able to demonstrate a general scoring trend from those special elements which form part and parcel of a personal interview. He mentions 'birth' as one example of an event and that it must also always be seen in the light of personal perspectives. Is the mother married? Is her husband away for long periods because of his work? Was the pregnancy planned?

Essential to Brown's method is the question of the presumed degree of contextual threat. For instance, being an unmarried mother, a Christian by conviction, and busy preparing for the final examinations of a professional training. Such a heavy burden is then scored, following further discussion, by means of a so-called consensus-consideration.

Paykel^{23,25} followed to a certain extent the same methodological concerns, indicating his 'objective negative impact' as the analogon of Brown's 'contextual threat'.

Let us imagine the interviewer (biased, because he knows the respondent personally and because he fully expected her to become depressed) allots a score of 3; this might be followed, by a 'blind' colleague, on the basis of hundreds of earlier scoring sessions, giving the same event a score of 2 or even 1. A minimum of four gradations are possible for this kind of scoring, being 1: serious; 2: less serious; 3: moderately serious and 4: almost non-existent. A third party (usually an experienced colleague) is called in in cases of doubt.

In both Brown's and Paykel's methods, the role

of the researcher is paramount. It is comparatively unimportant what the respondent feels personally about the event. What has to be considered is: a person who is depressed or otherwise disturbed, usually tends to judge the world around him/her with somewhat 'bloodshot' eyes. It is essential in their methods, therefore, that the researcher uncovers all the facts relevant to his patient, whether or not these facts have a direct bearing on the actual event. The interview usually takes place in the respondent's own home, is tape-recorded and may take anything from 45 minutes to 4 hours (Brown), or about 40 minutes to 1 hour (Paykel).^{4,24,25}

Brown makes a distinction between so-called serious events and major difficulties, elements which in the well-known Camberwell studies⁴ were shown very often to precede depression, and which have earned themselves the title of 'provoking agents' because of their depressogenic role. The pathogenic character of stressors of this kind is not so much limited to the change-element,² but rather more to the so-called significance-giving aspect, independent of the personal context attached to the event. A 'provoking agent', such as the loss of a loved one, or a serious disappointment, does not, in itself, appear to be significantly depressogenic. An individual is very often the victim of a so-called 'vulnerability'⁴ arising from one or more of the following constellations:

1. death of mother before the age of 11 years;
2. having three or more children, all below the age of 14 years;
3. long-term unemployment;
4. absence of a steady relationship (spouse, friend).

A steady relationship, for instance, can often do much to reduce the risks of depression. Brown and Harris⁴ showed that approximately 40 per cent of the women without a steady relationship became depressed following a serious event, in contrast to 10 per cent of those women enjoying a steady relationship. Paykel *et al.*⁵ found that depressed patients had experienced, in the months prior to onset of illness, three times as many events as a control group. The depressive potential of 'provoking agents' in psychosocially vulnerable women was evident in six of Brown and Harris's eight studies.²⁶

Some time ago Brown and Harris entered into an interesting debate with Tennant and Bebbington.²⁷ In a nutshell, the latter's criticism of Brown and Harris's work boils down to the fact that because they restricted themselves to additive

models in the statistical calculations, they were not able to show that 'provoking agents' and the 'vulnerability factor' can be of aetiological significance.²⁸ Brown,²⁹ however, points to the fact that because the original 1978 Camberwell results, based on detailed replications of Brown and Harris's method, had been reproduced many times, the problem of whether or not the correct statistical test had been used, is in fact irrelevant.

If Tennant and Bebbington²⁸ were right in concluding that provoking agents and vulnerability factors, separately and together, possess aetiological potential, then one must also conclude that in Brown and Harris's study,⁴ for instance, the sum total of two provoking agents carries the same weight as one provoking agent and one vulnerability factor combination. There was, however, no corroboration of this. Future studies will hopefully be able to throw more light on this aspect. A longitudinal study carried out by Brown and Bifulco³⁰ again strengthened the premise that there is no automatic link between a provoking agent and a vulnerability factor. The risk of depression in women with one vulnerability factor but no provoking agent is 1 per cent; when, however, the provoking agent is joined by one vulnerability factor, the depression risk rises to 20 per cent. The combination of one provoking agent and two vulnerability factors, and the combination of one provoking agent and three vulnerability factors, increase the risk to an estimated 35 per cent and 60 per cent respectively.²⁹ If we assume, in line with Tennant and Bebbington, among others, that the onset of depressive behaviour is simply a consequence of stress, then we might be justified in contending, for instance, that two provoking agents would achieve more or less the same stress levels as one provoking agent and one vulnerability factor together. One might also assume that because a provoking agent is, in principle, more stressful than a vulnerability factor,⁴ two provoking agents will create more stress than a combination of one provoking agent and one vulnerability factor. Nothing, however, is further from the truth; the risk inherent in two provoking agents is 8 per cent and it is 24 per cent in a one provoking agent and one vulnerability factor combination. One might argue, says Brown,²⁹ that a provoking agent and a vulnerability factor bear no interchangeable and/or comparable qualities.

CONCLUSIONS

In conclusion, we affirm that life event and social support research has not yet gone far enough. An interaction between psychosocial variables is conceivable. The next considerations, we feel, should be included in life event studies in depression:

1. Depression-vulnerable women, having experienced a provoking agent and a vulnerability factor carry at least a 30 per cent risk of becoming depressed.⁴
2. The question of whether or not provoking agents and vulnerability factors are hierarchically linked in some way, is hardly valid; as far as we know, the only common denominator is 'stressful'.
3. Replication studies are necessary, on the clear understanding that the methods used in the original study are fully respected.
4. A well-structured training course should be followed before any would-be life event and social support researcher using the interview method ventures into the field. Brown, for instance, gives a two-week course several times a year and Paykel arranges an annual course lasting at least a week.

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