

DAILY HASSLES, LIFE EVENTS AND  
PSYCHOLOGICAL SYMPTOMS:  
A REPLICATION

by

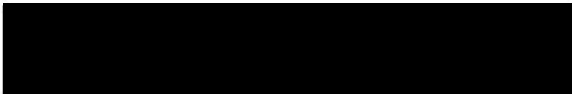
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## CHAPTER I

### INTRODUCTION

During the past three decades, the relationship between stress and health has received considerable attention among researchers. Two major issues have emerged: The extent to which life stress can be measured, and whether the relationship between psychosocial stresses and illness is causal.

Until the late 1970's, researchers focused on any major life change as a crisis likely to affect health. Holmes and Rahe (1967) proposed that any time limited event, whether perceived as desirable or undesirable, required adaptation or change, and could result in a wide range of somatic or psychological disorders. Two instruments, the Social Readjustment Rating Scale and the Schedule of Recent Experiences, were developed by Holmes and Rahe (1967) to measure life change. These scales of stress measurement have received criticisms such as (a) the weak correlations between stress and health variables (Rabkin & Struening, 1976), (b) the assumption that the same event always elicits the same amount of stress (Horowitz, Schaefer, & Cooney, 1974), and (c) the lack of attention to the individual appraisal of an event (Lazarus, 1981).

Lazarus (1981) has suggested that daily irritations and tensions of living may be better indicators of stress than major life events. Lazarus (1981) labeled these ongoing stresses and strains as daily hassles. Investigators have begun to test the relationship between hassles and health (DeLongis, Coyne, Dakof, Folkman, & Lazarus, 1982; Kanner, Coyne, Schaefer, & Lazarus, 1981).

#### Significance to Mental Health Nursing

Two integral components of nursing are assessment and intervention. In mental health nursing, clients are seen in varying degrees of mental distress that may be related to life stresses. The mental health nurse cannot prevent many of the daily tensions and life change which affect people, but can teach about their effects, intervene directly to alleviate resulting problems, and consult with other health professionals regarding their occurrence (ANA, 1983). For example, as a health teacher, the nurse clinician can assist clients to anticipate stressful events, to exert some control over their frequency of occurrence, and to learn more effective coping skills.

#### Review of the Literature

The review of the literature discusses problems researchers have had in defining life stress and its measurement in adults, the relationships between stress and health, and gender differences in reporting perceived stressors and their effects on health.



### Stressful Life Events

The controversy surrounding the nature of stressful life events has focused on the question of what aspects of life events make them stressful. One view is that the stressfulness of a life event is a function of the amount of change required for adaptation regardless of the desirability of the event (Holmes & Rahe, 1967; Holmes & Masuda, 1974). Other investigators state that the stressfulness of life events is more strongly related to the individual's perception of them as undesirable, and that psychological distress is the result of these negative (undesirable) life events (Paykel, 1974; Sarason, Johnson & Siegel, 1978).

Holmes and Rahe (1967) were among the early investigators who studied life events. Holmes and his colleagues observed that hospitalized patients seemed to have a cluster of life events, both positive and negative, prior to the onset of illness. The initial measure constructed by Holmes and Rahe (1967) to assess these life changes was called the Schedule of Recent Experience (SRE). The SRE had 43 common stressful events, both positive and negative. Examples from the SRE include change such as a marriage, change of employment, a divorce, and a change in residence. Holmes and Rahe proposed that both positive and negative events may be stressful because of the readjustment

required to adapt to, or cope with, the event. A new scale, the Social Readjustment Rating Scale (SRRS) replaced the SRE. The SRRS weighted some events, such as the death of a spouse, higher than others, such as Christmas.

One prospective study by Rahe and Arthur (1970) used the SRRS to collect data from 2,500 officers and enlisted men aboard three Navy cruisers. Thirty percent of those who scored the highest life-change scores reported developed 90 percent more illnesses during the first month of the cruise than did the men with the lowest life-change scores. In addition, the 30 percent with the highest scores reported more illnesses during the rest of the cruise.

In another prospective study with medical students, Holmes and Masuda (1973) reported that 52 percent of the students experienced major illnesses within a two-year period after reporting major life events. Of the medical students studied, 85 percent had high scores, 48 percent had moderate scores, and 33 percent had low scores. An additional finding of the study demonstrated that a student's chance of experiencing an illness was in direct proportion to the weight of his life change score. These and other studies indicated the possibility of predicting major and minor illnesses by the SRRS (Horowitz, 1979; Dohrenwend & Dohrenwend, 1978).

### Negative Life Events

Both the SRE and SRRS have received both conceptual and methodological criticisms. One criticism of the SRE and SRRS important to this study is the absence of subjective ratings by respondents of the desirability or undesirability of the events (Rabkin & Struening, 1976; Sarason, Johnson, & Siegel, 1978; Vinokur & Selzer, 1975).

Selzer and Vinokur (1974) conducted a study examining the relationship between traffic accidents and stress. Subjects were given a specially modified version of the SRE, which contained separate values for positive and negative change. Other stress related measures used were self-ratings of anxiety, tension, and depression. The study results supported the relationship between life changes and psychological distress, but only when a measure for undesirable events was used.

An additional study by Fairbank and Hough (1979) evaluated negative life events and their relationship to illness and psychological distress. The study was a secondary analysis of data by Theorell (1976). Theorell's study subjects were 151 male Swedish construction workers. Subjects were given a discord index designed to measure irritability and life dissatisfaction, and a life change index. The results of Theorell's study found that high change without discord was unrelated to psychological distress or illness in general and that change produced

illness only when discord was present. Fairbank and Hough developed a typology of life events under two categories: (a) events possibly within one's control and (b) events probably beyond one's control. These categories contained four classes of life events which included desirable or undesirable events. Fairbank and Hough then took Theorell's data and classified the events from his study within their typology. Fairbank and Hough report that the high discord group had the greater proportion of illness/distress signs in the category for events out of their control: and also had the greater portion of negative events (of all categories) for those events for which the person had some responsibility. These results indicated that undesirable events within one's control are related to illness and psychological distress.

Other researchers who have studied the relationship between psychological symptoms and recent life events have found undesirable life events to be more strongly correlated than total change (Crandall & Lehman, 1977; Miller, Ingham, & Davidson, 1976). Moreover, the SRRS has continued to be modified concerning the issues of undesirability and weighing of subject and impact (Dohrenwend & Dohrenwend, 1978; Horowitz, 1979).

A change in the research of stressful life events came with the 1978 publication of the Life Experience Survey

(LES) (Sarason et al., 1978). The LES is a 47-item self-report measure which allows respondents to rate, as positive or negative, events as experienced by them during the two six month periods of the previous year.

Certain items on the LES were made gender-specific to increase instrument sensitivity. One example of such an item is "pregnancy," an event that might not elicit a male response. The LES is more specific including the following: Female: Pregnancy; Male: Wife's/girlfriend's pregnancy. The LES also includes other gender-specific items such as abortion, engagement, breaking up with a boyfriend/girlfriend, etc.

The LES is an improvement over the SRE because (a) it allows a subjective rating of desirability versus undesirability of events, (b) it includes subjective rating of the meaning of the impact of events, (c) there are two time periods for respondents to indicate occurrence of life change: 0 - 6 months and 7 - 12 months prior to testing, and (d) the results of negative change and positive change can be scored separately or combined to result in a total change score.

Sarason et al. (1978) used the LES to examine the relationship between life stress and personal maladjustment. Study participants were college students ( $n = 75$ ). The students were given the LES and the Psychological Screening Inventory (PSI). The PSI is a 130-item true-false inventory

with five subscales: Alienation (Al), Social Nonconformity (SN), Discomfort (Di), Expression (Ex), and Defensiveness (DE). The result demonstrated that negative life change is positively correlated with the SN and Di scales of the PSI ( $r = .20$  and  $r = .23$ , respectively). There was also a positive correlation ( $r = .28$ ) between the expression subscale and positive life change, suggesting that more outgoing individuals experience a greater degree of positive change.

#### Daily Hassles

The literature on daily hassles is new and consists of only a few published studies. Kanner et al. (1981) and DeLongis et al. (1982) have proposed that the constant irritations and frustrations people experience might be more hazardous to health than major life events.

Kanner et al. (1981) conducted a longitudinal study addressing two issues: (a) how daily hassles compared to major life events in their ability to predict psychological symptoms and adaptational outcome, and (b) whether hassles are related to psychological symptoms that can be independent of major life events. The subjects ( $n = 100$ ) completed the Hassles Scale once a month for 10 consecutive months. They also responded to the Modified Life Events Scale, the Hopkins Symptom List (HCL) (Derogatis, 1974), the Bradburn Morale Scale (1969), and the Uplifts Scale. The

results supported the study's hypothesis that hassles were more strongly associated with psychological symptoms. The average over 9 months of hassles and HSCl was ( $r = .60$ ,  $p < .001$ ). The results of a stepwise multiple regression analyses of hassles onto the Global Severity Index Hopkins Symptom Checklist ranged from  $R^2 = .42$ ,  $p < .001$  to  $R^2 = .53$ ,  $p < .001$ . This demonstrates that hassles were a better predictor of psychological distress than were life events.

DeLongis et al. (1982) conducted a replication and extension study of the Kanner et al. (1981) study examining the relationship of major life events and hassles to somatic health. The results reported a non-significant correlation ( $r = .10$ , N.S.) between life events and somatic illness. In contrast, the frequency of daily hassles was significantly correlated with somatic symptoms ( $r = .35$ ,  $p < .01$ ).

Zarski (1984) also replicated the Kanner et al. (1981) study with a larger sample of 397 persons whose ages ranged from 20 to 64 years. No correlation was found between the Life Experience Survey and health status ( $r = -.10$ ). However, there was a significant correlation between the Life Experience Survey and somatic symptoms ( $r = .23$ ,  $p < .01$ ). Hassles' scores were significantly correlated with health status ( $r = .16$ ,  $p < .01$ ) and intensity of hassles ( $r = .12$ ,  $p < .01$ ) were associated with poor health status.

### Mental Distress and Illness

Change and traumatic events during the life course are universal experiences. Several studies have demonstrated that life stressors may lead to psychological distress and/or illness. Psychological distress is experienced when an individual's adaptive mechanisms are severely taxed. Coleman (1973) noted that the severity of distress is dependent on the duration of the stress, the availability of support, the individual's perception of the event, and his adaptive resources. Negative stressors may decrease adaptive response, reduce resistance to other stressors which may exist, and result in wear and tear on the individual's psychological and biological system. Pelletier (1977) proposed that the body does not recover rapidly when the source of stress is prolonged, multifaceted, or ambiguous.

Hinkle (1974) reported a series of studies that examined health outcomes following psychosocial stressors. He reported that individuals who had experienced minor illnesses were more prone to major life threatening illness, and that individuals with pre-existing susceptibilities to illness tended to experience more frequent illness after significant social or psychological distress and disruption.

Sarason et al. (1978) also examined the relationship between life stress and depression. College students, ( $n = 64$ , 34 males and 30 females) were given the LES, the



Beck-Depression Inventory (Beck, 1967), and the Internal-External Locus of Control Scale (I-E) (Rotter, 1966). The results revealed a modest but significant correlation between negative change and depression ( $r = .24$ ,  $p < .05$ ).

Brown and Harris (1978) examined the relationship between social stressors and the onset of psychiatric disorder in a random sample of women living in London. It was discovered that 53 percent who were developing depression had experienced a negative event in the previous year, and 83 percent had experienced negative life events which had precipitated depression in the past. The investigators concluded that it is the new meaning of old problems that creates psychological distress.

Schill, Toves, and Ramanaiah (1980) examined the relationship between life stress and interpersonal trust among 170 college students. Instruments used included the LES, the Interpersonal Trust Scale (Rotter, 1967), and the Cornell Medical Index Form N-2 (Weider, Wolff, Brodman, & Wechsler, 1949). An inverse relationship was found between low trust scores and high negative stress scores ( $r = -.46$ ,  $p < .01$ ), indicated that persons who feel powerless are less likely to trust others than those who indicated control over life events.

The SCL-90-R is a self-report symptom inventory designed to measure symptomatic psychological distress

(Derogatis, 1977). The SCL-90-R reflects psychological distress from nine symptom subscales and the global indexes of distress (GSI) (See instrument section). The SCL-90-R has been shown to discriminate the presence and change in depressive states which include the distinctions between primary and secondary depression (Weissman, Pottenger, Kleber, Ruben, Williams, & Thompson, 1977).

#### Gender Differences in Life Events

Hassles, and Mental Distress. Holahan and Belk (1984) examined the relationship of life stress and daily hassles to psychosomatic complaints and depression. The 64 subjects ranged in age between 65 and 75 years. The study objectives were to: (a) identify the types and levels of stress and daily hassles experienced by older adults, (b) examine participants' perceived self-efficacy, (c) determine the relationship between life stress, daily hassles, and psychological symptoms, and (d) examine the interactions between stress, hassles, and self-efficacy. The participants were given a life event scale that included items such as legal problems, death of a spouse, divorce, etc.; the Hassles Scale; a self-efficacy scale; a negative well-being scale which assessed attitudes towards aging; and a depression and psychosomatic scale. The results of this study indicated that negative life events and daily hassles were related to signs of psychological distress for men and that daily hassles are associated with the psychological

distress experienced by women. Women reported a higher level of depression than men ( $t$  (df 1, 62) = -3.61,  $p$  < .01) and reported more hassles ( $t$  (df 1, 62) = -.260,  $p$  < .05).

Dohrenwend (1973) reported that females reported more somatic complaints than did males and were more distressed by life events out of their control. Pearlin and Schooler's (1978) findings demonstrate that men reported more sense of mastery than women when under stress.

Markush and Favero (1974) conducted two community studies and reported that men under the age of 35 had higher life change scores than women. However, among those respondents over 55, women reported the greater proportion of life change. Markush and Favero suggested that these results indicate that men have greater activity when young while women become more active at an older age, and that these results are indicative of role reversal in late middle age.

Mulvey and Dohrenwend (1979) examined the relationship of stressful life events to gender in a study that included 62 females and 65 males with an age range from 21 years to 64 years. The PERI Life Events List (Dohrenwend, 1974) and two separate interviews (four years apart) with questions on life events were administered. There was no significant difference in the number of life events experienced between men and women. When marital status was introduced, single

men reported significantly more life events than married men or single women. Young men (age 23 to 39) reported to have control over stressful life events. All other findings in testing for gender differences were not significant.

Mulvey (1979) noted that women report more stressful life events experienced by family members than would men, a finding that may be related to the tendency for a woman's role to include a higher level of involvement with family members. Mulvey states that combining self-experience events and events happening to others obscures the qualitative experience. This type of analysis may be responsible for the low levels of control reported by women (Dohrenwend, 1977). Investigators stated the need for added studies because of the paucity of studies in the field of gender differences in relationship to stressful life events.

#### Summary of the Review

In summary, the hypothesized relationship between stress and illness has been measured by various life events scales. Several weaknesses have been noted in early scales; that is, the subjective level of stress and its magnitude were not measured, and total change, rather than negative change, was measured. Lazarus and his colleagues have demonstrated that daily hassles are better indicators of the stress-illness relationship than major life events. The literature addressing gender differences in relationship to life stress and illness is sparse.

### Conceptual Framework

The conceptual model for this study is based on the empirical support for the hypothesis that there is a relationship between stress and health change.

Lazarus (1966) proposed a cognitive definition of stress appraisal as those factors leading to the evaluation of threat. Lazarus, (1976, 1980) and his colleagues propose that stress is individual-specific and situation-specific. Therefore, the stimulus which would elicit a stress response in any given situation would come not only from the external event, but also from one's perception and cognitive appraisal of the situation. Stress is thus defined in terms of interactions between the individual and the environment.

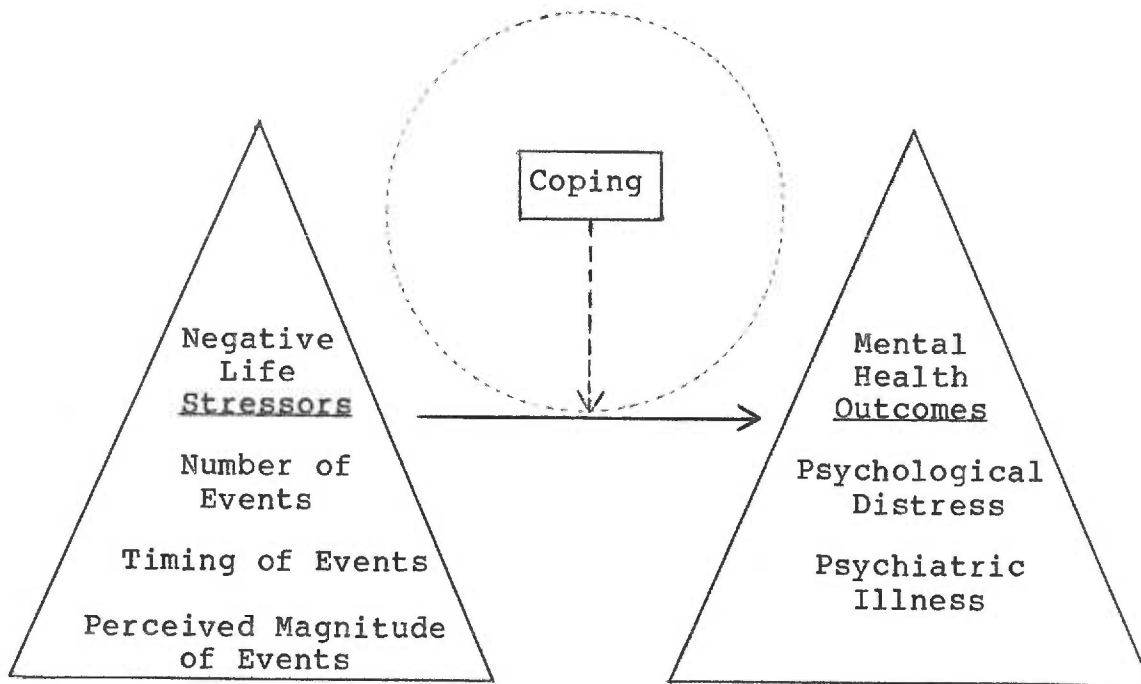
An individual appraises a situation in order to evaluate demands, options, and constraints. Appraisal is based on past experience, learning, and the availability of personal (problem-solving skills) and environmental resources, such as social and financial supports (Wrubel, Benner, & Lazarus, 1981). In addition, acquired attitudes and expectations exert a strong influence on the individual's perception of an event. If an event is perceived and appraised as undesirable or threatening, the individual is confronted with demands from the internal and external environment to change and adapt.

Caplan (1981) noted that mediating influences such as

social support systems including family and friends as well as helping networks i.e., churches, agencies, and other professionals, contribute to effective problem-solving and assessing consequences of actions.

The pathway from stress to changes in health is complex and multifactorial (Dohrenwend & Dohrenwend, 1984; Lazarus, 1966; Pelletier, 1977). Figure 1 portrays these relationships. Negative stress that leads to psychological distress depends on the number and magnitude of the precipitating events (Seltzer & Vinokur, 1975, Mueller, 1979).

Physiological changes within the individual are dependent upon the psychological and biological profile. Psychological distress may be manifested by excessive worry, lack of sleep, loss of weight, increased vigilance or fatigue, and various somatic complaints such as headache, indigestion, muscle tension, and low back pain. Psychosocial stress can lead to either decreased resistance to the disease process or increased susceptibility to infections due to suppression of the immune system. Disorganization occurs when an individual's deficient coping repertoire or anxiety prevents integration of healthy responses. The fight-flight mechanism is heightened with neurophysiological changes, which if continued, lead to illness/disease (Seyle, 1966).



Legend

—————  
Direct Effect

-----  
Indirect Effect

.....  
Not Addressed

Figure 1. Conceptual Model: The relationship between life stress and mental health outcomes.

### Purpose

The purpose of this study was to replicate a previous study by Kanner et al. (1981). The relationship between daily hassles, life events, and psychological symptoms were examined in a normal population and the 10 most frequently reported hassles were identified. Finally, gender differences on the three measures were examined.

### Research Questions

1. To what extent do negative life events and hassles predict symptoms of mental distress in a sample of normal adults?
2. What are the ten daily hassles most frequently identified in a sample of normal adults?
3. What are the gender differences in a sample of normal adults when compared on scores from the Life Experience Survey, the Hassles Scale, and the SCL-90-R Global Severity Index?



## CHAPTER II

### METHOD

#### Research Design

An ex post facto exploratory design was used to examine the three research questions. The study used data collected from participants who served as comparison subjects in a study of a natural disaster (Murphy, 1981).

#### Sample

Participants were 34 females and 16 males ( $n = 50$ ) whose mean age was 39.8 years. The subjects were middle class, well educated persons with 21% having completed high school and 79% having attended or completed college. The majority (62%) of the control subjects were employed in professions while 32% were skilled workers. Three percent were self-employed and 3% were student status. These persons were selected as study participants because they were similar to the disaster loss persons on demographic variables.

#### Measures

The independent variables were stressors as measured by the negative scores from the Life Experiences Survey, and the Hassles Scale. The dependent variable was mental distress as measured by scores from the Global Severity Index on the SCL-90-R.

### The Life Experience Survey (LES)

The Life Experience Survey (LES) was developed by Sarason, Johnson, and Siegel (1978). The LES consists of a 47-item event list with additional space for four write-in events by respondents. The scale measures the amount of stress experienced by an individual during the past year by asking the respondent to rate events on a seven point scale which ranges from extremely negative to extremely positive. The range of possible scores is -150 to +150. Examples of items contained in the LES are marriage, trouble with in-laws, birth, death, and major change in financial status. Normative data were collected by Sarason et al. (1978) on 345 undergraduate students. No significant differences were found between males and females on any of the three change scores. Additionally, positive and negative change scores for two other samples were uncorrelated and reliable using test-retest procedures over a six-week interval. Values were  $r = .56$  and  $r = .88$  for negative and  $r = .19$  and  $r = .53$  for positive with a total of  $r = .63$  and  $r = .64$ ,  $p < .001$ .

### The Hassles Scale (HS)

The Hassles Scale (Lazarus & Cohen, 1977) consists of 117 commonly reported annoyances. Respondents were asked to select and rate these "hassles" for persistence and irritability (1 - somewhat, 2 - moderate, 3 - extreme). Examples of "hassles" include trouble relaxing, planning

meals, too many interruptions, and troublesome neighbors. Respondents' levels of stress were evaluated based on frequency or the number of hassles reported (range 0-117), and a summed total of item persistence multiplied irritability. The range of possible scores is 0 to 1053. Normative data were gathered by Lazarus and Cohen (1977), on a sample of 100 respondents with age range from 45 to 64 years. The respondents participated in a 12-month study of coping, stress, and emotions. Test-retest correlation coefficients ranged from .48 to .79 ( $p < .001$ ).

#### The Symptom Checklist 90-R (SCL-90-R)

The Symptom Checklist 90-R (Derogatis et al., 1977) is a 90-item self-report mental symptom distress scale. Examples of items include feeling fearful, feeling hopeless about the future, nausea, dizziness, getting into frequent arguments. Each item is rated on a five-point scale of distress from "not at all" (0) to "extremely" (4). The subjects current point in time distress is reflected by scores on three global indices of distress and nine symptom subscales. Derogatis (1977) suggests the use of the Global Severity Index (GSI) as the most meaningful single indicator of distress. The GSI score is obtained by adding the score from each item and dividing by 90. The nine subscales are: depression, somatization, anxiety, hostility, interpersonal sensitivity, obsessive-compulsive, lack of concentration,

paranoia, phobic anxiety (fear), and psychoticism (alienation). Subscale scores are obtained by summing the scores for each item on the scale and dividing by the total number of items on the scale. The range of possible scores across all subscales is 0 to 4.

The normative data for the SCL-90-R were derived from 1,500 subjects from three samples. The samples were two psychiatric patient groups and one non-patient group. The SCL-90-R has an extensive history of psychometric development and has been widely reported (Derogatis, 1977; Derogatis & Cleary, 1977; Edwards, Yarvis, Mueller, Zingale, & Wagman, 1978).

#### Data Analysis Procedure

Data for the secondary analysis were obtained by Murphy (1981). The data from Murphy's study have been categorized and coded into the computer. First, means and standard deviations of the study variables were examined and are shown in Table 1.

Table 1

#### Means and Standard Deviations of Study Measures

Scale	M	SD
LES (negative)	5.94	6.07
Hassles Scale	71.66	68.40
Severity Global Index of the SCL-90-R	.55	.46

In order to test the extent to which scores from the LES and Hassles Scale can predict mental distress, Pearson's correlation and multiple regression analyses were done. In order to rule out multicollinearity for the regression, Pearson's correlations were computed between the two independent variables.

The ten most frequently reported hassles were identified by examining the frequency distributions for the individual item of the Hassles Scale (SPSS, 1982).

#### Protection of Human Subjects

Murphy's (1981) study of the Mt. St. Helens disaster was approved in 1980 by the Portland State University Human Subjects Review Committee. Human subjects were informed of their rights by use of written informed consent. The subjects signed the informed consent before participating in the study. The subjects were protected according to the National Institute of Health Exemption Category Guideline number five. This exempts secondary analysis of existing data collected in a manner that subjects cannot be identified.

## CHAPTER III

### RESULTS

The first study question was: To what extent do negative life events and hassles predict symptoms of mental distress in a sample of normal adults? The question was answered by Pearson Product-Moment Correlation and Regression Analysis.

Pearson correlations revealed a statistically significant relationship between the two independent variables, scores on the Hassles Scale and the negative events score on the Life Experience Survey,  $r = .59$ ,  $p < .001$ . The correlation between the Hassles score and the dependent variable, the Global Severity Index score from the SCL-90-R, was also statistically significant,  $r = .81$ ,  $p < .001$ . Similarly, the correlation between the Life Experience Survey negative score and the SCL-90-R was  $r = .54$ ,  $p < .001$ . Based on the values of these correlations coefficients, it was judged appropriate to perform multiple regression analyses in an attempt to determine which scale best predicted self-reported psychological distress as measured by the Global Severity Index scale of the SCL-90-R.

The regression procedure was "New Regression," (Hull & Nie, 1979). Hassles Scale scores were entered on Step 1

based on the theoretical importance of that scale (Kanner et al, 1981). LES negative scores were entered on Step 2. Results indicated that scores on the Hassles Scale accounted for a statistically significant amount of the variance in scores on the SCL-90-R when entered on the initial step,  $R^2 = .654$ ,  $F(1, 48) = 90.62$ ,  $p < .001$ . The addition of the LES scores at the second step with Hassles scores held constant did not appreciably alter the results,  $R^2 = .660$ ,  $F(2, 47) = 45.68$ ,  $p < .001$ . Table 2 presents the regression coefficient Beta weights ( $\beta$ ), the  $R^2$ , adjusted  $R^2$  and  $F$  ratios for each step of the regression analysis.

Table 2

Results of Regression Analyses With Hassles and LES Scores as Predictors of Mental Distress

Variable	$\beta$	Adjusted		
		$R^2$	$R^2$	F
Step 1				
Hassles	.75	.65	.65	90.62***
Step 2				
LES	.10	.66	.65	0.91

\*\*\* $p < .001$

The second research question was: What are the ten daily hassles most frequently identified in a sample of normal adults? The ten most frequently reported hassles are shown in Table 3 along with the percent of respondents citing each item.

Table 3

Ten Most Frequently Reported Hassles in a Sample of Normal Adults

Item Number	Identified Hassle	%	N	Rank
70	Rising prices of common goods	60.0	30	1
91	Concerns about weight	50.0	25	2
92	Not enough time to do the things you need to do	44.0	22	3
29	Home maintenance (inside)	42.0	21	4
79	Too many things to do	42.0	21	4
115	Crime	42.0	21	4
58	Friends or relatives too far away	40.0	20	5
7	Health of a family member	38.0	19	6
10	Concerns about owing money	38.0	19	6
112	Yard work or outside maintenance	38.0	19	6

The third research questions was: What are the gender differences in a sample of normal adults when compared on



scores from the Life Experience Survey, the Hassles Scale, and the SCL-90-R Global Severity Index? The students  $t$  test revealed no significant differences between men and women on the three study variables. Table 4 presents the means and standard deviations of study measures scores by gender.

Table 4

Means and Standard Deviations of Study Measures Scores By Gender

Scale	Females		Males		$t$
	M	S.D.	M	S.D.	
LES	5.08	4.94	7.75	7.84	-1.25
Hassles	78.97	66.06	56.06	72.84	1.11
SCL-90-R	.548	.45	.491	.51	.40

## CHAPTER IV

### DISCUSSION

The present study was a replication of Kanner et al. (1981) which explored the relationship of negative life events and daily hassles to psychological distress. Based on recent findings (Kanner et al., 1981; DeLongis et al., 1982), it was expected that life events and hassles would be related to mental distress, but no hypotheses were made regarding the relative importance of the two measures of life stress on mental distress.

#### Research Question 1

Study results indicated that daily hassles scores were a stronger predictor than negative life events scores of psychological distress, supporting findings from previous studies. Coyne et al. (1979) and Lazarus (1980) note that the day-to-day irritations (hassles) and their cumulative impact is a more potent force shaping psychological distress than major life events. This would suggest that constant "wear and tear" of daily irritations may interfere with an individual's adaptational capacity when a major life event occurs.

#### Research Question 2

The daily hassles most frequently identified by the sample of normal adults in this study are nearly identical

to the Kanner et al. study (1981). Three of the top four items in the present study were also the first four of Kanner's study.

An interesting aspect of the findings is that despite age, geographic differences, and sample size of the current study and the Kanner et al study, identified hassles were very similar. Perhaps the reported hassles appear to reflect current economic concerns, self-image awareness, and the fast pace of society with its time demands. Both this study and Kanner's study had more female than male participants, which might account for self-image concerns such as being overweight. Similarly, the items concerned with the rising cost of common goods and health are similar to the Holahan et al. study (1984) of adjustment in aging. Holahan reported that women endorsed these two hassles more than men. The items on "home maintenance" and "too many things to do" were probably among the ten most identified hassles as a result of the roles of women becoming more diversified. This would suggest that women perceive that they have less time to accomplish necessary tasks produced by role proliferation and a reported tendency of many employed women not to hire domestic help.

### Research Question 3

There were no significant differences between means on any of the three variables as a function of gender. These

findings parallel those of Kanner et al. (1981). It may be indeed that there are no differences between men and women per se; however, findings of gender differences in other studies occurred following the introduction of other variables such as marriage in the study by Mulvey and Dohrenwend (1979) and age in Holahan and Belk's (1984) study.

Alternatively, it could be the small sample in this present study which resulted in a truncated range of scores, thus minimizing observed gender differences.

The population for this present study, as well as for the Kanner et al. (1981) study, was typically middle class. As Myers, Lindenthal, and Pepper (1974) noted, people in the lower socioeconomic class do not experience any more life events or undesirable events than people in a higher socioeconomic class. However, the lower socioeconomic class do seem to experience undesirable high impact events, such as legal and financial problems. Therefore, the more powerful operating factor may not be gender, but socioeconomic status.

## CHAPTER V

### SUMMARY, LIMITATIONS, AND RECOMMENDATIONS

Since their introduction as a measurement tool, major life events stress scales have been the target of criticism. Weak correlations between stress and health were noted by Rabkin & Struening (1976), as was the absence of subjective rating of desirability or undesirability of life events (Sarason et al., 1978), and the lack of attention to the individual appraisal of an event (Lazarus, 1981). The Life Experience Survey (LES) was a change from earlier stress scales. It contained appraisal and desirability ratings, and was published by Sarason et al. (1978).

As a result of this pioneering work, other investigators began to test the relationship between hassles (daily irritations) and health (Kanner et al., 1981; DeLongis et al., 1982). Kanner et al. (1981) proposed that constant irritations and frustrations might be more hazardous to health than major life events.

This study is a replication of Kanner et al. (1981) which examined the relationship between life events, daily hassles, and psychological distress. The data used was obtained from a study by Murphy (1981) and was a secondary analysis. The findings supported the supposition that daily hassles are a better predictor of psychological distress

than major life events. In addition, it was verified that there were no significant gender differences on the three study variables. The results were also consistent with Kanner et al. (1981) findings that the ten most identified daily hassles appeared to reflect current economic concerns, self-image awareness, and the fast pace of society.

#### Mental Health Nursing Implications

The findings of this study suggest the following implications for advanced mental health nursing practice:

1. The use of the Hassles Scale by the mental health clinician with normal adult clients experiencing situational stressors could contribute to the data base necessary for further assessment and intervention.

2. Stress management classes taught by the mental health nurse clinician would be enhanced by using both the Life Experiences Survey and the Hassles Scale because of their foci on major stressors and persistent irritants.

3. The mental health nurse clinician can use the theoretical information from this study on appraisal and perception of an event to increase understanding and appreciation of the client's reaction to stressful events.

4. The mental health clinician can use the research on gender differences to heighten awareness and sensitivity in the role as therapist and teacher.

### Study Limitations

Two limitations of this study are the small sample and the analysis of cross-sectional data. Study results are not generalizable beyond the current sample, although they are similar to those on which the replication was based.

### Recommendations For Future Study

1. The literature and research on hassles is new, therefore, more studies are needed.
2. Future studies need to include other factors such as socioeconomic classes, urban-rural comparisons, geographic differences, and ethnic differences.
3. Additional research is needed on stress and gender differences.

#### REFERENCES

- Beck, A. T. (1967). Depression: Clinical, experimental and theoretical aspects. New York: Harper & Row.
- Billings, A. C., & Moss, H. (1982). Stressful life events and symptoms: A longitudinal model. Health Psychology, 1, 99-117.
- Blue Cross of Oregon. (1982). The Good Life. It Can Kill You.
- Bowers, K. S. (1973). Situationism in psychology: An analysis and a critique. Psychological Review, 80, 307-336.
- Bradburn, N. (1969). The Structure of Well-Being. Chicago: Aldine.
- Brown, G., Harris, T., & Petro, J. (1973). Life events and psychiatric disorders. Part II: Nature of causal link. Psychological Medicine, 3, 159-176.
- Brown, G. W., & Harris. (1978). Social origins of depression. New York: The Free Press.
- Brown, G. (1974). Meaning, measurement, and stress of life events. In B. S. Dohrenwend & B. P. Dohrenwend (Eds.). Stressful events: Their nature and effects. New York: Wiley.
- Coleman, J. (1973). Life stress and maladaptive behavior. American Journal of Occupational Therapist, 27, 169-179.



- Congress for Nursing Practice. (1973). Standard of psychiatric-mental health nursing. Kansas City, MO: American Nurse's Association.
- Crandall, J., & Lehman, R. (1977). Relationship of stressful life events to social interest, locus of control, and psychological adjustment. Journal of Counseling and Clinical Psychology, 45, 1208.
- DeLongis, A., Coyne, J. C., Dakof, G., Folkman, S., & Lazarus, R. S. (1982). Relationship of daily hassles, uplifts, and major life events to health. Health Psychology, 1, 119-136.
- Derogatis, L. R., Lipman, R. S., Rickels, K., Uhlenbuth, E. H., & Covi, L. (1974). The Hopkins Symptom Checklist (HSCL): A self-report symptom inventory. Behavioral Science, 19, 1-15.
- Derogatis, L. R. (1977). The SCL-90-R: Administration, scoring, and procedures manual. Baltimore: Clinical Psychometrics Research.
- Derogatis, L. R., & Cleary, P. (1977). Confirmation of the dimensional structure of the SCL-90: A study in construct validation. Journal of Clinical Psychology, 33, 981-989.
- Dohrenwend, B. S. (1973). Social status and stressful life events. Journal of Personality and Social Psychology, 28, 225-235.

- Dohrenwend, B. S., Krasnoff, L., Askenasy, A. R., & Dohrenwend, B. P. (1978). Exemplification of a method for sealing life events: The PERI Life Events Scale. Journal of Health and Social Behavior, 19, 225-229.
- Edwards, D. W., Yarvis, R. M., Mueller, D. P., Zingale, H. C., & Wagman, W. J. (1978). Test-taking and the stability of adjustment scales. Evaluation Quarterly, 2, 275-291.
- Engel, G. (1968). A life setting conducive to illness: The giving up - given up complex. Annals of Internal Medicine, 69, 293-299.
- Fairbank, D., & Hough, R. (1979). Life event classification and the event-illness relationship. Journal of Human Stress, 5, 41-47.
- Gersten, J., Langner, T., Eisenberg, J., & Simcha-Fagani. (1977). An evaluation of the etiologic role of stressful life-changing events in psychological disorders. Journal of Health and Social Behavior, 18, 228-244.
- Gurin, C., Veroff, S., & Feld, S. (1960). Americans view their mental health: A nationwide survey. New York: Basic Books.
- Hinkle, L., & Wolff, H. G. (1957). The nature of man's adaptation to his total environment and the relation of this to illness. Archives of Internal Medicine, 99, 442-460.

- Holahan, C. K., Holahan, C. J., & Belk, S. (1984). Adjustment in aging: The roles of life, stress, hassles, and self-efficacy. Health Psychology, 3, 315-328.
- Holmes, T. H., & Rahr, R. H. (1967). The social readjustment rating scale. Journal of Psychosomatic Research, 11, 213-218.
- Holmes, T. H., and Masuda, M. (1973). Life change and illness susceptibility, separation, and depression. A.A.A.S., 161-186.
- Holmes, T. H. & Masuda, M. (1974). Life change and illness susceptibility. In B. S. Dohrenwend and B. P. Dohrenwend (Eds.), Stressful Life Events: Their Nature and Effects, (pp. 45-72), New York: Wiley.
- Holmes, T. S., & Holmes, T. H. (1970). Short-term intrusions into the lifestyle routine. Journal of Psychosomatic Research, 14, 121-132.
- Horowitz, M., Schaefer, C., & Cooney, P. (1974). Life event scaling for recency of experience. In E. K. E. Gunderson and R. H. Hahe (Eds.) Life stress an illness. Springfield: Thomas.
- Horowitz, M., Schaefer, C., Heroto, D., Wilner, N., & Levin, B. (1977). Life event questionnaires for measuring presumptive stress. Psychosomatic Medicine, 39, 413-431.
- Hull, C., & Nie, N. (1979). SPSS Update: New procedures and facilities for releases 7 and 8. Ny: McGraw Hill Book Co.

- Kanner, A. D., Coyne, J. C., Schaefer, C., & Lazarus, R. S. (1981). Comparisons of two modes of stress measurement: Daily hassles and uplift versus major life events. Journal of Behavioral Medicine, 4, 1-39.
- Kasl, S. (1984). Stress and health. Annual Review of Public Health, 5, 319-341.
- Lazarus, R., & Monat, A. (Eds.). (1977). Stress and coping (p. 8). New York: Columbia University Press.
- Lazarus, R. S. (1966). Psychological Stress and the Coping Process. New York: McGraw Hill.
- Lazarus, R. S. (1981, July). Little hassles can be hazardous to health. Psychology Today, pp. 58-62.
- Maccoby, E., & Jacklin, C. (1974). The Psychology of Sex Differences. California: Stanford University Press.
- McFarlane, A., Norman, G., & Streiner, D. (1983). The process of stress: Stable, reciprocal and mediating relationships. Journal of Health and Social Behavior, 24, 160-173.
- Makosky, V. (1980). Stress and the mental health of women: A discussion of research and issues. In M. Guttentag, S. Salascin, & D. Belle (Eds.), The Mental Health of Women. New York: Academic.

- Markush, R. E., & Favero, R. V. (1974). Epidemiologic assessment of stressful life events, depressed mood, and psychophysiological symptoms: A preliminary report. In B. S. Dohrenwend & B. P. Dohrenwend (Eds.), Stressful life events: Their nature and effects. New York: John Wiley and Sons.
- Miller, P., Ingham, J., & Davidson, S. (1976). Life events, symptoms, and social support. Journal of Psychosomatic Research, 20, 515-22.
- Mueller, D. P. (1979). Social networks: A promising direction for research on the relationship of the social environment to psychiatric disorder. Social Science and Medicine, 14(A) 147-161.
- Mulvey, A., & Dohrenwend, B. (1983). The relation of stressful life events to gender. Issues In Mental Health Nursing, 5, 229-237.
- Murphy, S. A. (1984). Stress levels and health status of victims of a natural disaster. Research in Nursing and Health, 7, 205-215.
- Myers, J. K., Lindenthal, J., & Pepper, M. (1974). Life events and psychiatric impairment. Journal of Nervous and Mental Disease, 152, 149-57.
- Pakel, E. S. (1974). Life stress and psychiatric disorder. In B. S. Dohrenwend & B. P. Dohrenwend (Eds.). Stressful events: Their nature and effects. New York: Wiley.

- Pearlin, L., Lieberman, M., Menaghan, E., & Mullan, J. (1981). The stress process. Journal of Health and Social Behavior, 22, 337-356.
- Pearlin, L. I., & Schooler, C. (1978). The structure of coping. Journal of Health and Social Behavior, 19, 2-21.
- Pelletier, K. (1977). Mind as Healer, Mind as Slayer. New York: Dell Publishing Co., Inc.
- Rabkin, J. G., & Streuning, E. S. (1976). Life events, stress, and illness. Science, 194, 1013-1020.
- Rahe, R. H., & Arthur, R. J. (1968). Life-change patterns surrounding illness experience. Journal of Psychosomatic Research, 11, 341-345.
- Rahe, R. H., Gundersen, E. K., & Arthur, R. J. (1970). Demographic and psychosocial factors in acute illness reporting. Journal of Chronic Diseases, 23, 245-255.
- Rahe, R. H., Mahan, J. S., & Arthur, R. J. (1967). A longitudinal study of life change and illness patterns. Journal of Psychosomatic Research, 10, 355-366.
- Rotter, J. (1967). A new scale for the measurement of interpersonal trust. Journal of Personality, 35, 651-665.
- Sarason, I., Johnson, J., and Siegel, J. (1978). Assessing the impact of life change: Development of the life experience survey. Journal of Consulting and Clinical Psychology, 46, 932-946.

- Schill, T., Toves, C., & Ramanaiah, N. (1980).  
Interpersonal trust and coping with stress.  
Psychological Reports, 47, 1192.
- Schill, T., Adams, A., & Ramanaiah, N. (1982). Coping  
with stress and irrational beliefs. Psychological  
Reports, 51, 1317-1318.
- Selzer, M. L., & Vinokur, A. (1974). Life events,  
subjective stress, and traffic accidents. American  
Journal of Psychiatry, 131, 903-906.
- Seyle, H. (1956). The Stress of Life. New York:  
McGraw-Hill.
- Theorell, T. (1976). Selected illnesses and somatic  
factors in relation to two psychological stress  
indices: A prospective study on Middle-aged  
construction building workers. Journal of  
Psychosomatic Research, 20, 7-20.
- Vinokur, A., & Selzer, M. L. (1975). Desirable versus  
undesirable life events: Their relationship to stress and  
mental distress. Journal of Personality and Social  
Psychology, 32, 329-337.
- Weider, A, Wolff, H., Brodman, K., Mittelman, B., &  
Wechsler, D. (1949). The Cornell Medical Index  
Manual Form N2. New York: Psychological Corp.

- Weissman, N., Pottenger, M., Kleber, H., Ruben, H., & Thompson, W. (1977). Symptoms patterns in primary and secondary depression: A comparison of primary depressives with depressed opiate addicts, alcoholics, and schizophrenics. Archives of General Psychiatry, 106, 203-214.
- Wolff, H. G. (1953). Stress and Disease. Springfield, MA: Charles C. Thomas.
- Wrubel, G., Benner, P., & Lazarus, R. (1981). Social competence from the perspective of stress and coping. In J. Wine & M. Syme (Eds.), Social Competence, New York: Khuilford.
- Zarski, J. (1984). Hassles and health: A Replication. Health Psychology, 3, 243-251.



APPENDIX A

The Life Experiences Survey

## THE LIFE EXPERIENCES SURVEY

Listed below are a number of events which bring about change in the lives of those who experience them.

Directions: Check (✓) only those events which you have experienced in the past two years. Check either or both time periods for each experience that you have had. Also, for each item checked below, please circle the number indicating the extent to which you viewed the event as having either a positive or negative impact on your life. That is, indicate the type and extent of impact. A rating of -3 would indicate an extremely negative ("bad") impact. A rating of 0 suggests no impact either positive or negative. A rating of +3 would indicate an extremely positive ("good") impact.

Example #1: Suppose you got married in December 1982. You would answer item No. 1 below as follows: First, check (✓) time period, second, rate impact by circling the number that corresponds to your rating.

		Circle only one of the 7 numbers for events that you have checked.						
April 1, 1981 to March 31, 1982	April 1, 1982 March 31, 1982	extremely negative	moderately negative	somewhat negative	no impact	slightly positive	moderately positive	extremely positive
✓		-3	-2	-1	0	+1	+2	Ⓢ+3

1. Marriage

Example #2: Suppose you have been married 10 years. Since you did not marry in the past two years, leave blank and go on to next item.

EVENT	April 1, 1981 to March 31, 1982	April 1, 1982 to March 31, 1983	Circle only one of the 7 numbers for events that you have checked.						
			extremely negative	moderately negative	somewhat negative	no impact	slightly positive	moderately positive	extremely positive
1. Marriage			-3	-2	-1	0	+1	+2	+3
2. Detention in jail or comparable institution			-3	-2	-1	0	+1	+2	+3
3. Death of spouse			-3	-2	-1	0	+1	+2	+3
4. Major change in sleeping habits (much more or much less sleep)			-3	-2	-1	0	+1	+2	+3
5. Death of family member:									
a. mother			-3	-2	-1	0	+1	+2	+3
b. father			-3	-2	-1	0	+1	+2	+3
c. brother			-3	-2	-1	0	+1	+2	+3
d. sister			-3	-2	-1	0	+1	+2	+3
e. grandmother			-3	-2	-1	0	+1	+2	+3
f. grandfather			-3	-2	-1	0	+1	+2	+3
g. other (specify)			-3	-2	-1	0	+1	+2	+3
6. Suicide attempt of a close family member or friend			-3	-2	-1	0	+1	+2	+3
7. Major change in eating habits (much more or much less food intake)			-3	-2	-1	0	+1	+2	+3
8. Foreclosure on mortgage or loan			-3	-2	-1	0	+1	+2	+3
9. Death of close friend			-3	-2	-1	0	+1	+2	+3
10. Outstanding social achievement			-3	-2	-1	0	+1	+2	+3
11. Minor law viola- tions (traffic tickets, disturb- ing the peace, etc.)			-3	-2	-1	0	+1	+2	+3
12. Male: Wife/girl- friend's pregnancy			-3	-2	-1	0	+1	+2	+3
13. Female: Pregnancy			-3	-2	-1	0	+1	+2	+3

EVENT	April 1, 1981 to March 31, 1982	April 1, 1982 to March 31, 1983	Circle only one of the 7 numbers for events that you have checked.						
			extremely negative	moderately negative	somewhat negative	no impact	slightly positive	moderately positive	extremely positive
14. Changed work situation (different work responsibility major change in working conditions, working hours, etc.)			-3	-2	-1	0	+1	+2	+3
15. New job			-3	-2	-1	0	+1	+2	+3
16. Serious illness or injury of close family member:									
a. father			-3	-2	-1	0	+1	+2	+3
b. mother			-3	-2	-1	0	+1	+2	+3
c. sister			-3	-2	-1	0	+1	+2	+3
d. brother			-3	-2	-1	0	+1	+2	+3
e. grandfather			-3	-2	-1	0	+1	+2	+3
f. grandmother			-3	-2	-1	0	+1	+2	+3
g. spouse			-3	-2	-1	0	+1	+2	+3
h. other (specify)			-3	-2	-1	0	+1	+2	+3
17. Sexual difficulties			-3	-2	-1	0	+1	+2	+3
18. Trouble with employer (danger of losing job, being suspended, demoted or presently out of work)			-3	-2	-1	0	+1	+2	+3
19. Trouble with in-laws			-3	-2	-1	0	+1	+2	+3
20. Major change in financial status (a lot better off or a lot worse off)			-3	-2	-1	0	+1	+2	+3
21. Major change in closeness of family members (increased or decreased closeness)			-3	-2	-1	0	+1	+2	+3
22. Gaining a new family member (through birth, adoption, family member moving in, etc.)			-3	-2	-1	0	+1	+2	+3

EVENT	April 1, 1981 to March 31, 1982	April 1, 1982 to March 31, 1983	Circle only one of the 7 numbers for events that you have checked.						
			extremely negative	moderately negative	somewhat negative	no impact	slightly positive	moderately positive	extremely positive
23. Change of residence			-3	-2	-1	0	+1	+2	+3
24. Marital separation from mate due to conflict			-3	-2	-1	0	+1	+2	+3
25. Major change in church activities (increased or decreased attendance)			-3	-2	-1	0	+1	+2	+3
26. Marital reconciliation with mate			-3	-2	-1	0	+1	+2	+3
27. Major change in number of arguments with spouse (a lot more or a lot less)			-3	-2	-1	0	+1	+2	+3
28. Married male: Change in wife's work outside the home: beginning work, ceasing work, changing to new job			-3	-2	-1	0	+1	+2	+3
29. Married female: Change in husband's work (loss of job, beginning new job, retirement, etc.)			-3	-2	-1	0	+1	+2	+3
30. Major change in usual type and/or amount of recreation			-3	-2	-1	0	+1	+2	+3
31. Borrowing more than \$10,000 (buying home business, etc.)			-3	-2	-1	0	+1	+2	+3
32. Borrowing less than \$10,000 (buying car, TV, getting school loan, etc.)			-3	-2	-1	0	+1	+2	+3
33. Being fired from job			-3	-2	-1	0	+1	+2	+3
34. Male: Wife/girlfriend having abortion			-3	-2	-1	0	+1	+2	+3
35. Female: Having abortion			-3	-2	-1	0	+1	+2	+3
36. Major personal illness or injury of self			-3	-2	-1	0	+1	+2	+3

EVENT	April 1, 1981 to March 31, 1982	April 1, 1982 to March 31, 1983	Circle only one of the 7 numbers for events that you have checked.						
			extremely negative	moderately negative	somewhat negative	no impact	slightly positive	moderately positive	extremely positive
37. Major change in social activities, e.g., parties, movies, visiting (increased or decreased participation)			-3	-2	-1	0	+1	+2	+3
38. Major change in living conditions of family (building new home, remodeling, deterioration of home, neighborhood)			-3	-2	-1	0	+1	+2	+3
39. Divorce			-3	-2	-1	0	+1	+2	+3
40. Serious injury or illness of close friend			-3	-2	-1	0	+1	+2	+3
41. Retirement from work			-3	-2	-1	0	+1	+2	+3
42. Son/daughter leaving or returning home			-3	-2	-1	0	+1	+2	+3
43. Ending of formal schooling			-3	-2	-1	0	+1	+2	+3
44. Separation from spouse (due to work, travel, etc.)			-3	-2	-1	0	+1	+2	+3
45. Engagement			-3	-2	-1	0	+1	+2	+3
46. Breaking up with boyfriend/girlfriend			-3	-2	-1	0	+1	+2	+3
47. Leaving home for the first time			-3	-2	-1	0	+1	+2	+3
48. Reconciliation with boyfriend/girlfriend			-3	-2	-1	0	+1	+2	+3
49. Major change in number of family arguments or disputes (a lot more or a lot less)			-3	-2	-1	0	+1	+2	+3
50. Suicide attempt by self			-3	-2	-1	0	+1	+2	+3
51. Major change in the use of street drugs, tranquilizers, or alcoholic beverages (a lot more or a lot less)			-3	-2	-1	0	+1	+2	+3

EVENT	April 1, 1981 to March 31, 1982	April 1, 1982 to March 31, 1983	Circle only one of the 7 numbers for events that you have checked.							
			extremely negative	moderately negative	somewhat negative	no impact	slightly positive	moderately positive	extremely positive	
Other recent experiences which have had an impact on your life										
List and rate										
52. _____ _____ _____			-3	-2	-1	0	+1	+2	+3	
53. _____ _____ _____			-3	-2	-1	0	+1	+2	+3	
54. _____ _____ _____			-3	-2	-1	0	+1	+2	+3	
55. _____ _____ _____			-3	-2	-1	0	+1	+2	+3	

APPENDIX B  
Hassles Scale



## HASSLES SCALE

Hassles are irritants that can range from minor annoyances to fairly major pressures, problems, or difficulties. They can occur few or many times. Listed on the following pages are a number of ways in which a person can feel hassled.

Directions: DO NOT RATE ALL THE HASSLES LISTED. Only rate the persistence and irritability of those hassles experienced during the past month.

### PERSISTENCE OF HASSLE

- 1) SOMEWHAT PERSISTENT
- 2) MODERATELY PERSISTENT
- 3) EXTREMELY PERSISTENT

### IRRITABILITY OF HASSLE

- 1) SOMEWHAT IRRITATING
- 2) MODERATELY IRRITATING
- 3) EXTREMELY IRRITATING

(Circle One)			(Circle One)			
1	2	3 . . .	(1) Misplacing or losing things . . .	1	2	3
1	2	3 . . .	(2) Troublesome neighbors . . . . .	1	2	3
1	2	3 . . .	(3) Social obligations . . . . .	1	2	3
1	2	3 . . .	(4) Inconsiderate smokers . . . . .	1	2	3
1	2	3 . . .	(5) Troubling thoughts about your future . . . . .	1	2	3
1	2	3 . . .	(6) Thoughts about death . . . . .	1	2	3
1	2	3 . . .	(7) Health of a family member . . . . .	1	2	3
1	2	3 . . .	(8) Not enough money for clothing . . . . .	1	2	3
1	2	3 . . .	(9) Not enough money for housing . . . . .	1	2	3
1	2	3 . . .	(10) Concerns about owing money . . . . .	1	2	3
1	2	3 . . .	(11) Concerns about getting credit . . . . .	1	2	3
1	2	3 . . .	(12) Concerns about money for emergency . . . . .	1	2	3
1	2	3 . . .	(13) Someone owes you money . . . . .	1	2	3
1	2	3 . . .	(14) Financial responsibility for someone . . . . .	1	2	3
1	2	3 . . .	(15) Cutting down on electricity water, etc. . . . .	1	2	3
1	2	3 . . .	(16) Smoking too much . . . . .	1	2	3
1	2	3 . . .	(17) Use of alcohol . . . . .	1	2	3
1	2	3 . . .	(18) Personal use of drugs . . . . .	1	2	3
1	2	3 . . .	(19) Too many responsibilities . . . . .	1	2	3
1	2	3 . . .	(20) Decisions about having children . . . . .	1	2	3

PERSISTENCE OF HASSLE

IRRITABILITY OF HASSLE

- 1) SOMEWHAT PERSISTENT
- 2) MODERATELY PERSISTENT
- 3) EXTREMELY PERSISTENT

- 1) SOMEWHAT IRRITATING
- 2) MODERATELY IRRITATING
- 3) EXTREMELY IRRITATING

1	2	3 . . .	(21) Non-family members living in your house . . . . .	1	2	3
1	2	3 . . .	(22) Care for pet . . . . .	1	2	3
1	2	3 . . .	(23) Planning meals . . . . .	1	2	3
1	2	3 . . .	(24) Concerned about the meaning of life . . . . .	1	2	3
1	2	3 . . .	(25) Trouble relaxing . . . . .	1	2	3
1	2	3 . . .	(26) Trouble making decisions . . . . .	1	2	3
1	2	3 . . .	(27) Problems getting along with fellow workers . . . . .	1	2	3
1	2	3 . . .	(28) Customers or clients giving you a hard time . . . . .	1	2	3
1	2	3 . . .	(29) Home maintenance (inside) . . . . .	1	2	3
1	2	3 . . .	(30) Concerns about job security . . . . .	1	2	3
1	2	3 . . .	(31) Concerns about retirement . . . . .	1	2	3
1	2	3 . . .	(32) Laid-off or out of work . . . . .	1	2	3
1	2	3 . . .	(33) Don't like current work duties . . . . .	1	2	3
1	2	3 . . .	(34) Don't like fellow workers . . . . .	1	2	3
1	2	3 . . .	(35) Not enough money for basic necessities . . . . .	1	2	3
1	2	3 . . .	(36) Not enough money for food . . . . .	1	2	3
1	2	3 . . .	(37) Too many interruptions . . . . .	1	2	3
1	2	3 . . .	(38) Unexpected company . . . . .	1	2	3
1	2	3 . . .	(39) Too much time on hands . . . . .	1	2	3
1	2	3 . . .	(40) Having to wait . . . . .	1	2	3
1	2	3 . . .	(41) Concerns about accidents . . . . .	1	2	3
1	2	3 . . .	(42) Being lonely . . . . .	1	2	3
1	2	3 . . .	(43) Not enough money for health care . . . . .	1	2	3
1	2	3 . . .	(44) Fear of confrontation . . . . .	1	2	3

PERSISTENCE OF HASSLE

IRRITABILITY OF HASSLE

- 1) SOMEWHAT PERSISTENT
- 2) MODERATELY PERSISTENT
- 3) EXTREMELY PERSISTENT

- 1) SOMEWHAT IRRITATING
- 2) MODERATELY IRRITATING
- 3) EXTREMELY IRRITATING

1	2	3 . . .	(45) Financial Security . . . . .	1	2	3
1	2	3 . . .	(46) Silly practical mistakes . . . . .	1	2	3
1	2	3 . . .	(47) Inability to express oneself . . . . .	1	2	3
1	2	3 . . .	(48) Physical illness . . . . .	1	2	3
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1	2	3 . . .	(49) Side effects of medication . . . . .	1	2	3
1	2	3 . . .	(50) Concerns about medical treatment . . . . .	1	2	3
1	2	3 . . .	(51) Physical appearance . . . . .	1	2	3
1	2	3 . . .	(52) Fear of rejection . . . . .	1	2	3
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1	2	3 . . .	(53) Difficulties with getting pregnant . . . . .	1	2	3
1	2	3 . . .	(54) Sexual problems that result from physical problems . . . . .	1	2	3
1	2	3 . . .	(55) Sexual problems other than those from physical problems . . . . .	1	2	3
1	2	3 . . .	(56) Concerns about health in General . . . . .	1	2	3
<hr/>						
1	2	3 . . .	(57) Not seeing enough people . . . . .	1	2	3
1	2	3 . . .	(58) Friends or relatives too far away . . . . .	1	2	3
1	2	3 . . .	(59) Preparing meals . . . . .	1	2	3
1	2	3 . . .	(60) Wasting time . . . . .	1	2	3
<hr/>						
1	2	3 . . .	(61) Auto maintenance . . . . .	1	2	3
1	2	3 . . .	(62) Filling out forms . . . . .	1	2	3
1	2	3 . . .	(63) Neighborhood deterioration . . . . .	1	2	3
1	2	3 . . .	(64) Financing children's education . . . . .	1	2	3
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1	2	3 . . .	(65) Problems with employees . . . . .	1	2	3
1	2	3 . . .	(66) Problems on job due to being a woman or man . . . . .	1	2	3
1	2	3 . . .	(67) Declining physical abilities . . . . .	1	2	3
1	2	3 . . .	(68) Being exploited . . . . .	1	2	3

PERSISTENCE OF HASSLE

IRRITABILITY OF HASSLE

- 1) SOMEWHAT PERSISTENT
- 2) MODERATELY PERSISTENT
- 3) EXTREMELY PERSISTENT

- 1) SOMEWHAT IRRITATING
- 2) MODERATELY IRRITATING
- 3) EXTREMELY IRRITATING

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1	2	3 . . .	(69) Concerns about bodily functions	1	2	3
1	2	3 . . .	(70) Rising prices of common goods .	1	2	3
1	2	3 . . .	(71) Not getting enough rest . . . .	1	2	3
1	2	3 . . .	(72) Not getting enough sleep . . . .	1	2	3

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1	2	3 . . .	(73) Problems with aging parents . .	1	2	3
1	2	3 . . .	(74) Problems with your children . .	1	2	3
1	2	3 . . .	(75) Problems with persons younger than you . . . . .	1	2	3
1	2	3 . . .	(76) Problems with your lover . . . .	1	2	3

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1	2	3 . . .	(77) Difficulties seeing or hearing	1	2	3
1	2	3 . . .	(78) Overloaded with family responsibilities . . . . .	1	2	3
1	2	3 . . .	(79) Too many things to do . . . . .	1	2	3
1	2	3 . . .	(80) Unchallenging work . . . . .	1	2	3

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1	2	3 . . .	(81) Concerns about meeting high standards . . . . .	1	2	3
1	2	3 . . .	(82) Financial dealings with friends or acquaintances . . . . .	1	2	3
1	2	3 . . .	(83) Job dissatisfactions . . . . .	1	2	3
1	2	3 . . .	(84) Worries about decisions to change jobs . . . . .	1	2	3

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1	2	3 . . .	(85) Trouble with reading, writing or spelling abilities . . . . .	1	2	3
1	2	3 . . .	(86) Too many meetings . . . . .	1	2	3
1	2	3 . . .	(87) Problems with divorce and/or separation . . . . .	1	2	3
1	2	3 . . .	(88) Trouble with arithmetic skills	1	2	3

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1	2	3 . . .	(89) Gossip . . . . .	1	2	3
1	2	3 . . .	(90) Legal problems . . . . .	1	2	3
1	2	3 . . .	(91) Concerns about weight . . . . .	1	2	3
1	2	3 . . .	(92) Not enough time to do the things you need to do . . . . .	1	2	3

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PERSISTENCE OF HASSLE

IRRITABILITY OF HASSLE

- 1) SOMEWHAT PERSISTENT
- 2) MODERATELY PERSISTENT
- 3) EXTREMELY PERSISTENT

- 1) SOMEWHAT IRRITATING
- 2) MODERATELY IRRITATING
- 3) EXTREMELY IRRITATING

1	2	3 . . .	(93) Television . . . . .	1	2	3
1	2	3 . . .	(94) Not enough personal energy . .	1	2	3
1	2	3 . . .	(95) Concerns about inner conflicts	1	2	3
1	2	3 . . .	(96) Feel conflicted over what to do	1	2	3
1	2	3 . . .	(97) Regrets over past decisions . .	1	2	3
1	2	3 . . .	(98) Menstrual (period) problems . .	1	2	3
1	2	3 . . .	(99) The weather . . . . .	1	2	3
1	2	3 . .	(100) Nightmares . . . . .	1	2	3
1	2	3 . .	(101) Concerns about getting ahead .	1	2	3
1	2	3 . .	(102) Hassles from boss or supervisor	1	2	3
1	2	3 . .	(103) Difficulties with friends . . .	1	2	3
1	2	3 . .	(104) Not enough time for family . .	1	2	3
1	2	3 . .	(105) Transportation problems . . . .	1	2	3
1	2	3 . .	(106) Not enough money for transportation . . . . .	1	2	3
1	2	3 . .	(107) Not enough money for entertain- ment and recreation . . . . .	1	2	3
1	2	3 . .	(108) Shopping . . . . .	1	2	3
1	2	3 . .	(109) Prejudice and discrimination from others . . . . .	1	2	3
1	2	3 . .	(110) Property, investments or taxes	1	2	3
1	2	3 . .	(111) Not enough time for entertain- ment and recreation . . . . .	1	2	3
1	2	3 . .	(112) Yardwork or outside home maintenance . . . . .	1	2	3
1	2	3 . .	(113) Concerns about news events . .	1	2	3
1	2	3 . .	(114) Noise . . . . .	1	2	3
1	2	3 . .	(115) Crime . . . . .	1	2	3
1	2	3 . .	(116) Traffic . . . . .	1	2	3

PERSISTENCE OF HASSLE

IRRITABILITY OF HASSLE

- 1) SOMEWHAT PERSISTENT
- 2) MODERATELY PERSISTENT
- 3) EXTREMELY PERSISTENT

- 1) SOMEWHAT IRRITATING
- 2) MODERATELY IRRITATING
- 3) EXTREMELY IRRITATING

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1	2	3 . . (117) Pollution . . . . .	1	2	3
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Have we missed any of the hassles in your life?

If so, write them below.

1	2	3 . . (118) _____	1	2	3
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1	2	3 . . (119) _____	1	2	3
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1	2	3 . . (120) _____	1	2	3
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APPENDIX C

SCL-90-R



# SCL-90-R

Copied for Exhibit only

Name: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Date: \_\_\_\_\_

Technician: \_\_\_\_\_ Ident. No. \_\_\_\_\_  
 Visit No.: \_\_\_\_\_ Mode: S-R \_\_\_\_\_ Nar \_\_\_\_\_  
 Remarks: \_\_\_\_\_

*omit*

## INSTRUCTIONS

Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select one of the numbered descriptors that best describes HOW MUCH DISCOMFORT THAT PROBLEM HAS CAUSED YOU DURING THE PAST month INCLUDING TODAY. Place that number in the open block to the right of the problem. Do not skip any items, and print your number clearly. If you change your mind, erase your first number completely. Read the example below before beginning, and if you have any questions please ask the technician.

### EXAMPLE

HOW MUCH WERE YOU DISTRESSED BY:

Ex. Body Aches . . . . . Answer Ex. 3

*Start Here*

#### Descriptors

- 0 Not at all
- 1 A little bit
- 2 Moderately
- 3 Quite a bit
- 4 Extremely

HOW MUCH WERE YOU DISTRESSED BY:

#### Descriptors

- 0 Not at all
- 1 A little bit
- 2 Moderately
- 3 Quite a bit
- 4 Extremely

<p>1. Headaches . . . . . <input type="checkbox"/></p> <p>2. Nervousness or shakiness inside . . . . . <input type="checkbox"/></p> <p>3. Repeated unpleasant thoughts that won't leave your mind . . . . . <input type="checkbox"/></p> <p>4. Faintness or dizziness . . . . . <input type="checkbox"/></p> <p>5. Loss of sexual interest or pleasure . . . . . <input type="checkbox"/></p> <p>6. Feeling critical of others . . . . . <input type="checkbox"/></p> <p>7. The idea that someone else can control your thoughts . . . . . <input type="checkbox"/></p> <p>8. Feeling others are to blame for most of your troubles . . . . . <input type="checkbox"/></p> <p>9. Trouble remembering things . . . . . <input type="checkbox"/></p> <p>10. Worried about sloppiness or carelessness . . . . . <input type="checkbox"/></p> <p>11. Feeling easily annoyed or irritated . . . . . <input type="checkbox"/></p> <p>12. Pains in heart or chest . . . . . <input type="checkbox"/></p> <p>13. Feeling afraid in open spaces or on the streets . . . . . <input type="checkbox"/></p> <p>14. Feeling low in energy or slowed down . . . . . <input type="checkbox"/></p> <p>15. Thoughts of ending your life . . . . . <input type="checkbox"/></p> <p>16. Hearing voices that other people do not hear . . . . . <input type="checkbox"/></p> <p>17. Trembling . . . . . <input type="checkbox"/></p> <p>18. Feeling that most people cannot be trusted . . . . . <input type="checkbox"/></p> <p>19. Poor appetite . . . . . <input type="checkbox"/></p> <p>20. Crying easily . . . . . <input type="checkbox"/></p> <p>21. Feeling shy or uneasy with the opposite sex . . . . . <input type="checkbox"/></p> <p>22. Feelings of being trapped or caught . . . . . <input type="checkbox"/></p> <p>23. Suddenly scared for no reason . . . . . <input type="checkbox"/></p> <p>24. Temper outbursts that you could not control . . . . . <input type="checkbox"/></p> <p>25. Feeling afraid to go out of your house alone . . . . . <input type="checkbox"/></p> <p>26. Blaming yourself for things . . . . . <input type="checkbox"/></p> <p>27. Pains in lower back . . . . . <input type="checkbox"/></p>	<p>28. Feeling blocked in getting things done . . . . . <input type="checkbox"/></p> <p>29. Feeling lonely . . . . . <input type="checkbox"/></p> <p>30. Feeling blue . . . . . <input type="checkbox"/></p> <p>31. Worrying too much about things . . . . . <input type="checkbox"/></p> <p>32. Feeling no interest in things . . . . . <input type="checkbox"/></p> <p>33. Feeling fearful . . . . . <input type="checkbox"/></p> <p>34. Your feelings being easily hurt . . . . . <input type="checkbox"/></p> <p>35. Other people being aware of your private thoughts . . . . . <input type="checkbox"/></p> <p>36. Feeling others do not understand you or are unsympathetic . . . . . <input type="checkbox"/></p> <p>37. Feeling that people are unfriendly or dislike you . . . . . <input type="checkbox"/></p> <p>38. Having to do things very slowly to insure correctness . . . . . <input type="checkbox"/></p> <p>39. Heart pounding or racing . . . . . <input type="checkbox"/></p> <p>40. Nausea or upset stomach . . . . . <input type="checkbox"/></p> <p>41. Feeling inferior to others . . . . . <input type="checkbox"/></p> <p>42. Soreness of your muscles . . . . . <input type="checkbox"/></p> <p>43. Feeling that you are watched or talked about by others . . . . . <input type="checkbox"/></p> <p>44. Trouble falling asleep . . . . . <input type="checkbox"/></p> <p>45. Having to check and doublecheck what you do . . . . . <input type="checkbox"/></p> <p>46. Difficulty making decisions . . . . . <input type="checkbox"/></p> <p>47. Feeling afraid to travel on buses, subways, or trains . . . . . <input type="checkbox"/></p> <p>48. Trouble getting your breath . . . . . <input type="checkbox"/></p> <p>49. Hot or cold spells . . . . . <input type="checkbox"/></p> <p>50. Having to avoid certain things, places, or activities because they frighten you . . . . . <input type="checkbox"/></p> <p>51. Your mind going blank . . . . . <input type="checkbox"/></p> <p>52. Numbness or tingling in parts of your body . . . . . <input type="checkbox"/></p>
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# SCL-90-R

<b>HOW MUCH WERE YOU DISTRESSED BY:</b>	<u>Descriptors</u> <b>0 Not at all</b> <b>1 A little bit</b> <b>2 Moderately</b> <b>3 Quite a bit</b> <b>4 Extremely</b>	<b>HOW MUCH WERE YOU DISTRESSED BY:</b>	<u>Descriptors</u> <b>0 Not at all</b> <b>1 A little bit</b> <b>2 Moderately</b> <b>3 Quite a bit</b> <b>4 Extremely</b>
53. A lump in your throat ..... <input type="checkbox"/> 54. Feeling hopeless about the future ..... <input type="checkbox"/> 55. Trouble concentrating ..... <input type="checkbox"/> 56. Feeling weak in parts of your body ..... <input type="checkbox"/> 57. Feeling tense or keyed up ..... <input type="checkbox"/> 58. Heavy feelings in your arms or legs ..... <input type="checkbox"/> 59. Thoughts of death or dying ..... <input type="checkbox"/> 60. Overeating ..... <input type="checkbox"/> 61. Feeling uneasy when people are watching or talking about you ..... <input type="checkbox"/> 62. Having thoughts that are not your own ..... <input type="checkbox"/> 63. Having urges to beat, injure, or harm someone ..... <input type="checkbox"/> 64. Awakening in the early morning ..... <input type="checkbox"/> 65. Having to repeat the same actions such as touching, counting, washing ..... <input type="checkbox"/> 66. Sleep that is restless or disturbed ..... <input type="checkbox"/> 67. Having urges to break or smash things ..... <input type="checkbox"/> 68. Having ideas or beliefs that others do not share ..... <input type="checkbox"/> 69. Feeling very self-conscious with others ..... <input type="checkbox"/> 70. Feeling uneasy in crowds, such as shopping or at a movie ..... <input type="checkbox"/>		71. Feeling everything is an effort ..... <input type="checkbox"/> 72. Spells of terror or panic ..... <input type="checkbox"/> 73. Feeling uncomfortable about eating or drinking in public . ..... <input type="checkbox"/> 74. Getting into frequent arguments ..... <input type="checkbox"/> 75. Feeling nervous when you are left alone. .... <input type="checkbox"/> 76. Others not giving you proper credit for your achievements ..... <input type="checkbox"/> 77. Feeling lonely even when you are with people ..... <input type="checkbox"/> 78. Feeling so restless you couldn't sit still ..... <input type="checkbox"/> 79. Feelings of worthlessness ..... <input type="checkbox"/> 80. The feeling that something bad is going to happen to you. ..... <input type="checkbox"/> 81. Shouting or throwing things ..... <input type="checkbox"/> 82. Feeling afraid you will faint in public ..... <input type="checkbox"/> 83. Feeling that people will take advantage of you if you let them ..... <input type="checkbox"/> 84. Having thoughts about sex that bother you a lot ..... <input type="checkbox"/> 85. The idea that you should be punished for your sins. .... <input type="checkbox"/> 86. Thoughts and images of a frightening nature ..... <input type="checkbox"/> 87. The idea that something serious is wrong with your body . . ..... <input type="checkbox"/> 88. Never feeling close to another person ..... <input type="checkbox"/> 89. Feelings of guilt ..... <input type="checkbox"/> 90. The idea that something is wrong with your mind. .... <input type="checkbox"/>	

AN ABSTRACT OF THE THESIS OF  
JUDITH L. ALEXANDER  
FOR THE MASTERS OF NURSING

DATE OF RECEIVING THIS DEGREE: JUNE 14, 1985

TITLE: DAILY HASSLES, LIFE EVENTS, AND PSYCHOLOGICAL  
SYMPTOMS: A REPLICATION

APPROVED: 

SHIRLEY MURPHY, R.N., Ph.D.

THESIS ADVISOR

The purpose of this study was to replicate a study by Kanner et al. (1981) in which the relationships between daily hassles, life events, and psychological symptoms were examined, the ten most frequently reported hassles were identified, and gender differences on the three measures were examined.

This study used an ex post facto exploratory design. The data used in the study by Murphy (1981) was examined by secondary analysis. The subjects ( $n = 50$ ) were given the Life Experience Survey, The Hassles Scale, and the SCL-90-R.

The results of the study indicated that the correlations between the three study measures were significant. The multiple regression analysis was performed with the Hassles Scale scores accounting for a statistically significant amount of the variance in scores on the SCL-90-R,  $R^2 = .654$ ,  $p < .001$ . Frequency distributions revealed that the ten most identified hassles from the Hassles Scale

were similar or identical to those on which the replication was based. A  $t$  test used to determine gender differences revealed no significant differences between men and women on the three study variables.

Implications for advanced mental health nursing practice include: the suggested use of the study measures to strengthen the data base in assessing clients' life stressors and to enhance teaching in stress management. Additionally, the results of studies on gender differences may increase the awareness and sensitivity of the nurse clinician.

The study results are not generalizable beyond the current sample because of the small sample and the analysis of cross-sectional data. The recommendations for future study included additional studies on the three measures with different factors as socio-economic classes, geographic, and ethnic differences. Finally, more research on stress and gender differences is needed.