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Daily hassles and mental health: A longitudinal study

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This paper examines the effects of daily hassles and coping styles on mental health in a prospective longitudinal study of a community sample. It was found that daily hassles correlated with psychological symptoms, even after previous symptom levels were controlled. Early experience of hassles influenced later coping practice, and direct coping was more adaptive than suppression in coping with daily hassles.

Life-events vs. daily hassles research

A striking feature of stress research is the overwhelming concern with major social–environmental changes, or so-called life-events. The fundamental belief is that major life-events are critical factors contributing to illness or psychological dysfunctions. Recent research, however, has suggested that chronic, role-related, daily life based stressors, namely daily hassles, are strong predictors of psychological distress in community surveys (e.g. DeLongis, Folkman & Lazarus, 1988; Zika & Chamberlain, 1987); in some cases daily hassles are even more powerful predictors than major life-events (e.g. Burks & Martin, 1985; Rowlison & Feiner, 1988).

However, two points need to be addressed here. First, some researchers (Dohrenwend, Dohrenwend, Dalson & Shrout, 1984) have pointed out that a considerable number of items in daily hassles indices might be concerned with symptoms of mental disturbances rather than objective events. Although life-events inventories are open to the same critique, Dohrenwend and associates have claimed that measures of daily hassles (e.g. Kanner, Coyne, Schaefer & Lazarus, 1981), are more confounded with the measures of psychological symptoms than those of life-events (e.g. Holmes & Rahe, 1967). Schroeder & Costa's study (1984) supported this 'contamination hypothesis'. They found that illness was only significantly correlated with health-related events, neuroticism-related events, and subjective events, but not with 'uncontaminated' events.

Nevertheless, having acknowledged this problem of confounding, we think the issue is not, as Dohrenwend and others have argued, whether hassles are more or less confounded than major events. The interaction between daily hassles and life-events might be a more relevant issue. Indeed, life-events could well be the underlying factor contributing to psychological symptoms, with hassles serving simply as 'last straws'. Life-events and daily hassles are often inextricably linked. For example,

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misplacing or losing things might be symptomatic of a persistent preoccupation with some larger issue in one's life. Hence, what we are concerned with in this paper is to see whether daily hassles do contribute to psychological upsets.

A methodological issue that arises in considering the stress literature is the ubiquity of cross-sectional correlational studies. Although this kind of design has the advantage of being easy to conduct, and straightforward to interpret, simple correlations do not imply any causal relations. For example, it is inappropriate to claim that life stress has disruptive effects on people's health, based on a cross-sectional correlation of the two focal measurements, since the correlation could well be confounded with people's previous health state, or it could be an effect of different stress levels. Consequently, more convincing evidence is needed to clarify the causal relation between daily hassles and psychological symptoms.

Coping as a moderating factor in the stress–illness relation

There is evidence that many psychological and environmental factors exist that moderate the effects of stress on health. Although different investigators focus on different moderators, it is well recognized that coping is a key intervening process in a transactional view of stress (e.g. Kessler, Price & Wortman, 1985). It is interesting to examine some issues related to the nature of coping processes, since these might greatly influence the effects of stress (Folkman & Lazarus, 1988). Some coping methods may enable people to manage the impact of a stressor effectively while other coping methods may exacerbate the impact of a stressor and create a vicious circle. Hence, clarifying the role of coping has both theoretical and practical implications.

The study reported here adopted a longitudinal design to seek more detailed, more convincing evidence of the effects of daily hassles on psychological function, while taking coping into consideration. The longitudinal design provided a way of controlling previous health states, level of stressors and coping efforts, whilst examining the relations between stressors, coping and mental health.

Method

The questionnaires

Hassles. The Hassles Scale was developed based on a thorough review of various measures of daily hassles used in previous research (e.g. Kanner *et al.*, 1981; DeLongis *et al.*, 1988). Redundant items and items and words that suggested psychological symptoms and somatic symptoms were eliminated. Further, only clearly undesirable events were included.

The final version of the Hassles Scale was a 70-item checklist, including six open-ended items. All items were short, clear descriptions of various daily events, such as 'Arguments with parents or children', 'Encountering inconsiderate smokers at a party', and 'Misplacing or losing things like newspaper or glasses'. Subjects were first required to check the hassles that had happened in the past six weeks, then to indicate their severity on a three-point scale, with '1'standing for 'somewhat severe', and '3' standing for 'extremely severe'. The alpha coefficient for the scale was .71. Since the correspondents' own judgements of severity and the measure of well-being may each be influenced by the same underlying state, any statistical relationships of the two might be spurious. In order to eliminate this ambiguity, we shall look separately at exposure to hassles and the subjective severity of the hassles. In both indices, hassles scores were calculated by adding up all the responses on the scale.

Coping. Coping was measured by a shortened version (44 items) of the 'Ways of Coping' questionnaire (Lazarus & Folkman, 1984). In the factor solution reported by Parkes (1984), 'direct coping' represents rational problem-focused attempts, and avoiding fantasy or wishful thinking, while 'suppression' represents attempts at suppressing thoughts or inhibition of action. Subjects were instructed to rate the frequency of using every strategy in general to deal with the hassles they identified in the Hassles Scale. The rating scale ranged from '0' (never) to '3' (very often).

Symptoms. Psychological well-being was measured by the Middlesex Hospital Questionnaire (MHQ) modified by Broadbent, Broadbent, Phillpotts & Wallace (1984). The MHQ measured minor psychological symptoms in the past six weeks. The total symptoms score was used in later analyses.

Procedure and subjects

Fifty subjects from the Oxford subject panel were invited to participate in this study. The standing subject panel is representative of the general population on all demographic variables except race. This sample was all white, and composed of roughly equal numbers of males and females. The mean age was 39.1 (SD = 9.9). Subjects' employment status was also recorded.

The study had two testing sessions. Subjects were first contacted by post and completed the daily hassles, coping and mental health questionnaires. Two months later, these measures were taken again.

Results

Data were first analysed using two indices of the hassles scores: exposure and severity, and very similar results were obtained. Therefore, only analyses using the hassles exposure scores are presented below.

Pearson correlations were computed between demographic variables, hassles, coping and symptoms. Results are shown in Table 1. Since age did not contribute any significant correlations, it was excluded from further analyses.

Table 1. Pearson correlations between hassles, coping and mental health

Measures	1	2	3	4	5	6	7	8	9	10
1 Sex										
2 Employment	.07									
3 Hassles (1)	.07	.17								
4 Direct (1)	−.34*	−.35*	−.19							
5 Suppression (1)	−.31*	−.16	.04	.22						
6 Symptom (1)	.02	.43**	.48**	−.45**	−.04					
7 Hassle (2)	.09	.20	.78***	−.07	.13	.22				
8 Direct (2)	−.27	.04	−.36*	.36*	.05	−.12	−.35*			
9 Suppression (2)	−.18	.18	.13	−.02	.52***	.05	−.09	.01		
10 Symptom (2)	−.12	.14	.34*	−.16	.39**	.60***	.25	−.27	.05	

* $p < .05$; ** $p < .01$; *** $p < .001$.
Note. Figures in parentheses indicate the time when a particular measurement was taken.

Summarizing the correlational patterns, some interesting features emerge. First, sex correlated with coping, indicating that women tend to use less direct and suppression coping. Second, employment status correlated with coping and mental health. Unemployed people used less direct coping and had poorer mental health.

Third, both concurrent and latent direct coping correlated with low levels of hassles. Fourth, hassles strongly correlated with symptoms, both cross-sectionally and longitudinally. Fifth, current direct coping correlated with less symptoms, while previous use of suppression correlated with more symptoms. Finally, repeatedly measured hassles, coping and symptoms were highly correlated over time.

To analyse the Time 1 data, we conducted a series of hierarchical regression analyses. The rationale was straightforward. First, demographic variables (sex and employment status) were entered to explore their potential direct effects on hassles reports, coping adoption and mental health. Second, after controlling effects of demographic variables, hassles scores were next to be entered. This was because current stress theories (e.g. Lazarus & Folkman, 1984) all imply that stressors provoke coping actions rather than the reverse. Third, in the prediction of symptoms, coping was entered after hassles on the basis of logical plausibility.

Consequently, for each analysis, the predictors were, in order of entry, (*a*) sex and employment as dummy variables (male = 1, female = 2; employed = 1, unemployed = 2); (*b*) hassles scores whilst predicting coping and symptoms; (*c*) coping measures (direct coping and suppression) whilst predicting symptoms. Results are summarized in Table 2.

Table 2. Hierarchical regressions using Time 1 data

Variables	Beta	R^2	R^2 change	F (final model)
Direct coping				
1. Sex	−.32*			
Employment	−.30*	.23	.23*	
2. Hassles	−.11	.24	.01	2.81*
Symptoms				
1. Sex	−.18			
Employment	.27*	.19	.19*	
2. Hassles	.41**	.37	.18**	
3. Coping		.43	.16*	5.31**
Suppression	.10			
Direct coping	−.31*			

* $p < .05$; ** $p < .01$.
Note. Beta values for predictors are those that are attributable to the named variable when all other variables are in the model in the order indicated.

There was no significant factor predicting either hassles or suppression coping. Nonetheless, employment status was associated with direct coping and mental health: unemployed people did less direct coping and had poorer mental health. This finding is consistent with research on unemployment (e.g. Kessler, House & Turner, 1987). The experience of daily hassles significantly predicted mental health. More importantly, this significant increment in prediction for symptoms was attained after the variance associated with employment had been partialled out. There was also evidence to suggest that direct coping promoted current state of mental health.

Sex was significantly associated with direct coping, indicating that females adopted less direct coping. This relationship is consistent with that reported in the literature (Folkman & Lazarus, 1980).

The rationale for analysing Time 2 data was: (1) Sex and employment were entered first into every equation. (2) Previous hassles were entered next in predicting ongoing hassles and coping. (3) In predicting symptoms, previous symptoms were entered following sex and employment. Ongoing hassles and coping were entered afterwards. The order of entry and results in every equation are presented in Table 3.

Table 3. Hierarchical regressions using Time 2 data

Variables	Beta	R^2	R^2 change	F
Hassles				
1. Sex	.10			
Employment	.07	.09	.09	
2. Previous hassles	.77***	.66	.57***	17.23***
Direct coping				
1. Sex	−.13			
Employment	.21	.07	.07	
2. Previous hassles	−.33*	.20	.13*	
3. Previous direct coping	.32*	.28	.08*	2.86*
Suppression				
1. Sex	−.04			
Employment	.25	.07	.07	
2. Previous hassles	.06	.08	.01	
3. Previous suppression	.55***	.35	.27**	3.72**
Symptoms				
1. Sex	−.17			
Employment	−.09	.05	.05	
2. Previous symptoms	.57***	.40	.35***	
3. Hassles	.30*	.48	.08*	
4. Coping		.51	.03	4.82**
Direct coping	−.21			
Suppression	.01			

* $p < .05$; ** $p < .01$; *** $p < .001$.

Note. Beta values for predictors are those that are attributable to the named variable when all other variables are in the model in the order indicated.

Since the Ways of Coping scale is a measure of trait coping, it is reasonable to predict that scores on both coping indices would hold constant over time. In fact, previous hassles, coping and symptoms all significantly associated with the current ones. In addition, there was a negative association between previous hassles and current direct coping. Most importantly, hassles demonstrated a positive association with current symptoms, after previous symptoms were controlled.

Discussion

Effects of daily hassles on mental health

In this study it was consistently found that daily hassles were a significant predictor of psychological symptoms. In the cross-sectional analyses, daily hassles showed a strong relationship with symptoms after the effects of unemployment were partialled out. In the longitudinal analysis, daily hassles still significantly predicted symptoms after previous symptoms were controlled.

The prospective longitudinal nature of this study also helped to strengthen the causal interpretation of the relationship found. First, adverse effects of daily hassles on mental health are over and above those of other already identified risk factors, such as unemployment. Second, the hassles–symptoms relationship is not merely a spillover of previous health states. Finally, both the simple count of exposure to hassles and the subjective severity of hassles experienced can predict well-being. Thus, the 'contamination hypothesis' might be over-pessimistic. In other words, daily hassles may affect mental health.

Effects of coping

In this study, respondents were asked to indicate their general tendency to use different coping strategies. Therefore, we are more likely to tap a personality or trait aspect of coping than a situationally determined coping response.

Interestingly, direct coping and suppression had apparently different effects on mental health. Concurrent direct coping negatively associated with current symptoms, indicating the immediate beneficial effect of problem-solving coping methods. More importantly, this independent effect was achieved after the effects of unemployment and hassles were partialled out. The relationship between suppression and well-being was not significant in regression analyses. However, there was a significant correlation between previous suppression and latent symptoms. This might suggest that suppressing thoughts and inhibition of actions have a long-term cost on well-being. On the whole, it seems that in the context of daily hassles direct actions are more adaptive than suppression.

Furthermore, previous levels of hassles were associated with the later adoption of direct coping. It seems that people who have experienced many hassles before tend to use less direct actions when they later encounter these stressors; this in turn causes a latent adverse effect on mental health. In addition to the direct disruptive effect of daily hassles, this might be another path through which hassles assert their impacts on well-being.

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