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*Published in:*  
Journal of Affective Disorders

*Publication date:*  
1986

[Link to publication in Tilburg University Research Portal](#)

*Citation for published version (APA):*  
Oei, T. I., & Zwart, F. M. (1986). The assessment of life events: Self-administered questionnaire versus interview. *Journal of Affective Disorders*, 10(3), 185-190.

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JAD 00366

## The Assessment of Life Events: Self-Administered Questionnaire versus Interview

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(Received 7 August, 1985)

(Revised, received 13 December, 1985)

(Accepted 5 February, 1986)

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### Summary

Two methods of assessing life events (interview and self-administered questionnaire) were applied in a study attempting to determine the range of application of the 2 procedures. The results obtained in 55 psychiatric in-patients indicate that in a number of categories more events were detected by self-report questionnaire than by interview, while in a few categories more were reported by interview.

In the discussion it is delineated that, although both methods have their own importance, the problems of differences of events reported by interview and by self-report are likely to be mainly in the use of self-report methods. It would seem that the sensitivity of both methods differs in relation to the character of the event: acute or process-related.

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Key words: *Interviewing – Life events – Self-report questionnaires*

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### Introduction

The behavioural significance of life events is quite evident. A perceptive description of the relationship between an event (e.g. the loss of a familiar person or object) and the development of mourning reactions was given by Freud in 1917 (Freud 1955). Cannon (1929) described cogently how insight can be gained into correlations between certain emotional scenes and coping behaviour. Engel (1971) demonstrated that it is acceptable to relate an inavertable fact like sudden death to certain events, e.g. winning the first prize or attending the funeral of an intimate friend.

In the sixties, Holmes and Rahe (1967) devel-

oped a Schedule of Recent Experiences (SRE) and the Paykel group (1969, 1971, 1973, 1980, 1983) adopted their method to develop an interview which finally defined 64 events distributed over 10 fields (work, education, finances, health, bereavement, change of residence, courtship–engagement–cohabitation, legal matters, family and social relations, and marriage). Paykel in particular researched the relationship between life events and psychiatric disorders such as depression (1969, 1974), suicidal tendencies (1975), schizophrenia (1974) and puerperal depression (1980). Although initially he studied large populations (over 100; 1969, 1976), his attention gradually shifted towards clinically applied event research (Paykel

and Tanner 1976; Paykel 1984).

We translated Paykel's interview into Dutch, adding a few items in the fields of religion, housing, sports, etc., and applied it to certain clinical populations in a virtually identical way (Oei et al. 1984). Jointly with other colleagues (Van de Willige et al. 1985), moreover, we developed a self-administered questionnaire for studies of larger populations.

The literature comprises virtually no reports on extensive research into possible differences, advantages and disadvantages of the self-administered questionnaire versus the interview technique.

This is why this paper presents some findings relating to the question of possible differences between the 2 procedures and the question of how these are determined by patient-related characteristics and/or methodological problems. The section on method and results is followed by a discussion which attempts to formulate answers to the above-mentioned questions.

## Method and Results

The Questionnaire on Recently Experienced Events (QREE) comprises 113 different events

TABLE 1  
EVENTS LISTED IN THE QREE AND THE PI, WITH THEIR RESPECTIVE ITEM NUMBERS

Item number in the PI	Definition	Item number in the QREE
1a-b	Change of work	7-13b
2a-b-3a-c	Changed working conditions	8-9-10-12
4	Discord at work	11
5	Promotion	16
7-8-9-10	Discharge, pension	14-a-b-c-15a
11a-b	Start of education/training	51a
12-14	Change of school, training	51b
13a-b-15-16a-b	Completion of training	51c-d-e
20a-b-c	Severe illness self	1a-2a-3a-6a
21	Severe illness family, friends	1b-c-2b-c-3b-4b-c
22-23	Pregnancy	25
24a-b	Miscarriage	27-28
25	Abortion	26
26	Birth	29a
28a-b-29a-b-30-31	Death immediate family	32a-b-c-d
32	Death pet animal	33
33a-b	Loss of valuable possession	54
34-35-36	Change of residence	42a-b
38-39	Termination of relationship	40
42a-b-44-45	Lawsuit, conviction	52-a-b-c-d-53a-b-c-d
46a-b	Change in family composition	29b-c
51-52	Son/daughter leaving home	30-31
53a-b	Problems with family member	37b
54	Discord in family	37c-d
55a-b	Improved relations in family	38a-b
57	Marital problems in family	35
58	Marriage	19
40-59	Severe discord with partner	37a
60	Separation due to work, etc.	21a-c
61-66	Divorce	21b-23
62	Extramarital relationship partner	22b
63	Extramarital relationship self	22a
64	Improved relations with partner	20
67a-b	Religious problems	49a
68	Housing problems	44

TABLE 2  
MEAN NUMBER OF EVENTS REPORTED WITH 2 METHODS OF ASSESSMENT: QREE AND PI, AND THE SIGNIFICANCE OF THE DIFFERENCE BETWEEN THEM

Method	Mean number of events	Standard deviation	<i>t</i>	<i>P</i>
QREE	4.20	3.42	3.44	< 0.01
PI	2.74	1.78		

incorporated in 60 items. Paykel's interview (PI) distinguishes 91 different events incorporated in 70 items. Apart from some events specific for QREE (42) or PI (20) the 2 lists comprise 71 identical events.

Because QREE and PI do not use the same event definitions, a number of events had to be thrown together in order to make possible a comparison of the 2 forms of data collection. This resulted in 35 groups of events represented identi-

cally in QREE and PI. Table 1 lists these groups along with the item numbers referring to them in the questionnaire and the interview.

58 psychiatric in-patients were examined both with the QREE and with the PI, applied in random order with an interval of 2-4 days. The period covered was 12 months preceding the assessment.

Of the 35 different events listed in Table 1, 33 were scored. The events not occurring were Nos. 25 and 26 of the interview: abortion and birth. The total number of reported events was 297. 85 thereof appeared in the QREE as well as in the PI. The remaining 212 events were only reported with one of the methods: 146 with the QREE, and 66 with the PI. So the total number of events reported on the QREE and PI were  $85 + 146 = 231$ , and  $85 + 66 = 151$ , respectively.

Table 2 shows the mean number of events reported with both methods, and the significance of the difference between the means for those methods.

The 35 groups of events were further condensed

TABLE 3  
CLUSTERED EVENTS FROM TABLE 1 AND FREQUENCY OF REPORTED EVENTS IN THESE CLUSTERS WITH THE QREE AND THE PI; SIGNIFICANCE OF THE DIFFERENCE BETWEEN QREE AND PI ( $\chi^2$ -TEST)

Cluster definition	Frequency			Significance <i>P</i>
	in QREE	in PI	in both	
<i>Events related to:</i>				
1. Work(ing conditions)	24	4	14	< 0.001
2. Education/training	12	1	3	< 0.001
3. Illness (self)	28	2	17	< 0.001
4. Illness (family)	4	8	6	-
5. Pregnancy, birth	4	1	1	-
5. Death	3	11	6	< 0.05
7. Loss of possession	1	5	5	-
8. Change of residence	2	2	12	-
9. Termination of relationship	4	0	4	-
10. Lawsuit, conviction	0	2	1	-
11. Change in family	9	5	2	-
12. Problems in family	19	24	7	-
13. Marital problems	30	0	6	< 0.001
14. Religious problems	3	0	0	-
15. Housing problems	3	1	1	-
Total	146	66	85	

into 15 event areas. In Table 3 frequencies of reported events in these areas for QREE and PI are given, as well as the significance of the difference between these frequencies. For the clusters 1, 2, 3 and 13, events were far more often reported by the QREE than by the PI. The reverse applies to cluster 6: events were more often reported by the PI than by QREE. For the remaining clusters (4, 5, 7, 8, 9, 10, 11, 12, 14 and 15) the 2 methods did not differ in frequencies of reported events.

## Discussion

This discussion focuses on a number of questions mentioned in the introduction as a guideline to the analysis and evaluation of the results of this study. We proceeded from the postulate that the chance of a difference between QREE and PI scorings would be considerable.

The literature supports this postulate, if not entirely convincingly, in that it indicates greater research efficiency of the interview in comparison with self-report methods (Paykel 1983). The available reports on life event research nearly always give the impression that interview techniques are preferable to other methods. Some reports indicate that the patient's motivation plays a fairly important role (Brown and Harris 1978). The type of research material reported warrants the conclusion that the superiority of the interview over self-report methods is as much more pronounced as the reality sense of the respondents is more disturbed (e.g. in severe depressions or schizophrenia). Our own experience tends to confirm this. When applied to highly neurotic persons the 2 methods do not seem to be significantly different (Oei and Zwart 1986); with both procedures many items in succession are often scored very conscientiously.

We have not primarily concerned ourselves in this study with the relationship between diagnosis and scoring behaviour; a preliminary report on this subject has been published elsewhere (Oei et al. 1984).

This study focused on the extent to which the differences in scoring behaviour with the 2 methods, if applied to psychiatric in-patients in a university hospital, can be attributed to pure differences in technique. The 2 techniques were ap-

plied or supervised by the same investigator (T.I.O.). A previous study (Oei 1981) had shown that the interview took roughly twice the time (40 min) required for the self-administered questionnaire. The interview enables the investigator to let his own clinical impression also play a role, without necessary consequences for the patient's scoring behaviour. It may be important, for instance, to account for the 'effort after meaning' (Bartlett 1932), i.e. the possibility to explain things because the patient wants to understand what has gone wrong to produce the event; this often leads to a higher score of events ('shocks') in the interview. In some cases there may be a re-labelling of experienced events from a particular context, and this can detract from the accuracy of the past index period – i.e. the period between the event and the onset of symptoms, or study period.

In our study these factors were neutralized and/or eliminated by briefly evaluating each scored event with the patient immediately after completion of the test. We had to discard 3 cases because they were unable to understand the instructions (scoring any event ever experienced, or including the present hospital period).

The QREE has already been applied and validated in a large population (Van de Willige et al. 1985). Their findings also led them to urge a re-evaluation of personal criteria, more especially cognitive aspects, and of factors such as conditions of life, social welfare and coping behaviour. Both the QREE and the PI comprise some subjective criteria like the degree of pleasure and unpleasure and the amount of subjective and objective impact. The latter have been described by Paykel (1983) as important variables in life event research. Brown and Harris (1978) described them as the dimension of contextual threat. Evaluation of these variables merits more attention in further research into the validation of the tests in question, but a discussion of possible consequences is not within the scope of this article.

The self-report technique unmistakably leads to objective registration of scoring behaviour, even detached from the respondent involved. In this respect the Paykel technique affords more opportunity of clinical observation, in our opinion. Could this have been one of the reasons for the fact that in particular emotionally laden subjects

like exits (deaths in this case) were registered more frequently by the PI than by the QREE? A striking feature in any case is the evident possibility of repressing or denying one's moment of cognitive recognition via the self-report method.

Another, equally striking fact is that the QREE affords a greater possibility of identifying events around work and health.

Further analysis of the results obtained with the 2 techniques would seem to suggest the following:

(1) Clusters 1, 2, 3 and 13 have something in common: the corresponding items (work, education/training, illness, marital problems) have of old been matters (consciously) close to the individual's heart. Consequently they are more readily scored in the QREE than in the PI. In a number of cases the investigator was confronted with a respondent who explained his failure to score an item by stating that he had not been explicitly asked to do so. In other cases respondents offered arguments such as: 'These are emotions I could not talk about in an interview!' On the other hand, the QREE probably does enable the patient to score some (emotionally) realized items unperturbed.

(2) The remaining clusters (4, 5, 7, 8, 9, 10, 11, 12, 14 and 15) show no differences in scoring behaviour. Possible explanations are:

(a) the items incorporated in these clusters are sufficiently diverse and clearly formulated to ensure adequate recognition and entry or scoring;

(b) questionnaire and interview have sufficient points of recognition in common to justify comparison;

(c) some of these clusters showed very low frequencies, making it difficult to conclude about differences.

In some cases of chronic stress – marital problems, work problems, family problems, etc. – the process character of the event is decisive for adequate entry in both lists. In cases explicitly involving an exit (e.g. death) the PI evidently detects more readily than the QREE. Paykel et al. (1969) already demonstrated that, in depressions, more exits (true events) are detected with the PI than in a control group. The implications of this suggestion obviously cannot extend beyond the tentative suspicion that the PI would be more sensitive for

acute events than the QREE, while on the other hand the QREE may detect more process-related events (or stress conditions).

There are some factual differences between the 2 techniques:

(1) The presentation of questions/items differs. Using the QREE, the respondent answers the question in writing and is able to complete the list in relative anonymity and privacy. The PI entails a face-to-face contact and verbal questions.

(2) The QREE presents fairly standardized questions; the PI is a semi-standardized interview and consequently there are some differences between individual respondents: not every item is presented because some depend on age, sex or social status.

It is perhaps advisable to continue using both techniques for research purposes, precisely because both have their own advantages for the analysis and interpretation of results. This is in accordance with the suggestion made by Lemon (1973): 'The question is not whether interviews or self-administered questionnaires are biased. They are obviously biased, in the way in which any single type of indicator is a biased indicator of a generalized predisposition which is held to mediate a wide range of behaviour. The more important question is surely whether the particular form of bias is interpretable, and will enable wider generalizations to be made, and that is a question which can only be answered for the individual case.'

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