

# Life Crisis as a Precursor to Child Abuse

BLAIR JUSTICE, PhD, and DAVID F. DUNCAN, BA

CHILD ABUSE can be regarded as a major public health problem (1,2). Kempe reports that roughly 25 percent of all fractures seen in the first 2 years of life and 10 to 15 percent of all trauma seen in the first 3 years are due to abuse by parents or parent surrogates (3,4). The true prevalence of child abuse is difficult to estimate. According to Gil (5), 6,617 cases were reported in 1968. Estimates of the total number of actual cases per year range from Zalba's estimate of 200,000 to 250,000, with 30,000 seriously hurt (6), to Light's of a half-million (7), to Gil and Noble's of an upper limit of between 2.5 and 4.1 million (8).

What distinguishes the abusing family from the non-abusing one? We have found that people who abuse are neither cruel maniacs nor even parents who do not love their children. For the most part they are not insane—they defy psychiatric classification as a group (9). Therefore, how do they differ from parents who do not abuse?

One answer is provided by the environmental-stress theorists, as represented by Gil. In his nationwide case-register study, Gil (5,10) found that reports of child abuse were concentrated among the poor. Child abuse may, therefore, be regarded largely as being one more aspect of the lifestyle associated with the poverty syndrome. In Gil's words (10), "Life in poverty generates many additional stressful experiences which . . . are likely to become precipitating factors of child abuse. The poor are subject to the same psychological conditions which may cause violent behavior toward children as are the non-poor; but in addition to this, they are subject to the special environmental distresses and strains associated with socioeconomic deprivation." Gil's approach should not be misinterpreted as a single-cause theory. Rather, it is one which emphasizes social and cultural influences and particularly the stresses associated with an inequalitarian society (11).

A similar viewpoint is present in Gelles' social-psychological theory of child abuse (12). Essentially, Gelles sees child abuse as a particular form of adapta-

tion to stress. Considering also such factors as societal values and norms, socialization experience, and "psychopathic states," Gelles emphasizes such stress areas as socioeconomic position of parents, marital stresses, excess children, unemployment, social isolation, unwanted or "problem" children, and immediate precipitating situations such as an argument or child misbehavior.

The foremost theory in the field of child abuse is the psychodynamic one developed by Kempe (3,4), Helfer (13), and Steele and Pollock (9). This approach presents a three-factor theory of the causation of child abuse. The three factors as described by Helfer (13) are: First, the parent must have the potential to abuse, primarily as a result of receiving an inadequate "mothering imprint" in his or her own childhood. Second, the child must be seen by the parent as being "special" whether he really is or not. Third, a crisis must occur which precipitates the incident of abuse.

In the psychodynamic theory, stress also plays a part, but only as a precipitating event. This crisis may be as major as a husband being drafted or as not having enough money to buy food, or it may be as small as a washing machine breaking down (3,4,13).

Each of the preceding briefly summarized theories gives stress an important part in the causation of child abuse, whether as a basic cause, a precipitating event, or both. Stress in each case is viewed as an aversive state or incident. It is something unpleasant that happens to a person.

An alternate conception of stress, based on change, has been developed within the field of psychosomatic medicine. This approach grew out of Meyer's (14) "life chart" that arranged for each patient a record of ". . . changes of habitat, of school entrance, graduations or changes or failures; the various jobs, the dates of possibly important births and deaths in the family, and other fundamentally important environmental influences" which could be charted against changes in physical or mental health. In this approach stress is

regarded as a situation which requires adaptation or coping behavior by the affected person, whether that situation is experienced as pleasant or unpleasant.

Thomas Holmes, Richard Rahe, and their associates at the University of Washington built on Meyer's (14) earlier work in describing the influence of life events on the onset of illness. Holmes and Rahe (15) developed the Social Readjustment Rating Questionnaire that listed 43 events requiring some readjustment by the person to whom the event occurred. These events were assigned a numerical value which represented an estimate of the magnitude of change in adjustment required in response to the event (15,16). This listing of life events, each with a numerical value of "life change units," became the Social Readjustment Rating Scale (15), the most widely used measure of life stress in psychosomatic research.

### Life Crisis Study

**Life change.** To assess how life stress and other factors may be associated with child abuse, we administered a questionnaire to two groups of parents. The questionnaire included 39 questions and the Social Readjustment Rating Scale (15). The first group contained 35 abusing parents. Where the families were intact, both parents were given the questionnaire, rather than just the parent who had injured the child. We believe, as do other investigators, that both parents are involved in abuse no matter which one actually injures the child (1,17). All the abusive incidents had occurred within the past year.

The second group also contained 35 parents—similar in age, education, and economic status to the abusing parents—who had difficulties with their children but who had never abused them. The nonabusing parents were attending workshops on parenthood skills conducted under the direction of one of us (Justice) for the local Model Cities agency. These parents had experienced such problems with their children as temper tantrums, lying, stealing, fighting, and truancy.

Both groups of parents included a cross section of socioeconomic classes weighted toward lower-middle and working-class families. The most striking differences between the abusive and the nonabusive parents emerged on the Social Readjustment Rating Scale, depicting life events for the two groups during the 12 months preceding their troubles with their children.

It was evident that the abusing parents had undergone too much change too fast. The number and magnitude of changes to which they had to adjust constituted a "life crisis" that had existed during at least the 12 months before they became abusive. Most of the nonabusers had not experienced a life crisis during the year before their problems began with their children.

A rapid series of changes in a person's life is more difficult to deal with than a situational crisis such as a divorce, loss of a job, or sickness. In a situational

crisis, a person's defenses weaken when the stress is most severe—but he has time to mobilize new resources to deal with the problem. If he deals with it successfully, he comes out of the crisis at a higher level of functioning—with greater emotional equilibrium—than when he went into it (18). In a life crisis there is a series of situational events compressed together and sometimes accompanied by maturational crises—a child's leaving home or parental remarriage, pregnancy, or retirement.

The following are the situational and maturational crises that both groups of parents were asked about. The 43 items constitute the Social Readjustment Rating Scale that has been found to predict onset of illness, accident, or injury (15). As shown, each item is weighted in terms of the amount of readjustment necessary to cope with the event—death of spouse requiring the most readjustment (and assigned a numerical value of 100) and minor violations of the law the least (value of 11).

Item No.	Life event	Life change unit value
1	Death of spouse	100
2	Divorce	73
3	Marital separation	65
4	Jail term	63
5	Death of close family member	63
6	Personal injury or illness	53
7	Marriage	50
8	Fired at work	47
9	Marital reconciliation	45
10	Retirement	45
11	Change in health of family member	44
12	Pregnancy	40
13	Sex difficulties	39
14	Gain of new family member	39
15	Business readjustment	39
16	Change in financial state	38
17	Death of close friend	37
18	Change to different line of work	36
19	Change in number of arguments with spouse	35
20	Mortgage over \$10,000	31
21	Foreclosure of mortgage or loan	30
22	Change in responsibilities at work	29
23	Son or daughter leaving home	29
24	Trouble with in-laws	29
25	Outstanding personal achievement	28
26	Wife begin or stop work	26
27	Begin or end school	26
28	Change in living conditions	25
29	Revision of personal habits	24
30	Trouble with boss	23
31	Change in work hours or conditions	20
32	Change in residence	20
33	Change in schools	20
34	Change in recreation	19
35	Change in church activities	19
36	Change in social activities	18
37	Mortgage or loan less than \$10,000	17
38	Change in sleeping habits	16
39	Change in number of family get-togethers	15
40	Change in eating habits	15
41	Vacation	13
42	Christmas	12
43	Minor violations of the law	11

□ Dr. Justice is professor of social psychology and Mr. Duncan is research statistician, Community Health Practice Module, University of Texas Health Science Center at Houston School of Public Health. Tearsheet requests to Dr. Blair Justice, P.O. Box 20186, Houston, Tex. 77025.

The abusing parents had high scores on the Social Readjustment Rating Scale—which meant, as we have noted, that they had experienced excessive change in their lives during the 12 months before they began their abuse. This change consisted of a series of situational and maturational crises that exceeded their ability to adapt. We postulate that, unlike persons undergoing a single situational or maturational crisis, these abusing parents have no time to regroup before a new crisis occurs. In terms of Selye's three stages of responding to stress (19), they no sooner go through the first phase of shock and countershock and begin to enter the second stage of resistance when a new crisis plunges them into a third stage of exhaustion—the stage in which their defenses are lowest and their controls on acting out are weakest.

The mean score on the rating scale was 234 for the 35 abusing parents and 124 for the 35 nonabusing parents. These means are significantly different at the .001 level by the *t* test. A score of more than 150 is classified by Holmes and Rahe (15) as representing a life crisis. Scores of 150–199 are classified as a mild life crisis; 200–299 as a moderate life crisis; and more than 299 as a major life crisis. The distribution of life change scores for the two groups is shown in the following table. The distributions are significantly different at the .001 level:  $X^2 = 25.69$ ,  $P < .001$ ;  $t_{ind} = 4.28$ ,  $P < .001$ .

Life change scores	Abusers $\bar{X} = 233.63$	Controls $\bar{X} = 123.62$
0–149, no crisis -----	4	25
150–199, mild crisis -----	9	5
200–299, moderate crisis -----	14	3
300 or higher, major crisis -----	8	2

We found a distinguishing factor of change, rather than of economic or even environmental stress, and change requires constant readjustment. Although it is possible to accommodate to continuous stress from a single source, excessive change is constantly throwing a person off balance. In a life crisis it is as though a person never has time to catch his breath, to mobilize his resources, before another change occurs. Change requires decision making and problem solving. Life crisis requires a person to stay constantly on the alert, waiting for the new and uncertain to happen without any way to predict or prepare for what is coming next.

We are not saying that excessive change—constituting a prolonged life crisis—is the sole cause of child abuse. Our views on the multi-causal nature of child

abuse are presented elsewhere (1,17). Life crisis, however, does appear to be an important predisposing factor that has not been investigated previously. It deserves further research because the trend in our society is toward greater change in less time.

We wish to emphasize that our findings regarding the part played by life crisis in abuse is far different from what many other investigators, mentioned earlier, have noted about the role of stress and situational crisis. We have no argument with the example that the breakdown of a washing machine may represent a crisis to a parent with the potential for abuse and can trigger an explosive outburst. We do not quarrel with the concept that those who abuse are under pressure. However, our findings suggest that the reason that a broken washing machine—or some other seemingly minor problem—may loom so large is that the parent has been bombarded for months with a series of stressful changes. He or she is at a low point in ability to cope with even minor problems and to exercise usual control over lashing out at others.

It is the life crisis—the prolonged series of change events—that is the key to the predisposition of the parent to abuse, not the situational upset that is simply an appendix to that life crisis. Similarly, it not day-to-day economic pressure and stress that frame the context in which abuse occurs. It is the unpredictability of all kinds of changes, most of which have nothing to do with the threat of poverty. Again, the end state of the life crisis is a stage of exhaustion, of decreased ability to adjust, and increased risk of losing control.

An important question that remained was why a person who undergoes a life crisis would abuse a child. If excessive change can lead to illness, accident, or injury (15), why would it lead instead to violence toward a child? We do not know that child abuse is a substitute for the other outcomes. From our work with abusing parents, we know that a large percentage do have serious illnesses and accidents. For child abuse to be an outcome of a life crisis, other factors must also be present. Some of the most critical of these factors were also suggested by our study findings.

**Symbiosis.** In addition to the striking differences we saw in terms of life change units of the two groups, there was also a significant difference in answers to another set of questions related to the crucial issue of symbiosis. As defined by the Schiffs (20), symbiosis is the kind of attachment that a person establishes with someone else in an effort to get taken care of. The second party is to make all the decisions and to see that the first party's needs are met. This is a healthy and necessary relationship between mother and infant, but it is destructive when it occurs between adults or when a parent reverses roles and tries to get the child to take care of the parent. It has been suggested that symbiosis between parents and between

parent and child may be a causal factor in child abuse (1,17,21-23).

Four questions in our study (not on the rating scale) that related to symbiosis elicited sharply different answers among the abusing group compared to the control group. In the abusing group, parents were more likely to say that they believed their spouses had a closer relationship to their children than they did (chi-square probability of less than .02). The abusing parents also were more inclined to answer that they had trouble getting their spouses to discipline the children (chi-square probability of less than .04). In addition, the abusing parents were five times more likely than the controls to reply that they had trouble getting their spouses to make decisions (chi-square probability of less than .05).

The answers of the abusing parents are typical of persons who have a symbiotic relationship. In the abusing family there is constant competition over who is going to get taken care of. The spouses are in competition with each other first, but when one "loses" and has to take care of the other, the loser then may turn to the child in a last-ditch effort to get taken care of himself. When the child fails to deliver, a lifetime of mounting frustration from unmet dependency needs is likely to be unleashed in the form of overt aggression toward the child. This is particularly true, we believe, if the person has undergone a life crisis experience such as we have described, which impairs defenses and controls on acting out violently.

In light of the concept of symbiosis, it would be expected that the abusing parent would see his spouse as being closer to the child because he constantly feels he is losing in the struggle to find someone in the family to meet his needs. Likewise, it would be expected that he would believe that his spouse shirks responsibility to discipline the child and to make decisions. Again, in our view, the abusing parent perceives himself as having to carry the bigger burden in the family and to shoulder responsibilities that others should assume. The abusing parent sees himself as apart from other people, losing out in the "competition" for love and comfort from others. In our work with abusing families, the issue of discipline and decision making is a source of frequent strife between spouses. Much anger is generated in the struggle to get the other to do the "parenting" in the family, to make the decisions, and to discipline the child. In our experience, discipline in the abusing family is often only one kind: physical punishment. The child is beaten when he fails to meet the excessive expectations of the parent, who is constantly wanting to be cared for himself.

The struggle to establish symbiosis was also reflected in how the abusing parents responded to certain items on the Social Readjustment Rating Scale. The most highly significant differences between the abusing parents and the nonabusing ones were in the higher fre-

quency with which the abusers reported "sex difficulties," "change in financial state," "trouble with in-laws," and "change in living conditions." (Chi-square probabilities less than .02, .005, .0001, and .0005, respectively, at 1 degree of freedom.) The abusing group experienced problems in these four areas much more than did the nonabusers. Our work with parents who abuse confirms these findings.

We believe that sexual difficulties are often present because the spouses are engaged in internecine warfare to make one take care of the other—neither partner is willing to try to satisfy the other. Instead, each demands to be satisfied himself or herself. In light of this formulation, the sexual difficulties between spouses also may reflect unresolved problems in other areas of daily life. Many abusing parents we have worked with have never learned to get close to others. They are distrusting. They are not inclined to discuss problems that they are having with their mates. They may pout or stew in silence. All of this often finds expression in problems with sexual relationships.

As for "change in financial state," we have observed that the abusing parent often goes through many ups and downs in terms of income and expenditures. This does not mean that they are necessarily poor. In our experience, these financial fluctuations usually reflect the problem we discussed earlier that abusing parents have with making decisions and assuming responsibility. They often tend to put things off, even critical things like paying bills. The abusing parent is likely to get into financial trouble from overspending. It is as if he thinks someone else will pay the bills for him. He wants to be rescued, to be cared for. He may lay off work to the point of losing money and getting into financial straits. He has trouble accepting responsibility for making ends meet and bringing in a steady income. He may change jobs often. And because of these changes living conditions also fluctuate. The same pattern of ups and downs occurs in the living conditions as in the financial states of couples who are trapped in symbiotic relationships.

In terms of trouble with in-laws, the struggle over symbiosis is expressed through seeing the in-laws as additional competitors for attention. The abusing parent is easily threatened by others who may interfere with his quest to be cared for. In-laws may divert the attention of the abuser's spouse or child. They may refuse to cooperate in giving him the attention and care he wants. They incite jealousy and resentment.

As noted, sex, finances, living conditions, and in-laws account for the most highly significant differences between abusing parents and nonabusers in terms of life change events. When all 43 items are taken as a whole, the abusers still differ markedly from the nonabusers. Does this mean that abusing parents are just more unfortunate victims of the vagaries of life, of change over which they have no control? Our answer is "No." Certainly, there are changes—such as "death

of spouse" or "death of close friend"—over which they have no control. But, many of the changes that characterize their lives are self-induced.

The 43 items listed fall into several categories: family, marriage, occupation, economics, residence, group and peer relationships, education, religion, recreation, and health. Most of the changes represented by these categories are the products of a particular kind of personality interacting with others and the environment. We believe that the abusing parent's personality is such that he brings many changes on himself.

From our experience, the abuser is inclined to be isolated, distrusting, impatient, in conflict with his or her spouse, and has a low self-image. Primarily, however, the abuser is in search of a symbiotic relationship—of an attachment with someone who will make decisions for him, assume responsibility for him, take care of him, and in short be a parent to him. Thus, the abuser is likely to subject himself to a state of life crisis as represented by excessive change that requires enormous amounts of constant readjustments. The life crisis will put him in a stage of exhaustion, with lowered defenses and weakened control over his behavior (18,19,24,25). The combination of life crisis and symbiosis will predispose him to abuse.

### **Prevention of Child Abuse**

Prevention of child abuse may be based on the traditional public health model of host, agent, and environment (1,17). The parents may be viewed as the host, the child as an agent whose presence is necessary but not sufficient for abuse to occur, and the environment of abuse—as our investigation shows—is fraught with change arriving too rapidly for successful adjustment. To prevent the abuse of children we must recognize that this is an interactive system in which both parents, the child, and the physical, social, and cultural environments play a role.

The life crisis contains elements of host as well as environment. As we have already discussed, people who are deeply involved in symbiotic behavior also have life crises. We have suggested that this may be a causal relationship and that therefore we can approach the reduction of life crises by helping the parent to change his behavior, as well as by restructuring the environment. We can work to break up the pattern of symbiosis and teach the parent to be a whole person capable of accepting responsibilities and making decisions for himself or herself and capable of taking care of others as well as being taken care of.

In terms of environmental manipulation, we cannot slow down those elements of rapid change that occur in everyone's life, but we can try to build elements of stability into our society. We can also develop services to assist people in adjusting to crises in their lives—hotlines, drop-in centers, temporary homemaker services, and best of all, old-fashioned good neighbors. We

can try to educate the public about the need for time to adjust to rapid change and we can, through the media, "give permission," for people to ask for help when they need it without feeling embarrassed or inadequate.

Another preventive approach might use the predictive value of the Social Readjustment Rating Scale. Public health nurses might be assigned to call on such high-risk groups as unemployed parents and parents with drug abuse histories, premature babies, or illegitimate babies (1,2,5,17). The public health nurse, in addition to performing health screening and giving information on child health and development, could also administer the Social Readjustment Rating Scale to the parents to determine how much change they have had to adjust to in the last year. Parents with high scores on the scale would receive particular attention and more frequent visits. Steps could be taken, in terms of counseling, guidance to sources of support and assistance, and medical intervention, to reduce the stressful effects of excessive change in the parents' lives (17). We believe that such a program would avert child abuse in many cases. Such an intervention strategy could also produce dividends in many other areas of social and personal well-being (15,18,24,25), in addition to child abuse, and thus justify the high cost of an extensive early intervention program.

We could also prevent life crises if we could reduce geographic mobility caused by unemployment or lack of opportunity. If we could reduce the frequency with which families must be uprooted in order to find new employment or obtain advancement, we could affect the multiple changes which created life crises in the child abusers we studied. Increased opportunities for further training and advancement on the job could make changes of residence and hours less common. At the same time, industry could, and we believe should, accept a greater responsibility for easing the transitions necessary when an employee is transferred from city to city or even from shift to shift. When a person finds roots in a job with a future, he precludes a number of other changes in his life—including those that may affect his marriage, his residence, his living standards, and his recreation.

The development of better health care delivery systems may also help to reduce life crises. Effective health maintenance should certainly reduce the number of abrupt changes in the health status of the potential abuser. The provision of counseling and mental health services as part of a truly comprehensive health maintenance organization could help to reduce such significant life change factors as sexual difficulties, trouble with in-laws, and disturbances of sleeping habits—all problems to which the child abusers in our study had to adjust. Thus, the health maintenance organization or similar innovations in health services delivery may play a meaningful role in the prevention of child abuse through the reduction of health-related stress.

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## SYNOPSIS

JUSTICE, BLAIR (University of Texas Health Science Center at Houston School of Public Health), and DUNCAN, DAVID F.: *Life crisis as a precursor to child abuse. Public Health Reports, Vol. 91, March-April 1976, pp. 110-115.*

A number of theories have been proposed on the causation of child abuse, and many of these theories assign some role to stress. Stress is variously conceptualized as a continuous state resulting from poverty, poor housing, and the like, or as an immediate crisis such as an argument or the breakdown of an appliance.

An alternate perspective on stress identifies it with life change events which require readjustment in the lifestyle of a person. When an excessive number or magnitude of such

life change events occur, the person affected may be said to be in a state of life crisis. Such states of life crisis have been found to be associated with the onset of physical illness and with the occurrence of accidents and injuries.

In this study, a questionnaire was administered to 35 abusing parents and 35 matched controls who had experienced problems with their children but had not been abusive. The two groups were compared for their life change scores on the Social Readjustment Rating Scale for the year before their abuse or problems began with their children. The mean score of the nonabusers was 124, which does not indicate a life crisis. For the abusers, the mean score was 234, which indicates a moderate life crisis. These means are significantly different at the .001 level by the *t* test.

The role of symbiosis, an emo-

tional attachment in which a person seeks to be taken care of by another person, was also explored. It is argued that abusive parents are competing with each other and with their children for the role of being cared for. This kind of behavior seems to make the person particularly vulnerable to life changes, which in turn produce stress. Support for this view was found in the responses to the questionnaire.

Prevention strategies aimed at reducing change and stress might include better provision of crisis-intervention services, measures aimed at reducing unemployment or lack of opportunity, effective health maintenance services, and greater provision of counseling and mental health services. Use of the Social Readjustment Rating Scale in a preventive program of early intervention is also possible.