Letters to the Editor

Symptoms of stress predict musculoskeletal disorders

SIR—I refer to the paper by Päivi Leino in the September issue (vol 43, p. 293). Our studies started with the assumption that the stress symptoms scores in Leino's paper were expressions of a state of "stress" in or experienced by the respondents to our enquiry. The abundance and/or frequency of appearance of these symptoms would be a measure of the degree of the "stress" that our respondents experienced, consciously or not.¹² I now think that the concept of "stress" is too meagre in content to describe the phenomena under study. The concepts of "human need" and "deprivation" seem more proper for the purpose—they seem to make the object more understandable.³⁴ The richness and complexity of the concepts of human need and deprivation seem to correspond more accurately to the object of study, the human way of life.⁵

There is apparent in Leino's material an intimate association between the frequency/abundance of the stress symptom scores and the symptoms located by the respondents in the locomotor system. One might ask to what extent both kinds of symptoms reflect the same state of the subject. We have to remember that the latter symptoms were "fixed" by us into different parts of the locomotor system. The association between the stress symptom scores and chronic disease was not as intimate. I think that we have to keep in mind that the concept of "disease", as well as that of "cause of death", has been constructed by the medical community for administrative and professional purposes. If we accept this fact, it becomes easier to understand that the prevalence and incidence of "disease" may fluctuate for reasons that may have little to do with processes in the organisms of the human beings.⁶

In conclusion, I think that the stress symptoms scores in Leino's paper mirror, more or less quantitatively, states of deprivation, threats to the integrity of the human being within his way of life. If this proposal is accepted, it opens up one way to study the notoriously difficult subject of human needs and their satisfaction.⁷ True, the symptoms reflect nothing of the kinds of need that remain unmet, but something about this can be deduced from the specific features of the ways of life in which the persons to be studied live.⁴

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JEDDI HASAN
Institute of Public Health,
University of Tampere,
Box 607, 33101 Tampere, Finland,
and the Social Statistics Research unit,
The City University,
Northampton Square,
London EC1 0HB,

Adult body height and childhood socioeconomic group in the Swedish population

SIR—I should like to comment on the article "Adult body height and childhood socioeconomic group in the Swedish population" by A M Nyström-Peck and D H Vågerö, published in this journal in 1987 (41: 333–7). These comments mainly concern the authors' method of measuring height, their so called socioeconomic differences in height, and their conclusions.

Method of measuring height—Just asking a person about his/her height is regarded as one of the "cheapest and dirtiest" methods of estimating height. In addition we were not told whether the interview was made over the telephone. There is also reason to believe that overestimation/underestimation of height and weight is related to sex as well as to socioeconomic group. These factors were not controlled for in any way in the Nyström-Peck and Vågerö study. Reference to English and American data in this regard does not seem appropriate. Since the study covers the age groups from 16–74 years there is also reason to believe that this tendency to overestimate and underestimate has been changing over time.

So called socioeconomic differences—there is confusion over what the authors mean by