

Partners in Adversity: II. Measurement and Description of Stressful Event Sequences ('Complexes')

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Summary. Three groups of married women were studied with each defined by their experience of a different stressful incident (the target event). In the first (the Coronary Group), the husband had suffered a non-fatal myocardial infarction whilst in the second (the Bereaved Group), he had recently died. In the third (the Refuge Group) the subject had just entered a refuge run by Women's Aid in order to flee from her husband. This paper concentrates on the description and measurement of the sequence of these experiences and of others occurring within the same study time. The Bedford College core rating scheme together with other ratings were applied. In the Coronary group, the target event was rated as a severe threat in 46.9% of cases, and also rated as being of uncertain outcome and hopeless. Over one quarter of the sample received other ratings such as subject-focused and choice of action. Virtually all the bereavements were rated severe threat, loss, hopeless and subject-focused. The refuge target events were mostly rated of only moderate threat but differed widely on other characteristics. In the 6 months prior to the target event, other severe events tended to occur most frequently to the Refuge group and least frequently to the Coronary group. *However, these other severe events were mostly connected with the target event and what had lead up to it.* Issues concerning the measurement of the principal study events and the other stressors experienced are discussed.

Key words: Life event – Female – Bereavement – Longitudinal – Methods

Introduction

This paper is the second in a series reporting upon a short-term follow-up study of the mental health of three groups of married women, each group identified through

their common experience of a specific adverse experience. Most investigations in this area have sought subjects with identifiable psychiatric disorders – either hospital patients or in the community – then examined the experiences preceding the illness and compared these to those of a control group of normal women. This procedure has the disadvantage that the life experiences encountered tend to be rather varied. The attempt has to be made in retrospect to find a common meaning in such diverse happenings as, say, the death of a parent, the loss of a job, a violent fight with a husband or the truancy of a child. An example of such a study, which demonstrates the complexity of this task, is a large-scale general population survey of women in Edinburgh (Miller et al. 1986).

The present study, rather than seeking women who are psychiatrically ill, looks for those who have experienced any one of three 'target' events. These events were the death of the husband (the Bereavement group), a non-fatal myocardial infarction (MI) suffered by the husband (the Coronary group), and the act of entering a Women's Aid refuge (the Refuge group). It is not being asserted that, for example, the death of a husband has the same meaning for all women. Clearly this can vary. For instance, the death might be expected or unexpected. The husband might be much loved or greatly hated and feared. The study attempts to measure variations such as these and include them in the analyses. Yet, equally, the death of a husband almost invariably has a different and quite distinct meaning from seeking refuge from him.

The project had several major aims referred to in the companion paper and including estimating prevalence of defined psychiatric disorders, examining the specificity of adversity and outcome and the role of social support in modifying the impact of adversity. This paper concentrates on the methods used to assess the finer variations in adversity, both of the target events themselves and of other life stresses occurring around the same time. The principal aim of this paper therefore is to reveal the consequences of imposing a novel rating scheme upon the adverse experiences which takes account of the complex-

ity of their inter-relationships. These methods will be described and some of the problems encountered discussed. In particular, the severity of stressors other than the target stressor is an important issue, and one that has been somewhat neglected in other studies of single incidents (e.g. Bruce et al. 1990; Clayton et al. 1972; Jacobs et al. 1990). Many matters arise – for example, do these other stressors add to the psychiatric effects of the target event? If so, how? How are they best described? Is there a relationship between having a particular type of target event and suffering particular types or numbers of other stressors? Whilst this paper will exclude psychiatric sequelae (to be presented elsewhere) it will provide and discuss a strategy for taking account of the inter-relatedness of stressors.

Design and Methods

Sampling

Details of the procedure are given in the companion paper (Surtees and Miller 1993). In brief, the sample was obtained as follows:

Bereavement. Thirteen GP practices within Lothian Region agreed to participate. Six of these were within Edinburgh and lay mostly within working class areas. From April 1988 to the end of May 1989 each practice was contacted fortnightly to ascertain whether any married men of working age (i.e. under 65 years of age) had died. If so, the GP approached the widow on behalf of the investigators 3 weeks after the death. If she agreed to take part an interviewer attempted to carry out the first interview 1 week after that, the aim being to place the interview as nearly as possible 1 month after the death.

Coronary. Subjects were obtained by approaching all married male cases who had been admitted either to the Royal Infirmary of Edinburgh or to the Western General Hospital, Edinburgh having suffered myocardial infarction. Each week the new patients were approached on the ward by a member of the research team who explained the study and sought permission to approach their wives. Following the husband's agreement and that of the wife's GP, the wife was then approached.

Refuge. To obtain the Refuge sample, co-operation was obtained from the Edinburgh, Livingston, Mid and East Lothian Women's Aid groups. Staff in each of these groups approached, on our behalf, those new residents intending to stay longer than a few days with the aim of our holding an interview 4 weeks after entry.

Assessments:

At the Time of First Interview (About 6 Weeks After the Event)

1) *Demographic.* The subject's social class (according to the criteria of Goldthorpe and Hope 1974), age, marital status and employment status were recorded.

2) *Measures concerning psychiatric illness, crisis support, perceptions of stress of hypothetical events, coping and general functioning.*

3) *Details of the target event.* The subject was encouraged to give the interviewer a full account of what had occurred, from its earliest beginnings. This account was supplemented by a number of

standard questions and semi-structured probes in order to make the following ratings (all ratings except the first are binary):

Long-term threat/degree of difficulty. This was a four-point scale indicating the degree of long-term threat associated with the target event. In our adaptation of the Bedford College scheme, (Brown and Harris 1978) the scale range was from three to zero with three representing severe threat.

Choice of action (C). Present when, after the immediate consequences of the event were over, the subject was still faced with a major decision (or decisions).

Unresolved situation (U). A rating reflecting either the presence of a serious ongoing problem of less than 1 year's standing which needed to be resolved (e.g. an unacceptably bad marital situation) or the presence of uncertainty of outcome for some aspect of an important event (e.g. court case pending).

Hopeless situation (H). Scored as present when there seemed little or no chance of a situation changing for the better within 6 months, or when the event had important consequences which would not be likely to be forgotten in 6 months.

Loss (L). There were two main categories; loss of a personal relationship as when someone died or moved away and loss of a cherished idea e.g. of a career into which the subject had put years of effort.

Impaired relationship (I). This rating reflected the presence of rows, arguments or other signs of overt hostility between the subject and somebody else.

Anti-social act (A). This rating meant that society's rule enforcing agencies, e.g. the police or truant officers were involved against the subject or somebody close to her.

Dependent-independent (E). This was the extent to which the subject herself brought about the event or difficulty, within the study period.

Subject focus (S). This applied when the subject herself was the main actor, or jointly the main actor, in the drama.

Fresh start (F). The subject herself made a radical attempt to solve a serious problem by striking out in a new direction.

All these ratings have been used in previous work. Long-term threat, Loss, Subject focus, Dependent-independent and Fresh start are all described in work stemming from Bedford College (e.g. Brown and Harris 1978; Brown et al. 1987). The other ratings were developed in Edinburgh (Miller et al. 1987). A manual describing these ratings in further detail and also the methods used for combining life stressors and indicating changes in their impact over time is available from the first author.

4) *Details of other life events and difficulties.* A modified version of the Bedford College life events and difficulties schedule (LEDS) was used to elicit information on other life events and difficulties, covering the 6 months prior to the target event. Ratings of the target event were also applied to all other events and difficulties. In addition, these other incidents were grouped into what will be termed stressor complexes.

A stressor complex is defined for this study as a sequence of events and long-term difficulties which are linked in terms of their meaning so that earlier stressors in the sequence can be understood to have lead to or (sometimes) directly caused later stressors to occur. Charts were compiled for each subject to show their sequence of related stress ratings. As an example of the details included in such a chart (for a respondent in the Coronary group) consider the following three complexes all experienced by the same subject within the study period; the first refers to the hus-

band's coronary. At week 0, some 26 weeks before the coronary, a long-term health difficulty was present and was rated 1HIES. This encapsulates the following particular rating decisions; that the difficulty was of minor threat (I) was rated hopeless (H), was causing impaired relationships (I), was dependent (E) and was subject focused (S). The subject's husband had a previous heart attack 18 months earlier, and since that time there had been many serious rows with the subject over whether the husband should do physical tasks like carrying coal etc. The I, E and S ratings all reflect these aspects of the continuing problem. Nothing of note then happened until week 26 when the target event, the husband's coronary occurred. This is an event and the (same) stressor complex is then rated '2UHIES' after its occurrence. A week later the husband was allowed home from hospital. This is seen as a change (or *transition*) point. A change point is recognised where an incident does not meet criteria for an event on the Life Events and Difficulties Schedule but where the ratings of the complex should be reviewed. In this case they remain at 2UHIES. In week 32 there was another change point, this time recorded when the husband had his hospital check up. At that time the threat of this stressor complex was reduced by one point but other ratings remained the same, giving 1UHIES.

The second complex experienced by this same subject concerned problems with one of her sons. The relationship had been reasonably good at the start of the study period, and this complex was not given a rating until week 25 when there was a monumental row between the subject and her husband on one side and the son on the other. The subject described this as "the worst row of my life". In brief, she was accused of trying to break up the son's marriage and the son walked out saying he would have nothing more to do with his parents. This was rated 3CUIES. After the husband's heart attack, the son did help and things got a little better, (providing a change point at week 26 with the rating being modified to 2CUIES). In week 42, there was a pleasant day trip for all three and the threat was reduced by one point (to 1CUIES).

The third complex revolved around the subject being a witness to a car crash. This occurred in week 24 when the subject and husband were standing at a bus stop when a stroke victim drove his car into a wall and subsequently died. They were not otherwise involved. This was rated long-term threat zero and S focused.

This procedure allows ratings of the impact of each complex to be inferred for any given time point within the study period. For example, at week 5, the target event complex is seen as 1HIES, while the other two complexes have not yet started. At week 35, the target complex is 1UHIES, the problem with the son 2CUIES and the car crash 0S. (No allowance is being made for any possible decay of the impact of adversity over time (Surtees 1989).

5) *Additional life stress ratings.* The ratings described above (C, U, H etc.), were assessed universally for all stressors within the study. Two other such ratings were made but have been dropped for the time being. These are 'Decision taken' applied when the subject had made an important choice and 'Social pressure' when the respondent, or somebody close, was being subjected to pressure from a peer group. In addition, two ratings were made selectively for certain stressors only. For the target events only, *expectedness of occurrence* (Brown and Harris 1978) was assessed. For events only, a rating was made of whether or not, in the interviewer's opinion, the consequences were completely over at the time of interview. These ratings are not further analysed in the present paper.

At the Time of Second Interview (Three Months After the First)

1) *Demographic.* Any changes in marital or employment status since the first interview were noted.

2) *Developments stemming from the target event.* The subject was asked to continue the history of the target event, covering the time since first interview.

3) *Life events since the previous interview.* The subject was questioned about developments in her life, apart from the target event, which had occurred since the first interview, and the charts concerning the stressor complexes were continued.

Results

Full details concerning numbers of subjects approached, refusal rates at first interview and at follow-up and also the demographic characteristics of the three groups of women are provided in the companion paper (Surtees and Miller 1993). In brief, at first interview, 174 coronary wives were approached and 143 (82.2%) successfully interviewed. Eighty-five widows were sampled, of whom 64 took part (76.2%) and 46 refugee seekers entered the study of whom 32 (69.6%) participated. At the follow-up interview these numbers fell to 126, 58 and 19 respectively. (The Refugee group proved particularly difficult both to recruit and to follow up. In particular, at follow-up, many of these women had either returned to their husbands, who were often violent and uncooperative or had moved away from Edinburgh leaving no contact address).

On demographic characteristic, the refugee women were, on average, about 20 years younger than the other two groups, significantly more likely to be working class and less likely to be in paid employment. The coronary wives and the widows differed only in that a higher proportion of the widows were aged 55 years or more.

The Characteristics of the Target Events

Table 1 provides a summary profile of the extent to which the individual stressor characteristics were rated amongst the three study groups. Table 2 shows the numbers of subjects with the various possible combinations of characteristics and also classifies the target events by the Bedford threat ratings. (This latter classification is not synonymous with severe or non-severe events, as used in the companion paper, where event focus is also considered in the rating). These two tables, when considered together provide a comprehensive picture of the impact of the events according to the criteria adopted. It

Table 1. Frequency of characteristics associated with the target events

Ratings	Coronary (n = 143)		Bereaved (n = 64)		Refuge (n = 32)	
	n	%	n	%	n	%
Choice of action (C)	15	(10.5)	30	(6.9)	17	(53.1)
Unresolved situation (U)	143	(100.0)	31	(48.4)	32	(100.0)
Hopeless situation (H)	143	(100.0)	63	(98.4)	5	(15.6)
Loss (L)			64	(100.0)	27	(84.4)
Impaired relationship (I)	4	(2.8)	1	(1.6)	9	(28.1)
Anti-social act (A)			1	(1.6)	4	(12.5)
Dependent-independent (E)	5	(3.5)	1	(1.6)	32	(100.0)
Focus (S)	25	(17.5)	64	(100.0)	32	(100.0)
Fresh start (F)					29	(90.6)

Table 2. Target event threat and other characteristics

	Characteristics									Little threat	Moderate threat	Severe threat
	C	U	H	L	I	A	E	S	F			
Coronary (<i>N</i> = 143)		U	H							0	61	45
	C	U	H							0	9	3
		U	H					S		0	4	14
		U	H				E	S		0	0	1
	C	U	H					S		0	1	1
		U	H		I		E	S		0	1	2
	C	U	H		I		E	S		0	0	1
Totals										0	76	67
Bereaved (<i>N</i> = 64)				L				S		0	0	1
			H	L				S		0	0	26
	C		H	L				S		0	0	5
		U	H	L				S		0	0	6
			H	L			E	S		0	0	1
	C	U	H	L				S		0	0	23
	C	U	H	L	I			S		0	0	1
	C	U	H	L		A		S		0	0	1
Totals										0	0	64
Refuge (<i>N</i> = 32)		U					E	S	F	0	0	1
		U		L			E	S		0	1	0
		U		L			E	S	F	2	5	1
	C	U			I		E	S	F	0	1	0
	C	U		L			E	S	F	0	9	0
		U		L	I		E	S	F	0	1	1
		U		L		A	E	S	F	1	0	0
	C	U			I	A	E	S		0	1	0
	C	U			I	A	E	S	F	0	1	0
	C	U	H	L			E	S	F	0	1	0
	C	U		L		A	E	S	F	0	1	0
		U	H	L			E	S	F	0	0	1
	C	U	H		I		E	S	F	0	1	0
	C	U		L	I		E	S	F	0	1	0
		U	H	L	I	A	E	S		0	1	0
	C	U	H	L	I		E	S	F	0	0	1
Totals										3	24	5

is clear that, at least for the two main study groups (the Coronary and Bereaved) that the variability in impact of the events though limited, as intended, through the study design was still represented in the pattern of ratings.

The first line of Table 2 shows that, in the coronary wives sample, for 106 women the husband's heart attack was rated as being of uncertain outcome (U) and hopeless (H). For 61 of these, the Bedford threat level of this event was moderate and for the other 45 it was severe.

Most of the between group differences follow prior expectation. Myocardial infarction of a husband is invariably rated as having an unresolved outcome (U), the reason being that the husband may have a second myocardial infarction within a short space of time; many did. Also, the final degree of physical impairment was not always clear just one week after the MI. Myocardial infarction was also rated hopeless (H, see Table 1) because whilst the return to health may be substantial following an MI it would not be to that physical and psychological state obtaining before the infarction. Most MIs receive

only these two ratings, but some are also seen as involving choice of action (C), and a few were scored dependent (E) and/or subject focused (S). These additional ratings arise when the subject was faced with an important choice, e.g. whether to seek employment following the MI, when the circumstances suggest that the MI may perhaps have been partly the result of the subject's behaviour, and where the consequences involved the subject almost as much as the husband. The overall threat level of the target event varies; most MIs being seen as of moderate threat with another large group rated severe.

The bereavements of this study were all rated loss (L), and subject focused (S). All but one were also been as hopeless (H, a situation the consequences of which would not be likely to be forgotten in 6 months). Roughly half also received ratings of U and/or C. In one case, the subject's behaviour may have contributed to the death, and this was scored E. (The subject's husband had been extremely difficult, demanding that the subject

supply him with alcohol although she knew it was killing him). One bereavement led to impaired relationships with people close to the subject (I) and one had serious legal consequences (A). All the bereavements were seen as severe threats.

Every entry to a refuge was seen as of uncertain outcome (U), dependent (E) and subject focused (S). Nearly all were seen as attempted 'fresh starts' (F). Where this was not the case, the subject had left the husband some days or weeks prior to entering the refuge. The large majority of these events were also seen as losses (L). Loss was not scored when it was felt that the relationship with the husband was already over and had been so for at least 2 years. Choice of action, particularly that of whether to return to the husband, was frequently still in evidence a week after entry to the refuge, although in many cases, the major decisions seemed to have been taken on or before entry to the refuge. (These latter events were not scored C). Impaired relationship (I) was scored when entry to the refuge resulted in quarrels with members of the family or where there was con-

tinuing contact and quarrels with the husband. The threat level varied: most were rated moderate, with only three seen as of little threat and five severe. In many cases entry to a refuge involved a reduction in threat level of the ongoing problem with a violent and impossible husband.

Table 3 displays two summary measures of the impact due to the target event. The first measure is the long-term threat rating of Brown and Harris (1978). This was scored as one of severe (score 3), moderate (score 2), or of little threat (score 1). The second measure was determined from the sum of (the seven possible) characteristics CUHLIAS rated as associated with the target event. This measure will be referred to as the characteristic sum. These characteristics were chosen because they have been used in other previous analyses (Miller et al. 1987) and the presence of any one of them might be reasonably expected to reflect increased threat.

At first interview, the two measures do not yield identical results. The Bereaved group have experienced the target event with the highest threat level, but on the

Table 3. Between group differences on aspects of the target events

	Coronary	Bereaved	Refuge	Coronary vs bereaved	Refuge vs other groups
<i>At first interview</i>					
<i>n</i>	143	64	32		
Mean threat level	2.47	3.00	2.09	$P < 0.001$	$P < 0.001$
Mean characteristic sum	2.31	3.97	3.97	$P < 0.001$	$P < 0.001$
<i>At second interview</i>					
<i>N</i>	126	58	19		
Mean threat level	1.96	2.90	1.79	N.S.	N.S.
Mean characteristic sum	2.27	3.47	3.26	$P < 0.001$	$P < 0.001$

Table 4. Stressor experiences during the period prior to the target events

Stressor	Coronary (<i>N</i> = 143)	Bereaved (<i>N</i> = 64)	Refuge (<i>N</i> = 32)	Coronary vs bereaved	Refuge vs other groups
Mean number of events with threat rated 2 or 3	0.64	1.83	2.38	$P < 0.001$	$P < 0.001$
Mean number of events with threat rated 1	0.42	0.27	0.34	N.S.	N.S.
Mean number of complexes of severe or moderate threat at the time of the target event	0.28	0.36	0.53	N.S.	N.S.
Mean number of complexes of minor threat	0.94	0.63	0.75	$P < 0.05$	N.S.
Mean characteristic sum in complexes of severe or moderate threat	1.01	1.28	1.81	N.S.	N.S.
Mean characteristic sum in complexes of minor threat	1.65	1.27	1.31	N.S.	N.S.

Table 5. Stressor experiences during the period following the target events

Stressor	Coronary (<i>N</i> = 126)	Bereaved (<i>N</i> = 58)	Refuge (<i>N</i> = 19)	Coronary vs bereaved	Refuge vs other groups
Mean number of events with threat rated 2 or 3	1.45	0.84	2.37	$P < 0.05$	$P < 0.05$
Mean number of events with threat rated 1	0.78	0.47	1.11	N.S.	$P < 0.05$
Mean number of complexes of severe or moderate threat	0.43	0.45	0.37	N.S.	N.S.
Mean number of complexes of minor threat	0.94	0.76	1.05	N.S.	N.S.
Mean characteristic sum in complexes of severe or moderate threat	1.58	1.64	0.89	N.S.	N.S.
Mean characteristic sum in complexes of minor threat	0.96	0.84	1.21	N.S.	N.S.

(characteristic) sum measure, the Refuge group are their equal. At the time of second interview, following the changes that took place in the subject's lives, both the threat and the characteristic sum levels have dropped. There is now no difference between the groups on threat, but the Coronary group have a significantly lower characteristic sum than the other two.

Stressors Other than the Target Event

Tables 4 and 5 present some results concerning the other stressor complexes present at the time of the target event.

In the first two lines of each table, more conventional measures of stress are shown, that is the mean numbers of more threatening events (threat level 3 or 2)¹ and the number of events of lesser threat (threat level 1) occurring in the six months prior to the target event. The next line gives the number of other stress complexes present which had threat levels 3 or 2 at the time of the target event. These measures differ in that the same stressor complex could include several stressful events. The next line reflects the number of minor stressor complexes, and the next, the characteristic sum for the major complexes. (In the example in Figure 1 only the second complex "problems with the son" counts here and the score for the characteristic sum is four). Finally the characteristic sum for minor complexes is given (zero in the example, because the complex "witness to a car crash" is threat level zero not threat level 1).

In Table 4 there is a highly significant difference between the three study groups on the more threatening events, but, in line three of the table, when these severe events are grouped into stressor complexes, these differences disappear. This is true both whether one considers the number of complexes present or the characteristic sum. As an example of what is happening, consider a bereaved wife whose husband is diagnosed as having cancer (severe event) and, some time later, as being terminally ill (severe event) before he dies in week 26. Both these two events are being counted in the former measure (severe events other than the target event) and neither in the latter, which concerns stressor complexes other than the target one and counts each complex only once. The same effects are to be seen in Table 5.

The conclusion is, that, while there are sharp differences in the numbers of more threatening events experienced, with the Refuge group having the most at both times of measurement, the excess events tend to be connected (often causally) to the target event.

Discussion

This study was concerned with women who have all suffered one of three different kinds of event. The first question addressed was the measurement of variation of

the degree of threat within each of these three types. One of the most common measures of level of long term threat has been the Bedford College measure. This fails to show any variation at all within the Bereaved group – although, to be sure, in a later version the scale has been extended and this later version might well reflect some variation. Even so, it is a global measure and would not show some of the variation which does exist and is reflected in the characteristic measures also used here. The solution of Brown and colleagues to this problem is similar to ours, i.e. to devise a number of extra measures – e.g. loss, danger, goal frustration etc. to reflect the differing nature of events. Some of these we have included here as characteristics. The main difference in approach is one of emphasis. The Bedford College workers have, in our view, tended to spotlight their various measures one at a time, and have put forward some evidence that particular types of event have particular consequences. We, on the other hand, have sought to apply all the characteristics described to all events that occur, and are interested in the patterns and numbers of characteristics that may be present.

In the present study, use of the characteristic measures does demonstrate various differences within the three types of target event, over and above the long-term threat rating. Within the Coronary group the majority of heart attacks were rated as uncertain and hopeless (UH), but there is a sizeable minority where the consequences are rated subject-focused (S). Within the Bereaved group there are two large sub-groups – one in which, a week after the event, the subject has no major choices to make and where the important issues seem to be resolved and another where this is not so. The Refuge group show considerable variation in the nature of their target event. In another paper, we shall examine whether these variations are reflected in mental state following the target event.

The long term threat and (characteristic) sum measures are correlated. (Pearson $r = 0.22$ at time one and 0.71 at time two. The increase in r at time two occurs because the long-term threat of the target event for the Coronary group tends to reduce, with no corresponding change in characteristic sum). However, these measures represent different features of the adverse experience. In particular, it is possible for an event to have few characteristics but be extremely threatening – for example, a husband's coronary may be severely life-threatening to him (and therefore be rated severe for the wife) but not involve the wife in making choices or lead to impaired relationships etc. On the other hand, somewhat less commonly, there may be many characteristics present but only moderate or little long term threat. In our study the Refuge group demonstrates significantly lower long-term threat ratings but higher characteristics sum ratings than the other two groups. Although the Refuge group differs sharply from the other two groups in age, socio-economic status, employment status and numbers of children, these extraneous variables do not account for the differences seen. When they are entered first into regression equations, only age and husband's economic status account for a significant amount of variance in the

¹ N.B. These do not correspond to Bedford College provoking agents which are defined as level 3 or level 2 and S-focused. For provoking agent numbers see the companion paper.

dependent variable and this is totally dwarfed when the groups factor is then entered as two dummy variables.

Severe events seldom happen in isolation from their host's actions. There tend to be other severe events or difficulties occurring at the same time. *The most important finding in the present study is that, while there are large between-group differences in the number of severe events occurring in the 6 months before the target event, these other severe events tend to be related to the target event.* They occur within the same stressor complex. When stressor complexes that were distinct from that including the target event were examined, the only differences which emerged were that the Coronary group, for reasons which remain unclear, have significantly more complexes which were of minor threat at the time of the target event, and these contain significantly more characteristics.

This raises an issue once again which has previously received some attention. When a severe event leads to another severe event, does this lead to greater or less symptomatology than if two severe events which were totally unconnected had occurred? Brown et al. (1987) seem to incline to the view that the former situation is the more traumatic. In particular, when an event occurs in the context of a long term difficulty, they assert that it may activate aspects of it which were dormant or which were not apparent to the subject. The result is greater symptomatology than if either had occurred on their own. However, this says nothing about the possible effects of two totally unconnected severe events as against two, the one of which leads to the other, an issue addressed by Miller and Ingham (1985). These authors found that, in general, two unrelated events produced greater symptomatology, although there was some doubt about this when both events were rated severe. This issue will be pursued further in other papers in this series.

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