The role of environmental stress in the development of psychiatric disorder has been a focus of vigorous debate in psychiatry. It polarises the two great schools of psychiatric orientation: on the one hand those who believe in the primacy of genetic, constitutional, and biological factors, and on the other those viewing all disorders as reactions to stress and earlier psychological conflicts. In 1966-1967, although life event inventories had been developed, there had been few empirical studies of the relation between clinical psychiatric disorder and recent life events, except for wartime stress and rare natural disasters. There had been no large-scale comparisons of the event experience of patients and matched controls from the general population.

The study arose out of a collaboration between two research groups at Yale University. On the clinical side, led by Gerald Klerman, we were setting up the depression research unit within the department of psychiatry, with interests which included the role of life events. Early in 1967, I heard a presentation by Jerome Myers and his group in the department of sociology, of a projected epidemiological survey which would examine effects of life events on symptoms within the community. Impressed with the possibilities for collaboration, I went to see Myers, and we agreed a joint inventory covering the main life events was likely to be of importance. Ultimately this was administered to 185 depressed patients and to 938 subjects within the community from whom a closely matched control group could be selected. In analysing the data we grouped the life events into various categories and were excited to find that they behaved differently in their effects on depression.

The study received considerable interest after publication partly, I think, because it was the first such comparison with general population controls, and partly because findings gave research confirmation to a clinically-derived belief in the importance for depression of loss experiences. However, the results also indicated that not all depressions were preceded by such experiences, suggesting that causation was often multi-factorial.

The study collaboration was a fruitful one which led to further studies of life events in depression and in other psychiatric disorders, including suicide attempts and schizophrenia, together with other aspects of psychiatric epidemiology. The original investigators are now widely scattered, although the collaboration at Yale University between Myers and the depression research unit continues. I returned to England, but have continued with research related to depression, and to life events. There have since been many studies into life events and psychiatric disorders with increasing sophistication of methods, leading to a solidly established corpus of knowledge, recently described in several reviews. Much more is becoming apparent about the way in which life events interact with other causative factors to produce depression. The heat has gone from the argument, as in the other great controversies of psychiatry, as empirical knowledge has become established.