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Daily and Major Life Events: A Test of an Integrative Model of Psychosocial Stress[1]

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The hypothesis that negative daily events mediate the relationship between major negative events and psychological symptomatology was tested using a three-wave, three-variable panel design. Measures of major and daily life events and psychological symptomatology were administered to 58 older adolescents at three time points during the transition from high school to college. The results indicated that the pathways from major life events to daily events and from daily events to psychological symptomatology were significant at each of the time points, but that the direct pathways from major events to psychological symptomatology were not significant at any time point. Thus, the hypothesis was fully supported. The findings are discussed in light of their implications for an integrative theory of the process by which major and daily events have an effect on psychological symptomatology.

As the study of psychosocial stress and its relationship to the development of psychological and physical symptomatology has progressed, two general models of stress have emerged in the literature. The first, with a long and comprehensive history, focuses on the role of major life events, such as death of a relative, divorce, family relocation, etc., in relationship to symptom de-

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velopment and maintenance (see Thoits, 1983, for a review). To date, however, studies of major life events have been able to account for only small portions of the variance in symptoms, and although the results of studies in the area have provided a description of the relationship between major life stressors and symptoms, they have not adequately explained the process through which the relationship operates.

An alternative model has focused on smaller, more chronic stressors as precipitants of symptoms. These ongoing stresses of daily living have been conceptualized alternatively as "daily hassles" (e.g., Lazarus, 1984), "chronic role strains" (Pearlin, 1983), "unpleasant events" (Lewinsohn & Talkington, 1979), "minor negative events" (Monroe, 1983), "severe daily events" (Stone & Neale, 1982, 1984), and "microstressors" (McLean, 1976). Although these various conceptualizations are not identical, they all refer to stress as immediately experienced in the day-to-day lives of individuals, or what Lazarus and Folkman (1984), referred to as "proximal" stress which is "manifested in the immediate context of thought, feeling, and action" (p. 231). By contrast, a major life event is a more "distal" variable, in that it is less psychologically immediate. It is not clear what actual day-to-day difficulties may be generated by life events, and thus their functional significance remains vague.

Studies have pitted daily stressors versus major events as predictors of symptoms among adults, and have unanimously found daily stressors to be the superior predictor (DeLongis, Coyne, Dakof, Folkman, & Lazarus, 1982; Holahan, Holahan, & Belk, 1984; Kanner, Coyne, Schaefer, & Lazarus, 1981; Monroe, 1983; Oppenheimer & Prinz, 1985) and, by implication, the better measure of stress. For example, in the pioneering Kanner et al. (1981) study, hassles frequency accounted for significant portions of the variance in self-reported psychological symptoms, regardless of whether it was entered prior to or after life events in the regression equations. By contrast, major life events added little or nothing to the variance already accounted for by hassles. Monroe (1983) reported that undesirable minor events significantly predicted psychological symptoms, with a stepwise regression program selecting minor events prior to life events; again, life events did not significantly add to the variance already accounted for by minor events. DeLongis et al. (1982) found that hassles accounted for greater portions of the variance in overall health status, somatic symptoms, and energy levels than did life events. Further, both Kanner et al. (1981) and Monroe (1983) tested regression models of interactions between major and daily events in the prediction of psychological symptoms, and neither found support for such models. Each of these studies relied solely on main effects models or models in which one stress variable moderates the relationship between another stress variable and symptoms (e.g., a model in which major events and symptoms are more strong-

ly related at one level of hassles than at another level); none of them tested the strengths of models in which major or daily events mediate the effect of one another on symptoms (see Finney, Mitchell, Cronkite, & Moos, 1984; for a discussion of the distinctions between models of mediating and moderating effects).

There have been some suggestions, as yet untested, of ways that major and daily events might operate in a mediational fashion. Kanner et al. (1981) suggested that a major life event, for example divorce, might have an impact on symptoms via the hassles that it gives rise to (e.g., having to make one's own meals, increased child care duties, handling finances, etc.). Alternatively, Pearlin, Lieberman, Menaghan, and Mullan (1981) noted that major events may change the meaning of preexisting daily events or strains, so that previously minor annoyances may suddenly become overwhelmingly frustrating and painful. Felner, Farber, and Primavera (1983) asserted that adaptation to the major common tasks that characterize life transitions, such as marriage, divorce, leaving home, etc., might be reflected in fluctuations in day-to-day strains, thus implying that a complete understanding of major events/processes can be accomplished only through measurement of the daily demands, threats, and challenges that follow the event. These hypotheses have by and large remained untested. An exception is a study by Pearlin et al. (1981) on the effects of job disruption, in which disruptive job events such as being fired, having to leave work due to illness, etc., were shown to give rise to changes in economic strains, which in turn led to increased depression. However, to date no study has attempted to show the relationship between these variables for a wider range of stresses.

The present study is a test of the hypothesis that daily events act as a mediating variable between major life events and psychological symptoms. Specifically, in light of the above suggestions of Kanner et al. (1981) and Pearlin et al. (1981), it is hypothesized that a causal pathway exists from major negative events to negative daily events and a second pathway links negative daily events with symptoms. A direct pathway from major events to symptoms is not predicted. In order to test this model, measures of major life events, daily events, and psychological symptoms were collected at three points spaced 3 months apart during the transition of a group of older adolescents from high school to college; 3 months prior to entrance to college, 2 weeks after entrance, and 3 months after entrance.[3] An important distinction between the present study and earlier investigations of major and daily

[3]These data were collected as part of a larger study designed to test the replicability of findings reported by Compas, Wagner, Slavin, and Vannatta (1986). See Wagner, Compas, and Howell (1988) for a description of this aspect of the study.

events is the use of structural equation causal modeling procedures (LISREL; Joreskog & Sorbom, 1986) to test the hypotheses. The principle advantages of LISREL over least-squares regression procedures are (a) the LISREL program handles multiple equations simultaneously, allowing for a test of the goodness of fit of a complete model to the data; and (b) LISREL provides for the comparison of alternative models of relationships between the variables.

METHODS

Subjects

Subjects were 58 older adolescents (37 female, 21 male) ranging in age from 17.5 to 18.8 years (M = 18.1, SD = 0.328) at the time of the first data collection. All subjects were graduating from high school within 1 month after the first data collection, and moved from their parents' home to a university dormitory within 2 weeks before the second data collection. Most subjects moved 100 to 500 miles from their parents' home to attend college. All were white and from middle to upper-middle class family backgrounds based on parents' education (36% of the subjects had at least one parent with a graduate degree and 66% had at least one parent with a college degree).

Questionnaires were completed by 110 subjects at the first data collection; however, results are presented for only the 58 subjects (53% of the original sample) who completed questionnaires at all three time points. Comparisons with t tests of subjects who participated at the first data collection only with those who participated at all three time points yielded no significant differences on the stress or symptom measures. Thus, the subjects who participated throughout the study are considered representative of the original sample.

Measures

Stressful Events. The Adolescent Perceived Events Scale (Compas, Davis, Forsythe, & Wagner, 1987) is a self-report measure of 210 major life events and negative and positive daily events during adolescence. Subjects completed the version of this scale designed for older adolescents (ages 18 to 20). Items on the scale were drawn from open-ended responses of adolescents, and provide a representative sample of major events (e.g., death of a relative, parents' divorce) and daily stressors (e.g., waiting in lines) and pleasures (e.g., listening to music). Test–retest reliability of event occurrence

(89% agreement over 2 weeks) and concurrent validity (corroboration that events have occurred through reports of close friends, with 82% agreement) have been shown to be excellent with older adolescents (Compas et al., 1987).

Fourteen items on the scale which were judged to be confounded with the "dependent" measure of psychological symptoms were omitted, yielding a 196-item version of the measure which was utilized in each of the analyses below. An item was judged to be confounded if the content overlapped with the content of an item on the symptom measure, or was a specific concern or worry (e.g., "worries about school performance").[4] Subjects indicate those events which have occurred during the prior 3 months and rate these events on 9-point Likert scales for their desirability (-4 = extremely undesirable; 0 = neither desirable nor undesirable; $+4$ = extremely desirable), impact (1 = no impact at all; 9 = very extreme impact), and frequency (1 = only once in your life; 9 = every day). This response format addresses a problem with other measures of daily stressors (e.g., Kanner et al., 1981), that is, only hassles perceived by the respondent as at least "somewhat severe" are reported, thereby possibly inflating the correlation between daily stressors and symptoms (B. P. Dohrenwend & Shrout, 1985; B. S. Dohrenwend, Dohrenwend, Dodson, & Shrout, 1984). In the present analyses a much wider range of perceptions of desirability and impact are included in computing the index of daily stress.

Separate positive and negative event scores are calculated for major and daily events, resulting in four scores per subject. As prior studies have consistently shown that negative but not positive events are related to symptomatology, only events rated as negative (-1 to -4) were included in the analyses. An idiographic method was used to distinguish major and daily events. This approach is based on earlier findings that adolescents show considerable variability in their classification of many stressful events as major or daily (Compas, Davis, & Forsythe, 1985). Major events were those events rated by subjects as 6 (much impact) or above in impact and 4 (several times a year) or below in frequency. Daily events were those rated as 5 (about once a month) or above in frequency, regardless of impact. Events rated as low in both frequency and impact were not included as major or daily events. Using this idiographic technique, some events were consistently rated as major events or daily events, whereas others varied across individuals. The follow-

[4]Although the case could potentially be made that a few of the remaining items are indicative of distress (e.g., "Feeling pressed for time"), Lazarus, DeLongis, Folkman, and Gruen (1985) noted that distress itself is not equivalent to psychological symptoms; they showed that removing the items from their Hassles Scale that were rated by clinicians to be the most confounded with psychological disorder did not substantially alter the correlation of that measure with a measure of psychological symptoms.

ing are some examples from the June data: "Friend(s) move away or you move away from friends" was rated as a major event by 75.0% of those who reported the event as having occurred, whereas none of the subjects rated it as a daily event;[5] "Breaking up with or being rejected by a boyfriend/girlfriend" was rated as a major event by 66.7% of the sample who reported it and as a daily event by 0%. Three frequently reported daily events in June were, "Bad weather" (78.9% of those who reported it rated it as a daily event, 0% as a major event); "People interrupting when you are trying to get work done" (92.9% rated as a daily event, 2.4% rated as a major event); and "Waiting in lines" (74.5% daily event, 0% major event). On the other hand, some events were rated as major events as frequently as they were rated daily events: "Having plans fall through" (32.3% major event, 32.3% daily event); "Arguments or problems with boyfriend/girlfriend" (32.0% major event, 48.0% daily event); "Friend having an emotional problem (29.2% major event, 29.2% daily event). Weighted negative major and daily event scores were calculated by summing the products of the desirability and impact ratings for each negative event occurring in the prior 3 months.

Psychological Symptoms. The Hopkins Symptom Checklist (HSCL; Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974) was chosen because of the wide variety of symptoms assessed and because of its proven usefulness with nonclinical populations. It is a 58-item self-report measure of a variety of psychological and somatic symptoms. Respondents rate the extent to which each symptom has bothered them during the past 7 days (1 = not at all, 4 = extreme distress). Reliability and validity of this scale have been well established (Derogatis et al., 1974). Internal consistency reliabilities (Cronbach's alpha) for the total symptom scale with the present sample were as follows: at Time, 1, $\alpha = .94$; at Time 2, $\alpha = .95$; at Time 3, $\alpha = .95$.

Procedure

Subjects completed questionnaires at three points in time: at freshman orientation sessions 3 months prior to the entrance to college, 2 weeks after the beginning of the fall semester at the university, and 3 months after the semester had begun. The questionnaires were sent to the homes of a random sample of 250 high school seniors who were enrolled for freshman orientation sessions. A cover letter described the study as an investigation of problems encountered during the entrance to college and requested that stu-

[5]For each of the events discussed here the percentages of subjects who rated the event as a major event and as a daily event do not sum to 100%; this is because some subjects in each case rated the event as both low impact and low frequency.

dents complete the questionnaires and return them at their orientation session. Questionnaires were completed anonymously by students at their homes and then returned to one of the experimenters at orientation check-in. Students also returned a consent form which included a code number that also appeared on the questionnaires. All questionnaires were identified only by the code numbers. A list matching subjects' names and code numbers was kept to enable follow-up questionnaires to be sent to the appropriate subject. This list was destroyed upon completion of the study. At the second and third data collections the questionnaires were mailed to students at their campus addresses. Experimenters then contacted students by phone to arrange a time to pick up the questionnaires.

RESULTS

Overview

The hypothesized model of the relationship of major events, daily events, and psychological symptoms can be represented by a set of simultaneous equations. Each structural equation expresses a variable as a linear function of all causally prior variables in the model. The set of simultaneous equations can be solved using maximum likelihood estimation via the LISREL VI computer program (Joreskog & Sorbom, 1986). The solution yields the structural coefficients for the equations, which are analogous to beta weights in regression equations. The LISREL program also produces a chi-square test on the adequacy of the model, which tests the degree to which the set of simultaneous equations can reproduce the pattern of variances and covariances (or, in our case correlations) among the variables. LISREL also produces a t test for each of the structural coefficients and the coefficient of determination (R^2) for the structural equations. This coefficient is analogous to R^2 in standard regression problems. Finally, the difference between the chi-square statistics for two different models affords a test on the hypothesis that one model is a better fit to the data than another.

The LISREL VI computer program was used to test a series of three causal models in the present study. The first model tested is the null model in which no relationships are proposed to exist among the variables in the study. This model provides a basis against which more complete models can be compared. The second model is a test of the hypothesis that major events influence symptoms only indirectly via their effect on daily events; the chi-square statistic can be used to test whether this model represents a better fit to the data than the first model and the null model, and also whether additional relationships need to be taken into account to produce an even

more adequate fit. Should the second model fail to adequately fit the data, a third model can be developed which statistically improves on the proposed model by including or excluding relationships to maximize the fit to the data.

The prospective design of this study controls for the stability of each of the variables across time, that is, correlations of major events across time, daily events across time, and most importantly, symptoms across time. Controlling for initial symptom scores allows for the determination of the unique contributions of daily and major events above and beyond the tendency of symptoms to persist (cf. Monroe, 1982; Monroe, Imhoff, Wise, & Harris, 1983). The relationships between major events, daily events, and symptoms are tested within each time point only, as the process through which major events influence daily events and daily events give rise to symptoms should occur rather quickly, over a period of days or weeks. Although the examination of lagged effects occurring over a period of months is an important one, particularly for purposes of predicting subtypes of individuals likely to develop future symptomatology, it is not an appropriate test of the present hypotheses.

Descriptive Analyses

Table I presents means and standard deviations for weighted major and weighted daily event scores, and symptom scores at each of the three time points. The daily event scores were greater at the third time point (December) than at the second (September) time point, $t(57) = 2.27$, $p < .05$; this probably reflects the fact that the events measure contains many college-related daily events that would be expected to occur between September and December. Regarding major events, the scores at the first time point (June) were significantly greater than those in September, $t(57) = 2.94$, $p < .01$, and in December, $t(57) = 3.08$, $p < .01$. There was no difference between September and December major event scores. Symptom scores on the Hopkins Symptom Checklist were roughly comparable to those found with other nonclinical samples (e.g., Derogatis et al., 1974), indicating that the present sample was not experiencing unusually high or low levels of symptomatology. The symptom scores were approximately equivalent across the three time points.

Correlational Analyses

Prior to testing the hypothesized model, the matrix of intercorrelations among the three variables assessed at the three time points was examined

Table I. Means and Standard Deviations for Weighted Major Events, Weighted Daily Events, and Total Psychological Symptom Scores

Variable	Mean	Standard deviation
Major events		
June	120.22	115.99
September	89.10	96.51
December	80.05	111.34
Daily events		
June	158.31	126.06
September	150.36	112.24
December	186.21	156.61
Psychological symptoms		
June	89.16	21.31
September	86.33	19.24
December	87.67	21.19

in order to allow for direct comparison with prior studies. This matrix is presented in Table II. Each of the variables is quite stable across time, with the correlations ranging from .584 to .750 for adjacent time points. Consistent with the prior research, at each of the three time points the correlation between daily events and psychological symptoms is approximately twice as large as the correlation between major events and symptoms (.609 vs. .322 in June; .677 vs. .229 in September; .544 vs. .247 in December). The modest major event-symptom correlations are typical of those reported in the literature.

Causal Modeling Analyses

The adequacy of each of three models as explanations of the data, as well as comparisons between the models, are presented in Table III. A significant chi-square statistic for a model can be interpreted to mean that the model does not produce an adequate fit to the data, that is, the model does not sufficiently reproduce the pattern of variances and covariances among the variables. The null model, M_0, in which no paths are hypothesized, was not expected to fit the data and clearly does not do so ($\chi^2 = 345.79, p < .001$). This model serves as a comparison for the hypothesized model (M_1). As indicated in Table III, M_1 is a significantly better fit to the data than M_0 ($\chi^2 = 301.56, p < .001$). The standardized structural coefficients for the hypothesized paths in M_1 are presented in Figure 1. Solid arrows indicate significant pathways and dotted arrows reflect paths included in the model but which proved to be nonsignificant. Consistent with the hypotheses, the pathways

Table II. Intercorrelations of Major Events, Daily Events, and Psychological Symptoms in June, September, and December[a]

Variable	June Daily	June Symp.	Sep. Maj.	Sep. Daily	Sep. Symp.	Dec. Maj.	Dec. Daily	Dec. Symp.
June Maj.	.377	.322	.727	.446	.308	.618	.500	.094
June Daily	—	.609	.344	.750	.486	.307	.587	.340
June Symp.		—	.195	.617	.584	.254	.355	.453
Sep. Maj.			—	.470	.229	.688	.499	.058
Sep. Daily				—	.677	.493	.644	.397
Sep. Symp.					—	.285	.502	.685
Dec. Maj.						—	.657	.247
Dec. Daily							—	.544
Dec. Symp.								—

[a]Individual correlations greater than .258 are significant at $\alpha = .05$ (two-tailed).

Table III. Evaluations of Models of Major Events, Daily Events, and Psychological Symptoms

	Model tests			Model comparisons		
Model	χ^2	*df*	R^2	Comparison	χ^2	*df*
M_0	345.79[a]	36	.000			
M_1	44.23[a]	21	.566	M_0 vs. M_1	301.56[a]	15
M_2	25.82	16	.589	M_1 vs. M_2	18.41[a]	5

[a]$p < .05$.

from major events to daily events and from daily events to psychological symptoms are significant at each point in time (after controlling for the stability of measures across time), while the paths from major events to symptoms are not significant.[6] The total coefficient of determination for the structural equation for M_1 is $R^2 = .566$.

Although M_1 is a significantly better fit than the null model and supports the hypothesis that the effect of major events on symptoms operates only indirectly through daily events, it is not a completely adequate fit to the

[6]An alternative *test* of the relationship among major events, daily events, and symptoms would compare a model with paths from major events to daily events and from daily events to symptoms but with no direct path from major events to symptoms, with a less restrictive model (Model I) which includes the indirect as well as the direct path from major events to symptoms. For the more restrictive model, $\chi^2 = 47.32$ on 24 degrees of freedom. Comparing this against Model I yields a χ^2 on the difference of 3.09 on 3 degrees of freedom, which is not significant. This again illustrates that inclusion of a direct pathway from major events to symptoms does not improve the fit of the model. An alternative *model* was considered in which the disturbances associated with the same variable at three points in time were allowed to correlate with one another. This model did not improve the fit and the correlations of the disturbances were uniformly low.

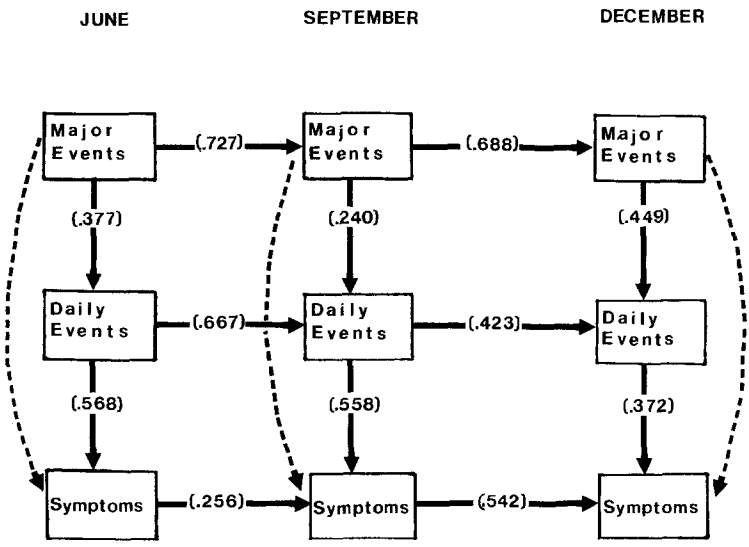

Fig. 1. Hypothesized integrative model of major events, daily events, and psychological symptomatology. (Note: Values in parentheses represent standardized structural coefficients. The dotted arrows represent pathways which were included in the model but were found to be nonsignificant).

data ($\chi^2 = 44.23$, $p < .01$). To more fully account for the pattern of variances and covariances, a third model (M_2) was developed which included additional pathways not hypothesized in M_1. Two changes were made from M_1 to M_2. First, pathways were added to allow for the stability of measures over all three time periods; thus pathways from each measure in June to that same measure in December were included. Second, pathways were added to allow for the possible causal relation between symptoms at one time interval and daily events at the next time interval. These paths reflect the notion that psychological symptoms of depression, anxiety, or related problems may disrupt daily routines and interpersonal relationships, in turn resulting in higher daily event scores. As indicated in Table II, M_2 does adequately fit the data, as shown by the nonsignificant χ^2 for the model. The results of this model are shown in Figure 2, where again solid arrows indicate significant pathways and dotted arrows reflect paths which were included in the model but were nonsignificant. Two paths not included in M_1 are significant in M_2: the pathway from daily events in June to daily events in December and the path from symptoms in June to daily events in September. In addition, the path from daily events in September to daily events in December that is significant in M_1 is not significant in M_2. The pathways of central interest in this study (major events to daily events and daily events of symptoms) continue to be significant in

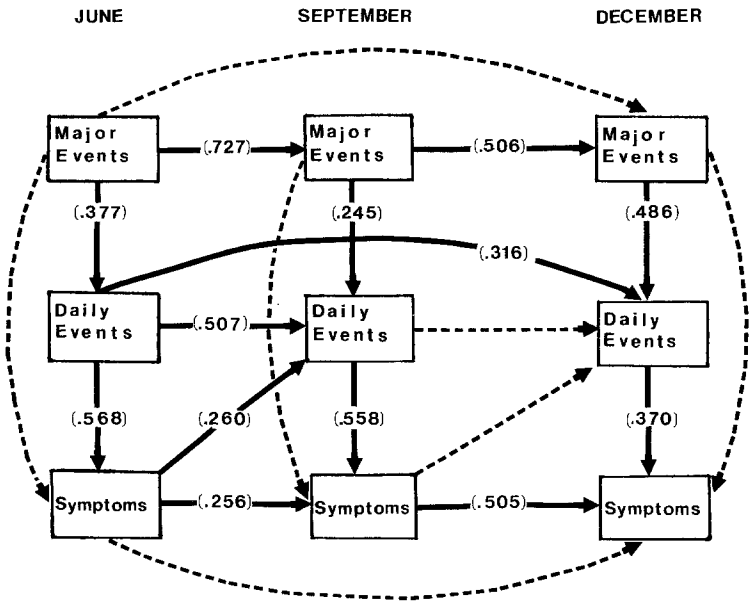

Fig. 2. Modified integrative model of major events, daily events, and psychological symptomatology. (Note: Values in parentheses represent standardized structural coefficients. The dotted arrows represent pathways which were included in the model but were found to be nonsignificant).

M_2, whereas none of the direct pathways from major events to symptoms are significant. Although the additional pathways included in M_2 indicate that the across-time relationships among the variables may be more complex than originally hypothesized, M_2 again supports the hypothesis that daily events mediate the relationship between major events and psychological symptoms.

DISCUSSION

The results presented here represent further clarification of the roles of major and daily events in the psychosocial stress process. The findings lend support to the validity of an integrative model of stress of the sort advanced in earlier writings of Kanner et al. (1981) and Pearlin et al. (1981). Specifically, the effects of major life events on psychological symptoms were shown to be mediated by negative daily events. Major events led to an increase in daily stress which, in turn, led to increased psychological symptoms. The findings also serve to underline the strength of the relationship between

daily stress and psychological symptoms, and provide new alternatives for the conceptualization and measurement of major and daily stress.

Previous studies have used correlational methods to show that daily stressors are more closely associated with psychological and somatic symptoms than are major life events (DeLongis et al., 1982; Kanner et al., 1981; Monroe, 1983). The results of the present study do not dispute these findings, but the use of a different methodology—causal modeling—clarifies the roles that each of these two variables play in the stress process. The present findings indicate that, indeed, daily events are more closely associated with symptoms than are major events. Although the major event-symptom Pearson correlations reported here (ranging from .247 to .322) were of the modest magnitudes typically reported for these two variables (Sarason, deMonchaux, & Hunt, 1975; Thoits, 1983), a causal path between major events and symptoms did not exist independent of daily events. In order to fully understand the nature of the relationship between major events and psychological symptoms, one needs to take into account the mediating role of daily events. At the same time, the relationship between daily events and symptoms can be understood more fully by taking into account the role of major events, in that, to an important extent, the daily stress that leads to symptoms is caused by major events.

The measurement of daily events and the rightful place of such events in a theory of the stress process have been the subject of recent debate (B. P. Dohrenwend & Shrout, 1985; B. S. Dohrenwend et al., 1984; Lazarus, DeLongis, Folkman, & Gruen, 1985). The present study was informed by the debate in several ways. First, steps were taken to reduce potential confounding of daily events with psychological symptoms by eliminating from the measure each event whose content was judged to overlap with a symptom or which referred to a concern or worry, and by providing subjects with a broader range of desirability and impact ratings than those used in previous hassles scales. Even after taking such steps, the results obtained here are consistent with prior studies: daily events are strongly associated with psychological symptomatology, more so than were major events.

Regarding the place of daily events in the stress process, B. P. Dohrenwend and Shrout (1985) suggested that in fact this type of stress should actually be treated as a dependent rather than an independent variable, because in their view daily stress is a product of major events and mediating factors such as personal dispositions and relevant social conditions. Using our own phenomenological, cognitive approach in which daily stressors are defined by the perceptions of the individual, a measurement method that obviously differs from that advocated by Dohrenwend and his associates, the present findings lead us to the contention that daily events are simultaneously a dependent and an independent variable. In fact, we argue that in the cyclical

processes that stress and coping researchers seek to unravel and explain, each of the variables—with rare exception—is both independent and dependent. As an illustration of this, the complete integrative model presented in Figure 2 contains a significant path from psychological symptoms in June to daily stressors in September. This suggests that symptoms and daily stressors may be reciprocally related. That is, psychological symptoms may exacerbate or change the meaning of ongoing daily events or actually give rise to new events, which then intensify symptoms and so on in a vicious cycle. Unfortunately, the design of the present study did not allow for an adequate test of this reciprocal hypothesis, as the 3-month time period between data collections is probably too long to be sensitive to this type of recursive process. Assessment of symptoms and daily events on a weekly basis would represent a more appropriate design to examine the possible mutual influences between these two variables.

It is probable that some major events are so powerful as to have a direct and independent effect on psychological distress. Yet, the effects of such events are often short lived and are not likely to be identified through existing methodologies for the study of psychosocial stress. For example, the death of a loved one results in a significant acute grief reaction in most individuals. However, acute grief reactions may last only a matter of days or weeks. Long-lasting effects on psychological well-being are likely to result from the numerous changes in daily functioning which follow from the loss. The typical method of assessing major and/or daily events that have occurred over a period of several months or longer is not sensitive to the short-term effects of major events. It should also be noted that although major events represent one cause of daily stressful events, they most certainly are not the only cause of daily stressors. Disruptions of daily routines, chronic strains associated with social roles, and enduring characteristics of the environment are also likely to contribute significantly to the occurrence of daily stressors (Lazarus & Folkman, 1984; Pearlin et al., 1981).

The present finding that major events are a significant cause of daily stressors would seem to be inconsistent with early reports by DeLongis et al. (1982) and Kanner et al. (1981) of only modest correlations between daily hassles and major life events, reports which led Lazarus and Folkman (1984) to hypothesize that life events are probably a relatively minor cause of daily hassles. The closer association between major and daily events observed in the present study may be due, in part, to one or both of the unique features of the approach taken here to the assessment of events. First, prior studies have used measures in which events were generated by the researchers (DeLongis et al., 1981; Kanner et al., 1981; Monroe, 1983), a procedure that may not have been successful in identifying those events that represent the most important major stressors for any given sample of individuals. In contrast, the measure used here included a pool of items generated by high school and

college students and yielded a more representative and comprehensive list of major and daily events (Compas et al., 1987).

Second, previous stress measures have classified events as major or daily on an a priori, rational basis. However, clear, rational criteria for distinguishing these two stress variables have not been generated, as major life events measures have included such items as "traffic tickets" (Sarason, Johnson, & Siegel, 1978), and daily events measures have included items such as "laid off or out of work" (Kanner et al., 1981). As an alternative to earlier methods, the measure in the present study takes an empirical, idiographic approach to identifying major and daily events. Major events are defined as high impact/low frequency events, and daily events are defined as high frequency events, regardless of impact, as perceived by the individual. This idiographic approach is based on the theory that what constitutes a major life event as opposed to a daily stressor is likely to depend on the meaning the event has for a particular individual, given the person's life history as well as the immediate psychosocial circumstances (e.g., other events occurring contemporaneously, resources available for coping). Thus, at the June time point, "doctor or dentist appointments" constituted a major event for 5 subjects and a daily event for 6, "traffic or parking problems" was perceived as a major event for 3 subjects and as a daily event for 12. Therefore, major events as defined here included events that presumably would have longer term impact (e.g., "Recovering from an accident or illness") alongside ones that are presumably more transient ("Doctor or dentist appointments"), even though both are high impact/low frequency. It may well be that the major events with longer-term impact are the ones which are most strongly causally related to daily events, a question that can best be analyzed with larger samples.

In the present study, daily events are distinguished from major events primarily on the basis of their frequency. So distinguished, daily events behave differently from major events statistically (i.e., they are more closely related to psychological symptoms). This finding is even more striking given that in the present study major events were operationalized as including only those with the highest impact; they might therefore have been expected to correlate more highly with symptoms. Thus frequency of occurrence may be an important aspect of daily events that makes them more psychologically "proximal" (cf. Lazarus & Folkman, 1984) than major events. Negative events which chronically recur may be more problematic in terms of coping than events that occur only once or twice. For example, avoidant coping strategies and denial may not be as feasible with recurring events as they are with major events. Thus, over time, negative daily events may remain psychologically salient, requiring continued adaptive efforts which may ultimately be more taxing than efforts aimed at coping with major events.

In summary, it appears that both major and daily stressful events play a role in the etiology and maintenance of psychological symptoms. Major

events appear to play an important role in the occurrence of daily stressors which, in turn, are directly related to psychological distress. Both types of stressful events are important in a comprehensive model of the processes underlying psychosocial stress and disorder.

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