Befriending as an intervention for chronic depression among women in an inner city

2: Role of fresh-start experiences and baseline psychosocial factors in remission from depression†

TIRRIL HARRIS, GEORGE W. BROWN and RUTH ROBINSON

Background Volunteer befriending promoted remission of chronic depression when clinical and other treatment variables were controlled.

Aims To examine the role of other psychosocial factors relevant for outcome.

Method Factors measured at baseline interview were examined in multivariate analyses along with psychosocial factors occurring during follow-up, such as 'fresh-start' experiences and new severe events and difficulties.

Results Fresh-start experiences and a standard attachment style were found to enhance chances of remission, with new severe stressors and markedly poor coping strategies liable to prevent it, with volunteer befriending continuing to play a role.

Conclusions The positive result reported in the preceding paper is unlikely to be an artefact. However, fresh-start experiences, absence of new severe stressors and standard attachment style were more important predictors of remission. This knowledge might profitably be incorporated into the evaluation of existing treatments.

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The preceding companion paper reported positive results of a randomised controlled trial (RCT) of volunteer befriending for women with chronic depression. This seemed unlikely to be the result of some artifice introduced by the sample selection inevitable with RCTs (see Licht *et al*, 1997) because remission rates in the control group were similar to those found in two other naturalistic longitudinal inquiries of women with chronic depression from the same area. However, Licht and colleagues have noted the absence of information about the generalisability of most RCTs, and we therefore propose to compare the women of the RCT with these two further samples in terms of both standard demographic indices and potential psychosocial predictors of established aetiological significance. Many of the latter have been identified by a life-span aetiological model of depression developed by the same team (Brown & Harris, 1978; Harris & Bifulco, 1991).

AIMS AND HYPOTHESES

This paper will deal with the role of three broad types of factor in producing remission:

(a) Positive factors. Although the main focus of the Bedford Square studies has involved depressive onset, findings had also emerged concerning the role of 'positive' psychosocial factors preceding depressive remission among women, including those with chronic depression, both in the general population and in a psychiatric patient series (Brown *et al*, 1988, 1992, Brown, 1993; Leenstra *et al*, 1995). These appeared to be the mirror image of the losses and poor support surrounding onset and to involve both life events – 'fresh starts' injecting new hope into situations of ongoing deprivation – and positive social support.

(b) Negative factors. A number of negative psychosocial factors that have emerged from the team's research as playing a role in depressive onset, such as severe events and difficulties, low self-esteem, poor coping, non-standard attachment style and poor support, may also play a role in perpetuating ongoing depressive conditions. Other negative factors identified by others as important for remission are low educational level (Ronalds *et al*, 1997), low self-confidence (Hughes *et al*, 1992), poor marital quality (Hickie & Parker, 1992) and other poor social support (Brugha, 1995).

(c) Chronicity risk factors. The chance of a depressive episode becoming chronic has been found to be predicted by two psychosocial variables – adverse childhood experience (neglect or physical or sexual abuse) and the presence of a severe interpersonal difficulty at onset/during course (Brown & Moran, 1994; Brown *et al*, 1994). These may also perpetuate chronicity.

The effect of befriending needs to be compared with other factors, such as fresh starts found to predict remission, so the principal aim will be first to establish an aetiological model in terms of the three types of psychosocial factor outlined above, and then to examine this model with the addition of befriending allocation.

Before that, however, in terms of the generalisability of the befriending finding, we examine whether rates of potential predictors (positive, negative and chronicity risk factors) in the intervention sample differed from those in the two series studied naturalistically.

For cost-effectiveness there is a need to explore who was most likely to benefit from befriending. We also explore possible mechanisms by which befriending produced its effect – how far volunteers facilitated positive factors such as 'fresh starts'. Lastly, given the 18 drop-outs, it is important to clarify whether conclusions would be modified if receipt, rather than allocation, of befriending was examined.

DESIGN AND SAMPLES

Design and sampling procedures are described in the preceding companion paper. The 86 women from RCT phase 1 will be the focus of this report, but in a final analysis we will consider findings (not discussed

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earlier) concerning 17 without remission from the first-phase waiting-list control group who accepted befriending in phase 2, along with another 18 similar women consecutively screened, with a final total of 60 allocated befriending and 61 controls.

Both depressed women and volunteers were given a full two-hour psychosocial interview before random allocation. The follow-up interview (about 12 months after befriending started or 13 months after interview for controls) collected information about changes in baseline symptoms and psychosocial factors. Two quite independent samples had previously been studied prospectively in the same area and provided background comparison material concerning remission among chronically depressed women in general: in order to maintain comparability with the intervention series, this analysis only includes women followed-up after a first interview where depression was already chronic (i.e. had lasted at least 12 months), giving 35 women from a representative series of 395 mothers with largely manual-occupation partners (Islington sample), and 18 women treated by local psychiatric departments (north London patient sample).

MEASURES

Clinical state

As outlined, the shortened version of the Present State Examination (PSE–10) was used (Wing *et al*, 1990), extended by the Bedford College criteria to date onset and offset of episodes of depression and anxiety, as well as to assess the severity of symptoms (Brown & Harris, 1978; Finlay-Jones *et al*, 1980). The Bedford College threshold for 'caseness' is similar to probable major depression according to Research Diagnostic Criteria (RDC) (Dean *et al*, 1983). A joint index of either recovery or improvement was employed, but here the terms full and partial remission are used (after Frank *et al*, 1991). A minimum duration of two months was taken for remission.

Because it was necessary to deal with the possibility that an initial improvement in symptoms short of remission might in some way produce a 'positive event' that pre-dated the final remission, interviewers were required to specify a *remission period*, lasting from an initial falling off of symptoms to the time when the 'caseness' criterion is no longer met. Disappearance of sleep disturbance and of subjective anergia may contribute to a woman taking a job even though she still feels hopeless, worthless and lacking in interest and concentration, but once she has begun work these other core symptoms may also abate. Here, the role of the event in producing remission could be seen as ambiguous. Therefore, where a remission period was found a conservative approach was adopted, with the final time-point taken as date of remission, but events were only accepted as possible *predictors* of this remission if they *predated* the start of the remission period. However, the possibility of such bias did not arise when remission was characterised by a time-point rather than a period.

Psychosocial measures

Although all but one of the psychosocial measures (that of 'fresh-start experience') had originally been developed to explain onset of depressive episodes, such factors might also perpetuate disorder. But it must be accepted that these may have been influenced by the depression itself – for example, tension with a partner may have increased once the depression developed. This would not rule out the possibility that the factor might still play a perpetuating role or that a reduction in its severity might contribute to remission. In general, the measures have been developed in the context of blind consensus team ratings and have good interrater reliability (Brown, 1993).

Life events and difficulties

The Life Events and Difficulties Schedule (LEDS) employs a semi-structured interview and is based on 'contextual' measures reflecting the likely meaning of carefully dated events/difficulties (Brown & Harris, 1978). These are contrasted with subjective ratings that record how upset the respondent actually felt by the events. Manuals giving strict definitions of what can be counted as an event, and directories giving extensive examples of precedents for the various scale-points, along with consensus meetings with other interviewers, are designed to check on possible sources of bias.

Severe events. Severe events have severe long-term threat 10–14 days after their occurrence, based on a judgement of likely threat, taking into account relevant biographical circumstances but ignoring any report of emotional response. Ratings are 'contextual' because this procedure encompasses a broader range of material than merely the event itself. Depressive onset has been linked with severe but not lesser events (Brown & Harris, 1978).

Severe long-term difficulties. Severe long-term difficulties are ongoing problems such as cramped housing or poor relationships lasting four weeks or more, rated on parallel scales of severity. Severe interpersonal difficulties are critical in predicting whether a depressive episode will become chronic.

Fresh-start experiences. Fresh-start events appear capable of introducing new hope into a situation of ongoing deprivation, either potentially (meeting a new boyfriend after marital separation) or actually (remarriage).

Difficulty-reduction corresponds to a drop from severe to non-severe level. A combined index of such changes will be used here and referred to as 'fresh-start experience'. In order to prevent confusion, the LEDS rules specify that events involving treatment for psychiatric disorder should not be rated as fresh starts. The fact of being befriended has thus not been included as a fresh start here, although in LEDS terms obtaining a new confidant can be rated as such where there has been clear deprivation of such support.

Coping with severe events and difficulties

The Coping with Severe Events and Difficulties Interview (COPI) reflects the way in which such stressors are responded to in terms of both problem-tackling and cognitive appraisal (Bifulco & Brown, 1996). Certain types of cognitive response have proved more predictive of depressive onset than problem-tackling responses and an index of 'poor coping' was developed that includes marked or moderate self-blame and/or denial, along with absence of any optimism or down-playing. A further index of 'markedly poor coping' also takes account of problem-solving in that one of its two components is a score of 'marked' estimated helplessness. The other is 'marked' denial.

Negative evaluation of self (NES)

This index of low self-esteem is defined by a score of 'marked' or 'moderate' on any of three four-point scales dealing with negative comments about: personal attributes, such as intelligence or attractiveness; competence in roles, such as wife or worker; and lack of self-acceptance – more generalised feelings. In the Islington sample, NES at first

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interview was found to predict depressive onset prospectively (Brown *et al*, 1986).

Negative elements in current core relationships (NECR)

The Self Evaluation and Social Support Schedule (SESS; O'Connor & Brown, 1984) was used to rate the two component scales of NECR, shown in earlier research considerably to increase the risk of depressive onset. These involve a 'marked' or 'moderate' rating on a four-point scale of 'negative interaction' with a child living at home or, if married/cohabiting, a comparable rating in relation to a partner. Both take into account reports about arguing, strain, violence and indifference, while ignoring anything positive about a relationship. Single women with negative interaction with another household member, or lacking regular confiding contact with someone defined as 'very close', are scored positively on the index. The SESS also gives measures of availability of confidants, and overall poor social support.

Attachment Style Interview (ASI)

The SESS approaches support in terms of what is available from outside, rather than considering the internal disposition to seek/avoid support, or the current style of relating in adulthood. To consider the latter measures of hostility, dependency and nurturance were used to approximate categories of internal working models of relationships, such as compulsive self-reliance or compulsive care-giving, as described in Bowlby's account of attachment (Harris & Bifulco, 1991). A refined measure focused on the person's enduring tendencies in relating to others was then developed (available from the author upon request) to accord more closely to mainstream attachment research. Ratings of characteristics such as self-reliance, fear of intimacy and attitudinal constraints about confiding are used to make an overall judgement about the subject's style of relating. This is coded first as standard or non-standard (unusual) to parallel the comparable secure and insecure attachment ratings of other instruments. Second, the ASI distinguishes different types of non-standard style, with the dismissive contrasted with fearful, withdrawn and enmeshed/ambivalent.

Childhood adversity

The Childhood Experience of Care and Abuse (CECA; Bifulco *et al*, 1994) is a semi-structured interview that provides an index of childhood adversity up to age 17 years, based on the presence of any of the following three indicators:

(a) Parental indifference – defined by high physical/emotional neglect, the key component of the 'lack of care' index used earlier (see Harris & Bifulco, 1991).

(b) Physical abuse in household. An assessment was made of any violence shown towards the respondent by household members before age 17 years – actual beatings or threats with knives, belts, etc. consistent with Straus's definition (Straus & Gelles, 1980).

(c) Sexual abuse. Childhood sexual abuse was defined as any sexual contact before the age of 17 years – excluding willing contact in teenage years with non-related peers. Instances of abuse involved sexual intercourse, oral sex and touching of breasts and genitals.

Premarital pregnancy

Any pregnancy resulting from conception before legal marriage, regardless of whether marriage or a live birth ensued, was considered 'premarital'.

Statistical tests

Statistics used are χ^2 with Yates' correction and a two-tailed probability, logistic regression and binary regression.

RESULTS

Nature of samples: demographic and other potentially predictive psychosocial factors

Demographic characteristics of the five samples were compared: the two groups of the intervention sample; Islington women as a whole and those with chronic depression, followed prospectively; and a similar subgroup of the psychiatric patient series. There were no important differences between the two intervention groups. The general population sample differed in containing only mothers with at least one child at home and were largely selected for having partners in manual occupations. Despite this selection, differences between the various samples were modest (details available from the author upon request).

Other psychosocial factors are of greater relevance for depressive onset and offset. Table 1 provides details of negative factors of potential predictive importance in the five samples. The right-hand column (i.e. total Islington sample) has been distinguished because this represents women who would be expected to differ on such factors because of the fact that they were not selected for the presence of chronic depression. Negative psychosocial characteristics of the four other groups with chronic depression are surprisingly similar despite the demographic differences resulting from the varying selection criteria.

Remission and characteristics of the depressed women

This section aims to establish an overall model concerning remission during follow-up based on the 86 women in the combined experimental and control series. Slightly over half of the remissions in both groups took place gradually over a month or more as opposed to a narrower time frame.

Demographic background factors

Only ethnic background showed association with remission, and this was entirely explained by a difference in one psychosocial and one clinical variable identified as of general predictive importance in analyses to follow (details available from the author upon request).

Psychosocial factors at baseline

Table 2 gives details of remission and baseline negative and chronicity risk factors. None of the first 17 reached statistical significance. It is notable that experience of childhood adversity (neglect, or sexual or physical abuse in childhood) and negative self-evaluation at first interview were not associated with non-remission, nor were any of the measures of interpersonal difficulty or negative elements in core relationships. However, the final two variables emerged as important. First, for those with 'markedly poor coping' with events/difficulties at first interview (involving marked denial or marked helplessness), the chance of remission was halved ($\chi^2=3.96$, $P<0.05$). This also held for those without 'standard' attachment style at baseline (involving, for example, marked or moderate enmeshment in, or dismissiveness/avoidance of, intimate relationships) ($\chi^2=6.66$, $P<0.01$).

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Table 1 Prevalence of psychosocial factors of potential predictive importance among samples of chronically depressed women and a general population group

Psychosocial factor	Chronically depressed				Total Islington population (*n*=395)
	Befriending project		North London patients (*n*=18)	Islington population (*n*=35)	
	Allocated (*n*=43)	Control (*n*=43)			
Childhood adversity	81%	63%	67%	60%	29%
Negative elements in core relationships	63%	56%	72%	77%	20%
Negative evaluation of self	77%	86%	100%	89%	32%
Severe interpersonal difficulty at first interview	67%	63%	56%	63%	20%
Severe interpersonal difficulty at onset	51%	63%	50%	Not known	–
Poor support	74%	67%	55%	67%	40%
Lack of confidant seen weekly	61%	67%	55%	71%	36%
Duration 2+ years	91%	89%	44%	83%	–
Duration 3+ years	61%	43%	22%	51%	–

Psychosocial factors occurring during follow-up period

Positive factors occurring during follow-up period. As many as 44% (38/86) had a fresh-start experience while still depressed. This was the most powerful predictor of remission. Among those with a fresh start, 79% (30/38) experienced remission in the following 20 weeks compared with 31% (15/48) without such an experience at any point in the follow-up period (χ^2=17.48, d.f.=1, $P<0.0001$).

Table 2 Percentage of women in remission from chronic depression according to psychosocial factors of potential predictive importance

Risk factor	Risk present	Risk absent
Childhood adversity	53% (33/62)	50% (12/24)
Childhood adversity score 2+	47% (15/32)	56% (30/54)
Childhood adversity score 3+	56% (5/9)	52% (40/77)
Severe interpersonal difficulty at onset	47% (23/49)	59% (22/37)
Severe interpersonal difficulty at first interview	46% (26/56)	63% (19/30)
Negative evaluation of self	47% (33/70)	75% (12/16)
Negative interaction with children	40% (8/20)	53% (19/36)
Negative interaction with partner	41% (11/27)	70% (14/20)
Negative elements in core relationship	47% (24/51)	60% (21/35)
Confidant seen weekly	58% (18/31)	49% (27/55)
Poor support	51% (31/61)	56% (14/25)
Married age <20 years	54% (19/35)	51% (26/51)
Child born age <20 years	55% (11/20)	52% (34/66)
Ever in an institution	50% (10/20)	53% (35/66)
Parental discord	48% (27/56)	60% (18/30)
Changes in childhood care-giver	53% (16/30)	34% (19/56)
Parental divorce	47% (8/17)	54% (37/69)
Non-standard attachment style**	44% (29/66)	80% (16/20)
Markedly poor coping*	23% (3/13)	58% (42/73)

*P=0.05; **P<0.01.

Negative factors during follow-up. Experience of either a severe event or a newly occurring severe difficulty during follow-up was associated with continued depression – 33% (10/30) remitted compared with 63% (35/56) without either (χ^2=5.55, d.f.=1, $P<0.02$).

A multivariate analysis

So far, attachment style, fresh-start experience and absence of markedly poor coping or of a new severe stressor during follow-up have emerged as predictors of remission. In the preceding companion paper a fifth factor, total PSE score over 36, predicted continuing depression. Logistic regression showed that the best-fitting model did not require a total PSE score, with absence of markedly poor coping falling short of significance (P=0.07). However, there were relatively few with either a PSE score over 36 (8) or with markedly poor coping (13). Figure 1 presents a binary regression path model for the three significant predictor variables. The path analysis gives coefficients that can be interpreted in terms of differences in proportions. Thus, the coefficient of 0.271 in Fig. 1 linking standard attachment with fresh-start experience represents

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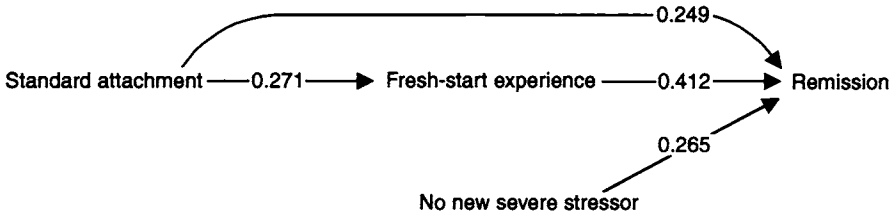

Fig. 1 Path diagram of attachment style, fresh start, absence of new severe stressor and remission, using binary regression (n=86).

the fact that 0.650 of those with standard attachment experienced a fresh start compared with 0.379 of those without, giving 0.650−0.379=0.271 (Hellevik, 1984; Brown, 1988). The overall power of the model is considerable, with the effect of standard attachment on remission being partly mediated by fresh-start experience. The overall effect of standard attachment, combining direct (0.249) and indirect (0.271 × 0.412=0.112) effects, is 0.361 (0.249+0.112), which is slightly greater than that of fresh-start experience when the indirect effect of standard attachment (via fresh start) is subtracted (i.e. 0.412−0.112 =0.300). Markedly poor coping is excluded, both because it failed to reach significance and because of its considerable overlap with non-standard attachment (basic data available from the author upon request).

A multivariate analysis including befriending allocation

Logistic regression confirmed that befriending allocation plays a role in predicting remission over and above the three factors in the model just outlined. (This also held when markedly poor coping was included.) Odds ratios were 4.12 for standard attachment, 6.92 for fresh-start experience, 4.51 for absence of new severe stressor and 4.09 for befriending allocation.

One unexpected result of the bivariate analyses already noted was the failure of the two chronicity risk factors to predict remission. However, when befriending allocation was taken into account, a severe interpersonal difficulty at first interview did play a role once fresh-start experience was also considered (see Table 3). A fresh-start experience was highly related to remission in both intervention and control groups (see left-hand column of Table 3). However, among women in the control group without a fresh start, none (0/16) with a severe interpersonal difficulty at first interview experienced remission compared with 45% (5/11) of those without such a difficulty (χ^2=6.17, d.f.=1, P<0.02). Turning to those allocated befriending, it is particularly among this group – without fresh start but with a severe interpersonal difficulty – that befriending plays an important role.

This suggested that experience of a severe interpersonal difficulty at first interview should also be included in any predictive model. In order to do this, bearing in mind the relatively small size of the overall sample, we created a *stress index*, combining experiences of a severe interpersonal difficulty at first interview and of any new severe stressor (severe event or new severe difficulty) during follow-up, with scores of 2 (both), 1 (just one) and 0 (neither). This makes it possible to specify that the intervention played the greatest role among those without a fresh start and with either or both risk factors (bottom two lines of Table 4): 36% (5/14) of those allocated befriending remitted *v.* 5% (1/22) of controls (χ^2=3.95, d.f.=1, P<0.05). Among those with a fresh-start experience or a zero score on this index (top two rows of Table 4), the control group did as well as those allocated befriending.

Table 3 Percentage of women with remission from chronic depression according to fresh-start experience and presence of severe interpersonal difficulty at first interview

Severe interpersonal difficulty at first interview	Fresh-start experience		Total
	Yes	No	
Controls			
Yes	73% (8/11)	0% (0/16)	30% (8/27)
No	80% (4/5)	45% (5/11)	56% (9/16)
Total	75% (12/16)	19% (5/27)	43% (17/43)
	(NS)	(χ^2=6.17, P<0.02)	(NS)
Allocated befriending			
Yes	87% (13/15)	36% (5/14)	62% (18/29)
No	71% (5/7)	71% (5/7)	71% (10/14)
Total	82% (18/22)	48% (10/21)	65% (28/43)
	(NS)	(NS)	(NS)

Table 4 Percentage of women with remission from chronic depression according to fresh-start experience, stress index and befriending allocation

Stress index score	Allocated befriending		Controls	
Fresh start present				
(0, 1 or 2)	82% (18/22)		75% (12/16) (NS)	
Fresh start absent				
0	71% (5/7)		80% (4/5) (NS)	
1	50% (4/8)	36% (5/14)	5% (1/16)	4% (1/22) (P<0.05, χ^2=3.95, d.f.=1)
2	17% (1/6)		0% (0/6)	

The stress index involves two factors: experience of a severe event or a new severe difficulty in follow-up; and presence of a severe interpersonal difficulty at first interview.

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Multivariate analyses including actual receipt of befriending in the psychosocial model of remission (completers only)

So far, allocation of befriending has been considered rather than its actual receipt. Ten women, in fact, refused befriending after meeting the social worker and eight dropped out soon after meeting the volunteer. If these 18 are included along with the controls, results are similar, with the same variables required in the best models, with a somewhat higher odds ratio for befriending (3.50 *v.* 2.62).

Multivariate analyses including women selected during phase 2

Mention was made earlier of a second phase when 17 non-recovered controls were offered befriending and a further 18 women, consecutively screened in an identical way to the first 43, were interviewed and followed up as a comparison group for these. Remission was poorer in this group of 17 than in the initial 43 allocated befriending – 41% (7/17) – while figures for the new comparison group were similar to those for the first-intake controls – 44% (8/18). This apparent failure of befriending seemed worth exploring, despite small numbers, given that those not remitting after re-allocation to befriending following one year in the control series appeared to have particularly resistant depression.

First, the initial model of remission was re-run, including the extra 35 cases. This produced a very similar model, with comparable odds ratios and regression coefficients (figures available from the author upon request). Second, when befriending allocation and completion were included, results again paralleled those for the first 86. Third, it emerged that the lower rate of remission among the 17 waiting-list controls subsequently allocated befriending was related to the factors identified among the initial 86 as predictors of remission. These 17 (with possibly 'resistant' depression) differed from the other 26 in the control group in terms of a combined index of positive factors found to be the most powerful predictor of remission – involving either fresh start or zero score on the stress index: 18% (3/17) compared with 69% (18/26) (χ^2=8.98, d.f.=1, $P<0.1$). The comparable figure for those allocated befriending was 67% (29/43). When finally followed-up, the re-allocated waiting-list controls still showed a lower proportion scoring on this positive index – 38% (6/16), P=0.08 – one woman with missing data.

DISCUSSION

Main findings

A powerful predictive model of remission has emerged based on attachment style at first contact and positive and negative experiences during follow-up. Although remission was substantially predicted by attachment style and absence of markedly poor coping at baseline, and fresh start and absence of new severe stressor during follow-up, befriending allocation was still required in the best model. Total PSE score was not required. Moreover, except for the specified sample selection criteria of the Islington general population inquiry – social class and the presence of children at home – the depressed women in the trial did not differ significantly from the two samples from the same area previously studied naturalistically, in terms of either demographic or baseline psychosocial factors of relevance for remission. This has encouraging implications, given the relatively low uptake of the intervention, for its relevance to everyday clinical practice.

Identifying those most likely to benefit

The apparent failure of two variables – childhood adversity and the experience of at least one severe interpersonal difficulty at onset – identified as promoting chronicity to act in a similar way to prolong it (i.e. to prevent remission) is also of interest. However, there was a much lower chance of remission for controls with a severe interpersonal difficulty when those with a fresh-start experience were excluded. Befriending appears to have suppressed this effect in the intervention group. This result is consistent with findings about the important role of LEDS difficulties in affecting outcome of anxiety and depression among primary care attenders after six months found by Ronalds *et al* (1997), who reported few fresh-start events. Lam *et al* (1994), who reported that drugs appeared initially to have no effect on recovery over six weeks until the effect of LEDS-measured adversity was taken into account, have also emphasised that such variables should routinely be included in drug trials to control for their impact on subsequent recovery. The present study has thus specified a particular group of depressed women who appeared to benefit most from the intervention. These were identified in terms of a score of 1 or more on a stress index involving experience of an ongoing severe interpersonal difficulty or a new severe stressor in follow-up.

Mediation of befriending

A disappointing feature of this RCT was the apparent failure of befriending to produce fresh-start experiences, despite their prominence during volunteer training. However, comparison with the rate of fresh starts over a similar follow-up period among the comparable women in the two naturalistic samples does suggest that the amount of some sort of 'professional input' may, after all, play a role. Table 5 shows that there is a statistically significant trend in rates of fresh-start experience: starting with the patient series, who would have received the most attention; followed by those allocated befriending here; then this control series; and finally the general population sample. This suggests the possibility that the lengthy research interview, together with comments about befriending made by the research interviewers who had to recruit depressed women into the sample, may have had some beneficial effect on the control series. Certainly, several women recounted at follow-up how the first interview had stimulated them either

Table 5 Percentage of women with chronic depression having at least one fresh-start experience during a 13-month period in the various sample groups

Chronic depression samples	Women with at least one fresh-start experience
North London patients	56% (10/18)
Allocated befriending	51% (22/43)
Controls	37% (16/43)
Islington population	29% (10/35)

χ^2 (trend)=5.62, d.f.=1, $P<0.05$.

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to seek out new social activities or to re-establish intimate contact with friends from whom they had drifted apart. In other words, compared to a sample such as the Islington mothers with a first interview that was shorter and much less focused on coping with attachments, the present control series may have been primed to create more fresh starts for itself and the impact of the volunteers in terms of bringing about such events for the intervention group was thus masked by the impact of the preparatory interview.

Further analyses with completers and waiting-list controls

Repeating these analyses focusing upon receipt rather than allocation of befriending, has shown that the model holds equally well when the less conservative approach is adopted, with befriending emerging as a slightly more powerful predictor of remission.

The final simplified model also has some relevance for one puzzling feature of the intervention: the apparent lesser impact of befriending on the 17 waiting-list controls when eventually offered it, with fewer women having a fresh start or zero score on the stress index. This may be a pointer to one way of looking at resistant depressions – in terms of those who have the type of severe interpersonal difficulties that continue to throw up new severe events and fail to produce fresh starts.

CLINICAL IMPLICATIONS

- Fresh-start experiences are a key predictor of remission from depression and should become more of a routine focus in treatment.
- In the absence of a standard or secure attachment style, more therapeutic effort will possibly be required to bring about fresh-start experiences.
- References to a psychosocial aetiological model of remission may permit closer specification of those most likely to benefit from a particular treatment.

LIMITATIONS

- Small numbers limited the power of the study to explore the role of markedly poor coping.
- Small numbers limited the power of the study to explore the role of symptom severity (total Present State Examination scores over 36).
- Sample selection was for episodes of depression lasting at least 12 months, so the aetiological model presented may not be generalisable to remission from shorter episodes.

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TIRRIL HARRIS, MA, GEORGE W. BROWN, PhD, RUTH ROBINSON, MSc, Socio-Medical Research Centre, Royal Holloway, University of London

Correspondence: Tirril Harris, Medical Research Centre, Guy's, King's and St Thomas's Schools of Medicine, St Thomas's Campus, The Dudgeon, Lambeth Palace Road, London SE1 7EH. Tel: 0171 928 9292

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