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STRESSFUL LIFE EVENTS AMONG HOMELESS PEOPLE: QUANTITY, TYPES, TIMING, AND PERCEIVED CAUSALITY

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This article describes the stressful life events suffered by a multicenter, randomized sample of 262 homeless adults in Madrid, Spain. Subjects were interviewed with the List of Threatening Experiences *(Brugha and Cragg, 1990), supplemented by nine additional items specifically related to homelessness. Participants then rated each life event in regard to its causal contribution to their homeless situation. Findings showed that homeless people have suffered a mean of 9.1 important stressful events in their lives. Most of these events occurred Before (45% of the episodes), or During (39%), the first homelessness episode. In regard to the perceived causality of the stressful events, we found that homeless people have a multicausal view of their own problems. In fact, three categories of events were subjectively related to their current homeless condition: economic problems, breakdown of social ties, and mental illnesses. We discuss the implications of these data in light of Daly's (1994) typology of causal factors involved in homelessness: Economic, Affective/Relationship, Personal, and Institutional. © 1999 John Wiley & Sons, Inc.*

Research during the past 10 years has demonstrated the importance of past life experiences in the conceptualization and study of stress. Stress can be viewed as an interaction between stressful or threatening situations, or those perceived as being so by the subject, and the psychological resources available to the individual (Lazarus, 1966; Lazarus &

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Folkman, 1984; Goldberger & Breznitz, 1993). Researchers have also made progress in identifying those situations capable of provoking stressful reactions and the psychological effects which they produce (Epstein, 1990; Pearlin, 1993).

There exists documentation which shows the importance of stressful life events (SLEs) in the development and maintenance of mental disorders (Calsyn & Morse, 1992; Liberman, Mueser, Wallace, Jacobs, Eckman, & Massel, 1986) and other psychological problems (Meichenbaum, 1986; Meichenbaum & Fitzpatrick, 1993).

The relationship between SLEs and homelessness has been the target of many recent studies (Wright & Weber, 1987; Muñoz, Vázquez, & Cruzado, 1995; Banyard, 1995; Padgett, Struening, Andrews, & Pittman, 1995; D'Ercole & Struening, 1990; Ingram, Corning, & Schmidt, 1996; Fischer, 1992; Goodman Dutton, & Harris, 1995; Stein & Gelberg, 1995; Alexander, 1996). Even some studies have framed homelessness itself as a stressor (e.g., Goodman, Saxe, and Harvey, 1991). However, not as much progress as one would hope has been made in determining the type of relationship that exists between SLEs and homelessness.

The first steps necessary in establishing this relationship should be divided into three approaches to research (due to the lack of longitudinal studies). First, an analysis should be conducted of both the number and type of SLEs suffered by the homeless, which could, initially, help us to understand the relationship—even though it would not help us in determining its ground causal direction. Studies have shown a higher occurrence of SLEs in persons without homes than in those with homes (North, Smith, & Spitznagel, 1994; Wright & Weber, 1987; Díez & Vielva, 1990). These events, which are now considered as possible etiological factors and aids in maintaining homelessness, center around unemployment, economic loss, accidents and physical illnesses, mental illness, drug and alcohol abuse, marriage or family problems (i.e., divorce, being orphaned, etc.), removal from usual environment, and problems with the law and/or institutionalization (Wright & Weber, 1987; Rossi, 1989; North, Smith, & Spitznagel, 1994; Vázquez, Muñoz, and Sanz, 1997; Koegel, Melamid, & Burnam, 1995). Even though at first glance the principle cause of the appearance and maintenance of homelessness would seem to be solely economic, other factors—such as family problems, loss of social support, or sickness (either mental or physical and including drug and alcohol abuse)—appear to play an important role either as initiators or maintainers of homelessness (Milburn & D'Ercole, 1991; Daly, 1993).

The second approach should revolve around the analysis of the SLEs suffered directly before the appearance of a period of homelessness. This could help in identifying the causal relationship between these variables. The establishment of this type of relationship requires the creation of a definite temporal sequence. That is to say that in order to be considered as a cause of homelessness, a SLE must necessarily occur before the period of homelessness begins (Haynes, 1992). A few studies seem to point in this direction: for example, it has been shown that a high percentage of the homeless suffer from post-traumatic stress (North et al., 1994) and that, in three out of four of the cases, they showed symptoms *before* their first episode of homelessness (North & Smith, 1992).

Third, information about the perceptions of those affected, the homeless, with regard to the cause of their situations, should be gathered and analyzed. This information is important because, among other reasons, how a person interprets such events can influence both their emotional reactions and their methods of coping with the events (Peterson, Maier, & Seligman, 1993). In the specific case of the homeless, the perceived degree of control over, or attribution of fault to, SLEs plays an important role in the prolonging of homelessness (Burn, 1992).

This study intends to cover these three aforementioned, analytical approaches. Given that there is very little data regarding the numbers and types of SLEs that affect, or have affected, the homeless population of Spain, our study primarily concentrates on uncovering this information. We have also done the first analysis of the temporal sequence of the SLE/homelessness relationship, and analyzed the perceptions of the homeless themselves, keeping with our intended foci.

METHOD

Setting

This study was carried out in the city of Madrid, Spain, which has a population of around three million inhabitants. Estimations, based as much on field studies as on statistical services, place the number of homeless living in Madrid between 1,500 and 3,000 (Infante, Jerónimo, & Martín, 1990; Grupo 5, 1994; Cabrera, 1997; Cáritas Española, 1997). A recent count of the number of people helped by various community services during 1 day in winter provided an estimate of 1,800 (Muñoz & Vázquez, 1998).

Sample

Although the sampling system used has been extensively detailed in another study (Muñoz Vázquez, & Cruzado, 1995), we will present a brief summary of it here. To determine the criteria for inclusion in the sample, we followed the operational definition proposed by the *Stuart B. McKinney Homeless Assistance Act* (1987), with the following sampling criteria: 1) Spanish citizenship, 2) aged 18 or over, and 3) having slept during the past month in a location not usually used as a home (streets, homeless shelters, abandoned buildings, parks, etc.).

A multicentered sampling scheme was followed (Koegel, Burnam, & Farr, 1988), for which a listing of the services and other resources available to the homeless in Madrid was compiled. The specific resources to be used were selected from this list, based on the nature of the service, in such a manner as to assure a fair representation of the overall homeless population in the sample. In the end, two homeless shelters, a soup kitchen, a center for social services, and two of the routes used by the Mobile Social Emergency Service (UMES, a service which provides assistance for the homeless on the spot) were selected. The plan was to interview 15% of the homeless population using a random sample from each resource chosen. The result was 262 interviews with an acceptance rate of 88%.

The data was gathered between November 1993 and April 1994. Although it seems that there are few seasonal differences in the composition of homeless populations (e.g., Hannappel, Calsyn, & Morse, 1989; Toro & Wall, 1991), in order to minimize any seasonal bias (Susser, Connover, & Struening, 1989), the data were collected during the two most difficult seasons for the homeless population: Winter and Spring. The sociodemographic characteristics of the sample are shown in Table 1.

Instruments

To evaluate the SLEs, the LTE-Q (*List of Threatening Experiences Questionnaire*) (Brugha & Cragg, 1990) was used. The questionnaire aids in selecting the twelve most powerful and/or important SLEs to occur in the lives of those interviewed. Nine other, homeless-

Table 1. Sociodemographic Characteristics of the Sample

Characteristics	*(n = 262)*
Gender (% male)	79
Age (%)	
18–30 years	24
31–45 years	38
46–60 years	28
More than 60	10
Mean (SD)	42 (12.7)
Years of schooling	
Mean (SD)	7.7 (4.5)
Live alone	95
Marital status	
Married	7
Widowed	5
Separated or divorced	24
Never married	64
Total not married	93
Unemployed	97
Usual location slept during the past month	
Shelters	57
The street	21
Hostels	11
Shared Houses	4
Other	5
Combination of locations	2
Time spent homeless	
Less than a year	20
1 to 5 years	39
5 to 10 years	16
More than 10 years	25
DSM-III-R/CIDI lifetime diagnoses (Vázquez et al., 1997)	
Nonsubstance-related disorder	35
Alcohol abuse or dependence	41
Substance abuse or dependence	17
Any disorder	67

specific items were selected with the help of a group of experts on homelessness in Madrid, and added to the questionnaire. Those interviewed were also asked to rate, on a Likert-type scale (from 1 = unlikely to 4 = very likely), the impact they felt that each SLE had in relation to the their becoming homeless, and to indicate whether the events happened before, during, or after their episode of homelessness (before = any time until 2 years prior to losing his or her home; during = the period from 2 years prior until the loss of his/her house; and after = any time he/she became homeless).

The *Scale of Physical Health* was also used, as in the *Washington D.C. NIDA Drug Study* (Thornberry, Ardini, & Dennis, 1992) and version 1.1 of the *Composite International Diagnostic Interview* (CIDI) in its official Spanish translation (Bravo, Canino, & Biro, 1991; Rubio-Stipec, Bravo, & Canino, 1991). The results obtained with these instruments has also been published in other studies (Muñoz, Vázquez, & Cruzado, 1995; Muñoz, Vázquez, Bermejo, Vázquez, & Sanz, 1996; Vázquez et al., 1997).

Procedure

The interviews were conducted by six pairs of interviewers trained by the authors of this study, and the World Health Organization, in the use of the Spanish version of the CIDI (University of Puerto Rico).

In every one of the interviews, the following protocol was employed. First, the subjects were chosen at random from each of the aforementioned resources. Next, the employees of each service contacted the subjects, explaining the nature of the study and asking for their permission to be interviewed. When permission was received (88% of those approached), the subject was introduced to the interviewers and the interview conducted. The average interview lasted about 60 min, with a maximum of 120 min and a minimum of 30 min, during which the entire procedure was tape recorded.

Data Analysis

For all of the interval or ordinal data, descriptive, parametric indexes were used. The differences between the appearances of the SLEs—the nominal and percentage data—were compared using χ^2 analysis. To prevent a increase in Type-1 errors, the levels of significance were adjusted by applying the Bonferroni procedure to each group analyzed. These groups coincide with those presented in Tables 1–5.

RESULTS

Demographics

The principle demographic characteristics of the sample are shown in Table 1. The majority of those interviewed were middle-aged (42-year-old) males (79%) who lived alone (95%), had no work (97%), and a low level of education (between 7 and 8 years of schooling). Another important characteristic was that a large majority (80%) had been homeless for at least a year.

Stressful Life Events

The percentage of SLEs suffered by those interviewed in each of the three temporal categories (before, during, or after the period of homelessness) is shown in Table 2.

The number of SLEs suffered during the lives of those interviewed, on average, is very high (approximately nine). The highest percentage of SLEs occurred during the period before the transition to homelessness (45%), followed closely by the period in which the transition occurred (39%)—after which the number of SLEs drops drastically to 16%.

Table 3 reflects the percentage of those interviewed who suffered each one of the SLEs evaluated. It also shows the mean and standard deviation for the perceived impact that each one had on the subjects' lives.

As it can be seen, the SLEs suffered by the homeless are mostly *economic* in nature. Practically all those interviewed (97%) were unemployed—the majority of which had been so for over a month (83.5%), and/or had suffered other economic crises (77.5%). The second largest category of SLEs was those involving health problems. One out of every two people interviewed had had serious *health* problems; almost one out of every three had suffered the death of a first grade relation (parent, child, or partner); and al-

Table 2. Number of Stressful Life Events Suffered and Percentage of Occurrence With Respect to the Appearence of the First Homeless Episode

	Number of events suffered (mean)	*Occurrence >2 years before the first homelessness episode*	*Occurrence between 2 years before and 1 year after the first homelessness episode*	*Occurrence >1 year after the first homelessness episode*
Stressful Life Events	9.1	45%	39%	16%

most two-thirds had suffered the death of a family member or close friend. More than half of the sample agreed that they had problems with alcohol abuse (53.4%), and two out of every three felt alone and abandoned (63.3%). On the other hand, drug abuse (8.6%) and institutionalization during childhood (10.9%) affected fewer people in the sample. It is interesting that only 18.4% of those interviewed had suffered from serious mental problems and only 26% had been institutionalized for mental illness.

However, the situation changes when the causal relationships of the SLEs to becoming homeless was asked. The highest probable cause still remains economic (unemployment of over 3 months, 3.36; other economic problems, 3.49), but the death of friends' family members (3.01), the feeling of loneliness and abandonment (3.00), and mental illnesses (3.18) are perceived to play a much more important role.

The category titled "Other" was an important factor as well, with a 20% occurrence and a high probability of perceived importance (3.37). This category contains heterogeneous events that were hard to place in any one of the other categories (e.g., "jeaulosy" or "kidnapping of one son"). The most frequently cited events were AIDS ($n = 5$), dislodgment ($n = 4$), emigration ($n = 3$), and physical and/or sexual abuse ($n = 3$).

The percentage of SLEs which fell into each of the three temporal categories is shown in Table 5. Chi-square analysis was used to determine which of the differences between temporal categories was important.

The tendency shown in Table 2—that the majority of SLEs were suffered before or during the transition to homelessness—becomes even more pronounced when each SLE is examined individually. If the results shown in Table 4 are analyzed with respect to the moment in which they occurred, four groups of SLEs become apparent: 1) SLEs that tend to occur and disappear before the episode of homelessness and do not show up again (i.e., institutionalization as a child, serving in the armed forces, health problems, or the death of a friend or family member); 2) SLEs that occur before and/or during the episode of homelessness but tend to disappear after the person has been homeless for only a short period of time (i.e., family problems, divorce, or drug or alcohol abuse); 3) SLEs that occur primarily during the period in which the person becomes homeless (i.e., economic crises, feelings of loneliness and abandonment, or "Other"); and 4) SLEs which occur in all three of the temporal categories with equal probability (i.e., loss of something important, legal problems and/or prison terms, mental problems, or unemployment). It is striking that there is not a single SLE that occurs primarily after the person has lost their home.

Table 3. Stressful Life Evemts (Percentage of Occurrence and Perceived Causality)

Stressful Life Events	*Total (%) (N = 262)*	*Perceived Causality* Mean (1–4)	*SD*
LTE, Brugha & Cragg (1990)			
1. Personal serious illness, injury, or assault	51	2.0	1.3
2. Serious illness, injury, or assault happened to a close relative	32	2.0	1.3
3. Death of a partner, parent, or child	61	2.2	1.3
4. Death of close friend or relative	52	1.6	1.0
5. Separation due to marital difficulties	30	2.9	1.3
6. Breaking off a steady relationship	48	2.4	1.3
7. A serious problem with a close friend, neighbor, or relative	34	3.0	1.0
8. Unemployed or seeking work unsuccessfully for more than 1 month	83	3.4	1.0
9. Fired from job	34	3.0	1.2
10. Major financial crisis	78	3.5	1.0
11. Problem with the police and a court appearance	40	2.0	1.2
12. Something valuable was lost or stolen	30	2.4	1.3
Additional items (suggested by experts)			
13. Alcohol abuse	53	2.5	1.3
14. Drug abuse	9	2.8	1.3
15. Being in jail	29	2.2	1.2
16. Orphanage	11	2.2	1.1
17. Psychiatric hospitalization	26	2.5	1.3
18. Felt abandoned by relatives and friends	63	3.0	1.1
19. Special Army corps	18	2.0	1.1
20. Job away from home	39	2.1	1.2
21. Serious mental illness	18	3.2	1.1

Table 5 shows a graphic representation of the principle results of this study. The data are organized in two axes: the horizontal shows the moment of occurrence of the SLE, in accordance with the results of Table 4; while the vertical situates them according to Daly's classification (1994). Daly, in her report on the homeless situation in Europe, states that the most common causes of homelessness can be organized into four groups of factors: material (economic crises, essentially related to poverty), emotional (mainly related to a loss of social support), personal (including illness, both mental and physical, addictions, and loneliness), and institutional (relating to all types of institutions).

Also included in Table 5 are the *perceived importance* (the SLEs with a probability of 2.5 to 4 are in bold) and the *percentage* of people that suffered each SLE (those without an asterisk apply to less than 33% of the sample: one asterisk means that the SLE was suffered by between 33% and 66%, and two asterisks indicates an occurrence of more than 66% of the sample).

Table 4. Occurrence of the Stressful Life Events With Respect to the Appearance of the First Homelessness Episode [†]

Life events	*Before (B)* (%)	*During (D)* (%)	*After (A)* (%)	*N*	*B-D* ($\chi 2$)	*D-A* ($\chi 2$)	*B-A* ($\chi 2$)
LTE-Q, Brugha & Cragg (1990).							
1. Personal serious illness, injury, or assault	54	27	19	119	10.667*	1.473	19.322*
2. Serious illness, injury, or assault happened to a close relative	51	28	19	67	4.740	1.125	10.083*
3. Death of a partner, parent, or child	62	22	14	136	27.769*	2.469	46.623*
4. Death of a close friend or relative	62	25	11	103	17.391*	6.081	39.286*
5. Separation due to marital difficulties	34	56	8	72	3.879	26.064*	11.645*
6. Breaking off a steady relationship	40	45	15	108	0.391	16.754*	12.356*
7. A serious problem with a close friend, neighbor, or relative	36	51	12	77	1.470	18.750*	10.526*
8. Unemployed or seeking work unsuccessfully for more than 1 month	17	58	25	190	42.845*	24.329*	3.200
9. Fired from job	28	46	25	80	3.267	5.070	0.209
10. Major financial crisis	17	61	22	171	43.104*	32.563*	0.970
11. Problem with the police and a court appearance	36	42	22	88	0.362	5.786	3.314
12. Something valuable was lost or stolen	37	39	23	64	0.020	2.500	2.077
Additional items (suggested by experts)							
13. Alcohol abuse	46	45	9	123	0.000	30.224*	30.224*
14. Drug abuse	52	36	11	44	1.256	5.762	11.571*
15. Being in jail	41	41	19	69	0.000	5.488	5.488
16. Orphanage	92	4	4	24	19.173*	0.000	19.174*
17. Psychiatric hospitalization	42	32	27	60	0.818	0.257	1.976
18. Felt abandoned by relatives and friends	29	53	18	142	9.965*	23.772*	3.358
19. Special Army corps	82	14	4	44	21.428*	2.000	30.421*
20. Job away from home	71	23	6	82	19.753*	8.167	44.587*
21. Serious mental illness	36	36	27	23	0.059	0.600	0.285

[†]Bonferroni = 0.004—*$p < .001$. Before: Period of time >2 years before the first homelessness episode. During: Period of time between 2 years before and 1 year after the first homelessness episode. After: Period of time >1 year after the first homelessness episode.

Table 5. Correspondence Between the Stressful Life Events, Percentage of Those Who Suffered Them, Temporal Category With the Highest Probability for Occurrence, and Perceived Causality†

Factors	*>2 Years Before First Homelessness Episode*	*<2 Years Before and 1 Year After First Homelessness Episode*	*>1 Year After First Homelessness Episode*
Economic	**Item 9: Fired from job*** Item 12: Something valuable was lost or stolen	**Item 9: Fired from job*** Item 12: Something valuable was lost or stolen **Item 8: Unemployed or seeking work Unsucessfully or more than 1 month**** **Item 10: Major financial crisis****	**Item 9: Fired from job*** Item 12: Something valuable was lost or stolen
Affective/ Relationships	Item 2: Serious illness, injury or assault happened to a close relative Item 3: Death of a partner, parent or child* Item 4: Death of a close friend or relative* Item 20: Job away from home* **Item 5: Separation due to marital difficulties**	**Item 5: Separation due to marital difficulties** Item 6: Breaking off a steady relationship* **Item 7: A serious problem with a close friend, neighbor or relative***	
Personal	Item 1: Personal serious illness, injury or assault* **Item 14: Drug abuse** **Item 13: Acohol abuse*** **Item 21: Serious mental illness**	**Item 13: Alcohol abuse*** **Item 21: Serious mental illness** **Iem 18: Felt abandoned by family and friends***	**Item 21: Serious mental illness**
Institutional	Item 16: Orphanage Item 19: Special Army corps Item 11: Problems with the police and a court appearance* Item 15: Being in jail **Item 17: Psychiatric hospitalization**	Item 11: Problems with the police and a court appearance* Item 15: Being in jail **Item 17: Psychiatric hospitalization**	Item 11: Problems with the police and a court appearance* Item 15: Being in jail **Item 17: Psychiatric hospitalization**

†Those with a perceived causality greater than 2.5 are in bold; Percentage: *33%–66%; **>66%.

DISCUSSION

The first point we make is that, as shown by other studies in Spain (Vielva, 1992; Vega, 1996) and other countries (Wright & Weber, 1987; Banyard, 1995; Padgett, Struening, Andrews, & Pittman, 1995; D'Ercole and Struening, 1990; Ingram, Corning, & Schmidt, 1996; Fischer, 1992; Goodman, Dutton, Harris, 1995; Stein & Gelberg, 1995; Alexander, 1996), the homeless suffer an extraordinarily high number of SLEs during the course of their lives (more than nine in our study). However, it would be necessary to systematically compare samples of homeless individuals from different countries to know if this pattern of results is common in other environments (e.g., Muñoz, Vázquez, Koegel, Sanz, & Burnham, 1998). It is also interesting to look at how such a high number of SLEs can affect a person's mental and physical health as much as it can weaken his/her social support, both of which have strong relationships with becoming homeless. Such a high number of SLEs can have a more negative impact on a homeless person than suffering from a mental illness such as schizophrenia (Liberman, Mueser, Wallace, Jacobs, Eckman, & Massel, 1986; Calsyn & Morse, 1992).

When those interviewed placed their SLEs on a timeline with their first episode of homelessness, the majority of these events (a mean of eight) occurred *before* or *during* their transition to homelessness. This fact appears to coincide with the study done by North and Smith (1992), with respect to the appearance of the disturbance of post-traumatic stress. In their study, three out of four people began to suffer from this disturbance before their first episode of homelessness. Nevertheless, it has to be taken into account that length of each of the three time categories (i.e., 'Before', 'During', and 'After') is not the same, as the 'Before' category might be, in most of the interviewed people, longer than the other ones.

The analysis of the relationship between the type of SLE suffered and the moment in which it occurs (Table 5) points out that the four categories contain events with a high probability of occurring in this population. This seems to indicate that it is not only economic factors which exert a strong influence on the course of these peoples' lives, but that health factors, social relationships, and experiences with institutions can equally share in causing the appearance and/or continuation of homelessness.

Material Factors

In an analysis of the moments in which there is a higher probability of occurrence, material factors appear in the highest proportion during the period of transition—even though a few of these SLEs, such as unemployment or great loss, have a high probability of occurring *before* and continuing *after* the first episode of homelessness. What's more, this category of factors has a high perceived causality and rate of occurrence in this population.

Affective/Relationships Factors

The SLEs in this category have a high probability of occurrence as well, especially considering how many SLEs are in the category and that the majority of them has a percentage of occurrence near 50% (Table 3).

Emotional problems of trouble with relationships appear as often before the first episode of homelessness as during the transition, but the probability of occurrence drops drastically after the first homeless episode. This fact is extremely interesting as it seems

to indicate that, at least in our sample, the loss of social skills and ties is only important in the process of becoming homeless. It is probable that once a person arrives at that point, the emotional isolation is so complete that there are no more relationships that could become problematic.

Upon analyzing the moments in which these SLEs occur, an interesting pattern appears. The events involving the death of a friend, family member, etc. and sickness in either themselves or those close to them, tend to occur before the first homeless episode—the same as having jobs which drew them away from home. Nevertheless, problems associated with relationships and the loss of social support tend to appear during the transition period between having a home and homelessness.

In this group of SLEs, an analysis of the perceived causality is also interesting. The homeless tend to give more importance to the *breaking* of social relationships (friends, family, partners, etc.) than to other factors in having been the cause of their situation. Health problems, the death of family or friends, and jobs requiring leaving home, all of the SLEs which occur prior to the first episode of homelessness, are not seen as major causal factors, even though it is very likely that they have contributed a fair amount to a high level of psychological stress and have caused greater isolation, thereby diminishing social support.

Personal Factors

For their part, the personal factors tend to appear before and during the transition to the first homeless episode. Only problems with mental health maintain a significant probability of occurrence once the person has become homeless. The rest either do not occur during that period or are not seen as new problems. One possible interpretation is that these types of problems tend to occur before the first episode of homelessness and afterwards either disappear or continue without change, in which case they are not considered new problems. It is especially interesting to point out that the feelings of loneliness and abandonment appear with a greater frequency during the transition to homelessness. This coincides with the point made above, which places the SLEs involving emotional and social problems in the same temporal category.

The homeless place a high level of causality on this type of SLE. Practically every item included in this category has a high perceived causality. However, the rate of occurrence for this group is not very high. Only problems with physical health, drug and alcohol abuse, and feelings of loneliness and abandonment occur in more than 33% of the sample (recall that these facts were gathered subjectively from those interviewed).

Institutional Factors

The institutional factors represent problematic relationships encountered by those interviewed with institutions (institutionalization, problems with the police, legal problems, etc.). The problems occur with a similar probability during the person's entire life, although incidents involving institutions for children or youth generally appear before becoming homeless. It is interesting to note that the data obtained concerning previous psychiatric hospitalization coincide with data obtained in other studies (Shlay & Rossi, 1992; Arce, Tadlock, & Vergare, 1983). Even though a few authors maintain that an inadequate policy for deinstitutionalization has created a huge increase in the homeless population (Lamb, 1984), scientific evidence does not exist to support this point of view (Cohen & Thompson, 1992). Along similar lines, our data suggest that deinstitutional-

ization does not play an important role in homelessness, at least in Spain, where few people living on the street have been institutionalized previously (26%) and for many of them it was only for a short time—less than 6 months (Muñoz et al., 1996).

This group of SLEs is perceived to have a minor role in causing or maintaining homelessness. Only internment in psychiatric hospitals is seen as having importance in facilitating the appearance of homelessness, which coincides with the perceived causality of mental illnesses, as analyzed above. It is also interesting to point out that with the exception of problems with the police, which appear in more than 33% of those interviewed, the subjects of our study did not report a high rate of occurrence for this type of factor. In fact, not one of theses SLEs affected a third of our sample.

The results of this study emphasize the necessity of approaching homelessness as a multicausal phenomenon. It is not only economic factors that, from a subjective point of view, cause and maintain this problem. From the viewpoint of those affected, personal factors, especially mental problems, drug and alcohol abuse, feelings of loneliness and abandonment, along with factors related to interpersonal problems (divorce, breaking of friendships, etc.) play a very important role in both causing and maintaining their situation.

A second point is that the homeless tend to place the appearance of the SLEs which they have suffered *before* and *during* the transition according to their first episode of homelessness. In this manner, our study fulfills, on the part of SLEs, one of the principle criteria for considering a relationship between variables as causal: their occurrence in a period of time before the hypothesized result (Haynes, 1992). This fact should be taken with caution, as it can have distinct interpretations: one could think that a want of SLEs related to victimization (e.g., being abused or assaulted) in our instrument could explain the lack of factors which occur after the episode of homelessness. The category titled "Other," however, being open, would contain such SLEs. Nevertheless, this undefined category, when analyzed temporally, includes SLEs which tend to occur *during* the transition to homelessness, and not after—as would be expected if it included mainly SLEs related to victimization, and the like. A second possible explanation of the lack of SLEs occurring "after" is that there exist certain cognitive changes which would cause the person, once he or she had become homeless, to perceive such problems as having disappeared (Muñoz et al., 1995). That is to say, the SLEs continue to occur—but cease to be stressful or problematic (Taylor, 1989).

Finally, those interviewed believed that a majority of the SLEs included in the study played an important role in causing their situation: especially those related to economic problems, social relationships, and mental illness. These data, along with those described above, should be studied in the future by means of longitudinal studies, as some authors are currently conducting (e.g., Koegel and Burnam, 1994; Toro, Rowland, Goldstein, & Wolfe, 1997; Muñoz and Vázquez, 1998), using both subjective and objective measures. This would allow all of the data contributed to be compared. Such studies would allow the formation of a hierarchy (at least from a subjective point of view) for the causes of homelessness.

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