This shows clearly that there is a relation between stress and illness rates i.e. low stress means low illness rate and vice versa for high stress. Although, the difference is very small i.e. 1.4/2 – so a difference of a single doctor visit is not very big. There was no significant correlation between the total LCU scores for the whole two year period leading up to deployment and illness, however there was a significant correlation found between life events experienced in the 6 months immediately prior to deployment (the data for this was collected using the last SRE administered to participants) and illness. It is also important to note that illnesses experienced onboard were minor, and pre-deployment life events were often few and low in significance.

An interesting observation between groups of naval personnel is that of the 3 ships surveyed, the second ship was engaged in active combat and the other two were not. Yet the overall illness rate and stress score was lower on the second ship than the other two ships.

From these results, RMA concluded that higher LCU scores relating to the 6 months before deployment were linked to higher illness rates. It was also concluded that the link between LCU scores and illness rates 6 months prior to departure was stronger in men aged over 21, and married men rather than single men. But as in all correlation other variables may be the cause of the relationship, and other factors such as the need to ‘man up’ during active combat may cause underreporting.

**Evaluation of the Methodology**

An advantage of using a prospective study is it looks into the future and can predict future health problems, which is a strength because it can be used to try to prevent health problems from arising by reducing stress levels. It does not look into the past, as accounts can be unreliable as memories are not necessarily accurate.

An advantage of using a correlation is there was a link found, and this is good because we can establish there is a link between stress and illness and help to cut down on stress levels for better well being. However, a disadvantage of correlations is they don’t imply one variable causes another, they just show a relationship, and this is a weakness because other extraneous variables may influence illnesses, such as onboard symptoms passing on from one officer to another making them ill. A disadvantage to using the self-administered questionnaire (the Schedule of Recent Experiences) was the participants may have chosen not to answer certain parts of it as they have personal issues, for example an upsetting death in the family or a recent divorce they do not want to disclose.

In ethical terms, a weakness of the methods used is that there was no informed consent from participants, breaking an ethical guideline as their illness records were a key part of the research and they did not know they were being used. This is a weakness because participants may feel anxious and annoyed that they were not told about personal