Occupationless Health

“Please never let it happen again”: lessons on unemployment from the 1930s

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We entered Marienthal as scientists; we leave it with only one desire: that the tragic opportunity for such an inquiry may not recur in our time.

These words were written by Austrian researchers who had spent months living and studying in Marienthal, a small steel town close to Vienna, where the closure of the steel works had meant that almost everybody was unemployed.^{1,2} Their study became a classic, and one of the main authors, Marie Jahoda, has now been granted her one desire—she now works at Sussex University. The Nazis did not like what she had to say about unemployment and burnt her book before they put her in prison. English Quakers, who knew her through her work, got her out of Hitler's prison before the war and brought her to Britain.

And it was, of course, the war that finally “liberated” Marienthal and the rest of Europe—and the United States—from the miseries of high unemployment, only to bring new miseries. But by the time Hitler arrived in Marienthal with his soup kitchens and promise of full employment the town had experienced nine years frozen into poverty and pointlessness. One of the questions that much interested researchers of the time, and presumably the political leaders, was whether prolonged unemployment would lead people into revolution or apathy. All the studies showed that apathy was the result.^{1,3}

In Marienthal, although the local library had abolished borrowing charges, the number of readers dropped with the length of unemployment, and even those who did borrow books read fewer than before. Subscriptions to newspapers, although offered to the unemployed at a reduced price, fell by 60%, and political organisations and clubs lost between one and two thirds of their members. Despite the flare ups in Handsworth, Brixton, Toxteth, Southall, Moss Side, Amsterdam, Berlin, Zurich, Frankfurt, Paris, and Lille,^{4,5} the picture is essentially the same today. An image that emerges time and time again from reading modern accounts of what it is like to be unemployed is of the unemployed man looking out of his kitchen window on to a completely untended garden. As Sinfield says, “Prolonged unemployment is for most people a profoundly corrosive experience, undermining personality and atrophying work capacities.”⁶

Here then is one lesson from the 1930s that is applicable today, but I want to try to draw out others from the mass of information that accumulated at that time.⁷ These lessons can seem particularly pertinent because many people are still alive now who can remember unemployment in the 1930s (see second box): many of them find things worse now than then.⁸ I am aware, however, of the

dangers inherent in trying to draw lessons from history (the past is easily arranged to suit one's fancy), but the proximity of such a vast and dreadful “natural experiment” makes it irresistible when many of the arguments on the effects of unemployment on health are unresolved.

Poverty, malnutrition, and means testing

More so than now unemployment in the 1930s plunged families into poverty—to the extent that “physical deprivation in food and clothing were the rule not the exception.”⁹ An average family in Britain with three children received 29s 3d unemployment benefit; food cost 20s 8d and rent 5s, which left 3s 7d for lighting, fuel, clothing, and cleaning—not enough.² Just as now, bigger families suffered more, and the same calculations for a family with six children resulted in a weekly deficit of 1s 11d.²

A working party of the Pilgrim Trust, which was chaired by the Archbishop of York and set up by him to look into the effects of unemployment (and an incidental “lesson” is that there is nothing new about radical churchmen), concluded that in November 1936 three out of 10 households of long unemployed men were living below a poverty line established by Mr R F George (partly from the British Medical Association's “minimum standards for food requirements”); 44% of these families were at or below “a bare subsistence level.”¹⁰ This means that they did not have enough money to keep adequately fed, warm, and clothed, and the working party describes a visit to a young couple without children in Liverpool: “It was snowing outside. The house could hardly have been better kept and both of them were neatly, though not at all flashily, dressed. Yet there was no fire, and so far that day (it was 3 o'clock) they had had nothing to eat, only cups of tea . . . the man said his wife ‘had something for the evening’ and that ‘they weren't starved, though sometimes they had to go pretty short. . . .’ The man's statement applies to hundreds of other young couples living in such circumstances. If he had had good employment, their income would probably have been twice what it was.”

The working party concluded, “There is little doubt that many unemployed men are undernourished,” and it also found that it was mothers who had the poorest diets—they made sure that their children and husbands got what there was. Other researchers found this at the time, and it still seems to be true today. Although most studies of the unemployed found evidence of malnutrition, the British government was arguing at the time that malnutrition was fast disappearing.^{10,11} Sir E Hilton Young, the Minister of Health, said in parliament in 1933: “There is no available medical evidence of any general increase in physical impairment, sickness, or mortality as a result of the economic depression or unemployment.”^{10,11} Sir John Boyd Orr, the distinguished nutritionist, in contrast, in his Chadwick lecture for 1934 estimated that there were 10 million underfed and two years later he upped this estimate to half the population.¹⁰

An even starker contrast is provided by the statements of Harry

The Jarrow Crusade 1936, and the People's March for Jobs 1981 at the same spot in Lavenden, Bucks (photograph and copyright Martin Jenkinson).

Pollitt, the secretary general of the Communist Party of Great Britain, in 1933 and Sir George Newman, the retired Chief Medical Officer in 1939.¹⁰ Pollitt said: "The stark reality is that in 1933, for the mass of the population, Britain is a hungry Britain, badly fed, clothed, and housed," whereas Newman took the view: "English people, on the whole, are today better fed, better clothed, better housed and better educated than at any time of which we have record: and they enjoy a larger life and opportunity than ever before." (The reference to English rather than British people is important because health was much worse in Scotland: infant mortality rate was a third higher.) Webster, who is my source for both of these quotes, has analysed the reasons for the gaps between the official and other views and concluded that the official data on nutrition are based on totally unsound foundations. Other con-

temporary historians take a different view, and one has suggested that "child health improvements in the face of interwar depression sheds some doubt on totally pessimistic accounts of living conditions."^{11 12} Thus the divisions of the 1930s continue today.

Something else that has contemporary echoes was the restricting of benefits. Fear of the means test of the 1930s still goes very deep in the labour movement and is one of the causes of strong left wing support for universal benefits. Webster describes the bureaucracy that came to surround giving free milk to mothers and young children: "Besides completing six separate forms, applicants were subjected to an inspection by a health visitor: recent pay tickets of husbands and birth certificates were examined; and corroborating information was sought from pensions offices and public assistance authority. . . . Applicants were submitted first to a means test and then to a medical test to confirm that milk was 'essential on grounds of health' in accordance with the procedure outlined in circular 185 (1921). Even if milk was granted each case would be reviewed each month."¹⁰

"Anaemia, neurasthenia, septic hands, boils, and skin troubles"

Just as today, the psychological health of the unemployed was more studied than their physical health, but none of the studies from the 1930s were capable of working out which came first—the poor health or the unemployment. For the vast majority of the studies did find that unemployment and poor health went together. Their other methodological weakness was they were unable to sort out how much of the poor health was related to poverty and poor housing, nutrition, and education—because even more than now the unemployed were concentrated among the poorer sections of society.

Several studies from the United States looked at physical health. Perrott *et al* found an illness rate among unemployed families 48% higher than in families with full time workers,¹³ and the United States national health survey of 1935-6 found much the same.¹⁴ Marsh in Canada compared the health of 1000 unemployed adults with that of 1000 employed men

and 270 unemployed youths by questioning and physically examining them.¹⁵ He also reviewed the health of 600 unemployed families. The unemployed, he found, were underweight, malnourished, had poor teeth, and suffered from gastric complaints and a variety of other illnesses, including tuberculosis and venereal diseases. Half of the members and all of the children under 5 in the 600 families were malnourished.

The working party of the Pilgrim Trust, while emphasising that "none of us had the medical experience necessary for a thorough study," also found poor teeth, malnutrition, and a variety of physical problems.⁹ It quotes the medical officer's account of four cases of men who had "gone to pieces" after several years' unemployment (see box) but found most problems among the wives of unemployed men. Among women there had been a "marked

(1) Man, single, aged 40. In normal health until unemployed. After four years' unemployment complained of choking and pains in the head, but specialist reported no lesion. Later developed alleged throat trouble, but again specialist found no physical signs. Finally, had severe stomach pains for which there was no organic explanation. Only psychological explanation adequate.

(2) Man, married (with family), aged 50. In normal health until unemployed. Developed constant aches and pains in head and became a chronic neurasthenic.

(3) Man, single, aged 22. Normal health until unemployed. Began to suffer from "vague fears" after period of unemployment. Was admitted to hospital. Neurosis diagnosed.

(4) Man, aged 39. Normal health until unemployed. Complained of severe abdominal pains for which x ray examination revealed no cause. Later developed other signs of neurasthenia.

Cases quoted by Dr J L Halliday in an investigation carried out in Glasgow and published in the *BMJ*.¹⁹

increase" in anaemia, neurasthenia, septic hands, boils, and skin troubles. Anxiety, the working party thought, was at the root of the "lowered vitality."

The report also quotes approvingly the work of Dr Singer, who calculated that there were annually 3200 excess deaths from puerperal disease because of the depression.¹⁶ This first ever "time series" analysis has since been severely criticised.¹⁷

A rise in maternal mortality

But undoubtedly there was a 22% rise in maternal mortality from 1923 to 1933, and this gave rise to considerable political debate and spawned several reports.^{11 18} These tended either not to consider or to deny the importance of unemployment and social conditions. Sir George Newman, the Chief Medical Officer, said in 1936 that "bad housing, slums, insanitation, domestic overcrowding, uncleanness, and poverty" had nothing to do with maternal mortality and morbidity: the problems, he thought, were ones of personal behaviour that "affected rich and poor alike."¹¹ Privately, Webster says, Newman accepted that these factors were important but he advised the department of health against investigating their importance because the findings would be embarrassing and would demand action beyond the means of the department.

Macfarlane and Cole have looked again at the maternal mortality data and, noting the inverse relation between mortality and unemployment rates in London, have concluded that two factors were at work: poverty and inadequate care caused high rates among poor women while easy access to risky medical interventions caused high rates among rich women.¹⁸

Psychological health

The working party of the Pilgrim Trust gave considerable space to the psychological problems of the unemployed and particularly to the work of Dr J L Halliday, a regional medical officer from Glasgow, who looked at 1000 insured sick men to discover why they were not working. His results, published in the *BMJ* of 1935,¹⁹ showed that a third of the cases had psychoneurotic problems, and by relating the level of psychoneurosis to the length of unemploy-

An unemployed man in the 1930s (copyright Hulton Picture Library). An unemployed man at the Tolpuddle rally in 1984 (photograph by Jenny Mathews, copyright Format).

ment Dr Halliday came up with a theory on the stages of unemployment: "... after falling out of work there is a short period of a sense of release (a holiday freedom); gradually anxiety and depression set in with loss of mental equilibrium: finally after several years, adaption takes place to a new and debased level of life, lacking hope as well as fear of the future." This "phases model" of unemployment—as it has since been called—chimed with the working party in trying to make sense of its information from the unemployed and is also discussed in the major review of the time of the psychological effects of unemployment—that of Eisenberg and Lazarsfeld.³

They found 112 references for their 1938 paper and wrote: "The general conclusion of practically all workers is that unemployment tends to make people more emotionally unstable... unemployment represents a personal threat to an individual's economic security: fear plays a large role; the sense of proportion is shattered—that is, the individual loses his common sense of values; the individual's value is lost in his own eyes and, as he imagines, in the eyes of his fellow men. He develops feelings of inferiority, loses his self confidence, and in general loses his morale."

Eisenberg and Lazarsfeld managed to forge some sort of consensus among the various writers who had written on the phases of unemployment: "First there is shock, which is followed by an active hunt for a job, during which the individual is still optimistic and unresigned. . . . Second, when all efforts fail, the individual becomes pessimistic, anxious, and suffers active distress; this is the most crucial state of all. And third, the individual becomes fatalistic and adapts himself to his new state but with a narrower scope. He now has a broken attitude." The phases model of unemployment is now rather out of favour,^{20 21} but Walter Greenwood describes the phases occurring in Harry Hardcastle in his classic novel on unemployment in the 1930s, *Love on the Dole*.²²

Responses

The 1930s can teach us a little about responding to unemployment. War led ultimately to virtually full employment, but before that there were various attempts to reduce the misery of unemployment. In many countries free food was distributed and secondhand clothing collected, but such endeavours could reduce only slightly the physical deprivation of unemployment. In addition, youth clubs were set up by political parties, trade unions, and voluntary organisations, but these provided neither economic independence nor a way forward.² In Austria a public works programme was set up in which young people were given food, clothes, and lodgings but not wages for a six hour day. The scheme failed not only because it was economically unviable but also because the young saw it as a form of conscription.²

In 1935 in South Wales a small group of Quakers started a scheme among unemployed miners that helped 400 voluntary members produce goods and services for their own subsistence but not for wages or for sale on the open market—as the workers continued to draw their unemployment allowance.² The member's purchasing power was increased by about a third so that the scheme did help to compensate for the economic loss of unemployment. But could it compensate for the psychological losses? It did provide a time structure for the day and widen social contacts, and the members learnt new skills—and enjoyed working above ground. The scheme was failing, however, when the war came, particularly among the younger members, because, Jahoda thinks, it did not provide two other important commodities that paid employment brings—status and a sense of sharing the larger purpose of society. Furthermore, the miners, although they were all socialists, were worried that they were being exploited by the Quakers.

The many studies from the 1930s thus show us that the massive unemployment that affected a quarter of the workforce in Britain led to poverty with malnutrition. As a group the unemployed had more physical and psychological problems than the employed, and the rise in maternal mortality and morbidity and the slowing in the fall in infant mortality may have been related to the economic depression. The studies of the time (and it is not so different now)

In an old fashioned parlour in a house in Sunderland, an elderly man reaches down a painted biscuit tin in which he keeps, not family photographs, but pictures of the people in Sunderland taken during the depression of the thirties. "I take these pictures out sometimes to remind other people. I don't need reminding myself. There's not a day goes by but what I feel bitterness and shame at what this country did to millions of its working people." The photographs, faded and cracked with age, fan out across the threadbare chenille tablecloth. He indicates a young woman with braided hair and a graceful plinth of neck. "She came from a TB family. You knew who the TB families were, you knew not to marry into them if you wanted your children to survive. She died when she was nineteen." There is a picture of a misty street, with a cluster of old men on the corner, hands in pockets, bodies arched against the cold. A man looks unsmilingly into the camera, flat cap, muffler parted to reveal collarless shirt. "He was a miner. After the General Strike, he never found work again. He cut his throat one afternoon in July 1931. I can remember it like yesterday. I came home from school and found him. He'd written a message on the looking-glass with a cake of soap, saying he was sorry. He was my father."

A council flat in the same town, October 1980. A young man with a beard, a few threads of silver in his dark hair, tries to pacify his nine month old son, while his wife, nineteen and pregnant with their third child, pushes her three year old out of the door on to the landing, and tells her not to come back until she is ready to say she's sorry. The child starts to scream, and the mother buries her face in her hands. The room is piled with washing, clothes, towels, nappies, and a few scraps of children's toys. The double bed and cot leave room for nothing but a sideboard, with a television standing on it. There is an electric kettle, a teapot, a pint of sterilised milk, a sugar bag, a sliced loaf and a tub of margarine. The young couple live with the girl's parents in their two-bedroom flat. The electricity has been cut off in their own house, the arrears of rent having reached over a hundred pounds. The husband went to London to find work, but was offered only low paid catering jobs, and could find nowhere for his family to live. He came back, even more heavily in debt, and with an even more overwhelming feeling of failure.

JEREMY SEABROOK, *Unemployment*⁸

were not rigorous enough to work out how much of the ill health was due to unemployment itself, how much to the unwell being more likely to become unemployed, and how much to associated factors such as poverty and poor housing. But the historical evidence shows clearly that the government tended to play down or even ignore much of the evidence associating poor health with unemployment. It was also unwilling to accept what has now become established beyond question (pace Mr Kenneth Clark, the last Minister of Health²³) that mortality varies greatly with social class. Another lesson is that attempts to provide the benefits of work through other institutions did not work well.

We must remember that there are considerable differences between now and 1930. Firstly, although there is extensive and increasing poverty in Britain, physical deprivation is not as extreme now. This might mean that the effects of unemployment on physical health could be lessened, but the effects on psychological health could be either lessened or increased. A second change, as Jahoda has said, is that the modern unemployed have spent more time in school (which does not necessarily mean that they are better educated).²⁴ Again this might reduce the harm done to psychological health because people will have more resources to cope or, alternatively, increase the harm because their aspirations might be greater and so their unhappiness with their limited lot more severe. Jahoda also thinks that the decline of the protestant work ethic, which held that hard work would bring salvation in the hereafter, may mean that people may be less concerned about being unemployed. I see little evidence for this—most surveys show that the unemployed want a job more than anything.

After his travels among the unemployed, during which he particularly sought out those who knew unemployment in the

1930s, Seabrook reached the melancholy conclusion that unemployment now is probably more damaging than in the 1930s.⁸ He does not dispute that material conditions have improved, but the destruction of working class communities and traditions together with the redundancy of many of their skills mean that working class unemployed are much more lost and alone than in the 1930s. This is particularly conspicuous among the young unemployed: "They have been nurtured in a closed world of material things brought to perfection, goods that cry their competitive desirability at them from the moment they are born. Their only business, it seems, is to yearn and strive for possession of them. . . . Nothing is demanded of the young but their continued passivity and quiescence. Nothing is asked of them. They seem to have no place in the world, except as obedient and abject competitors for all that is tantalisingly held out to them."

There is, too, the terrible feeling that unemployment may be for ever. And who can forget that it was world war that got rid of unemployment last time and the time before? The next world war may sweep away unemployment forever.

This is the third in a series of articles on unemployment and health.

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Medicolegal

Can't pay, won't pay

BY OUR LEGAL CORRESPONDENT

The possible inability of the defendant to pay may assume a new and greater importance for future plaintiffs seeking compensation for personal injuries. Sixty thousand writs claiming compensation for injuries caused by asbestosis led the Manville Corporation of the United States to seek bankruptcy. It is now operating largely for the benefit of claimants under the supervision of the court in what is known as chapter XI bankruptcy. The company estimates the total amount of outstanding claims at more than \$2500m—more than the current value of its assets.¹ Matters might have been worse for the claimants: the company might simply have disappeared in the sort of liquidation which leaves nothing for unsecured creditors.

Is this bizarre story relevant for Britain, where since the second world war fear of financial failure of the defendant has been one of the least concerns of personal injury plaintiffs? We have become used, for example, to the victims of traffic accidents being sheltered by a system of compulsory third party insurance without financial limit—widely and wrongly assumed to be matched by all English speaking countries. Moreover, individuals injured by illegally uninsured drivers will be compensated (if they can prove fault by the driver) by a fund set up by the Motor Insurer's Bureau.

In Britain, indeed, since 1946 probably not a single victim of medical negligence has failed as a result of the impecuniosity of the defendant to recover damages lawfully due to him. The state stands behind every medical or nursing practitioner in the National Health Service (with contributions where appropriate from protection societies), and private clinics and practitioners have always been

adequately insured either through protection societies or on the commercial insurance market.

The other side of the coin is that the availability of funds to compensate every accepted claim does encourage claims—particularly if there is a public impression that all or most will be settled for their "nuisance value." This is a problem faced by insurers in all fields. A company may estimate the cost of opening a file and corresponding with a claimant for a year or two at £250: on a short term view, therefore, the cheapest approach may seem to be to reply to the first totally unmeritorious letter with an offer of £100—but longer term considerations may suggest otherwise. Those longer term considerations usually lead to that testing of claims which causes some plaintiffs with good claims to accuse the medical profession of an obstinate reluctance to face up to its responsibilities.

Absence of insurance

Absence of insurance may be flaunted as a protection. In 1974 Dr James Rogers, of Joliet, Illinois, was annoyed by his insurers' settlement for \$1250 of what he considered an unmeritorious claim. He sued his insurers' lawyers for settling without informing him and was successful when he represented himself at the trial against them in Illinois Appellate Court.² Having cancelled his insurance in 1974, he subsequently defended four malpractice suits successfully. He