Occupationless Health

“What’s the point. I’m no use to anybody”: the psychological consequences of unemployment

RICHARD SMITH

The evidence from both the 1930s and from the 1980s is strong that most people’s mental health suffers when they are unemployed, although a few manage to benefit from the experience. Work matters greatly to most people, and, although sculptors and young parents may have different ideas, most of us when we talk about work mean paid employment. There is no satisfactory unifying theory on why work is important, but Freud claimed that work ties us to reality.¹ If we are not obliged to get up in the morning and apply ourselves to a job then we are in danger of being overwhelmed by fantasy or emotion. The unemployed broken hearted adolescent has time to dwell on her problems, while the girl working in the post office has to concentrate on her work.

Since Freud’s time much more research has been done on why work matters, and this will be discussed in the next article, but first I want to review the evidence that unemployment is harmful to mental health.

A wide variety of studies

Much of the evidence comes from work done in the 1930s, from individual case studies, and from literature and journalism: most spell out the destructive nature of prolonged unemployment. More recent evidence comes from descriptive studies that look at large groups of the unemployed, from “cross sectional studies” (where the health of unemployed people is compared with that of employed people), “longitudinal studies” (where a group of people are followed through a time that includes some of them becoming unemployed), and “aggregate studies” (which look at various measures—for instance, unemployment, admissions to mental hospitals, suicide, and mortality—in whole populations and then attempt to relate them using elaborate mathematical techniques).

In one recent survey of 954 men unemployed on average for five months a fifth said that their mental health had deteriorated since they lost their job.² They reported increased anxiety, depression, insomnia, irritability, lack of confidence, listlessness, inability to concentrate, and general nervousness. Most related these changes directly to losing their jobs, but, in contrast, 8% said that their psychological health had improved since becoming unemployed—almost always because they were free of the stresses of their paid jobs. Just under two thirds of the men described their health as excellent or good, 31% as fair, 8% as poor, and 1% as very poor. Another study of 1698 men who had been unemployed for a year produced similar results.³ For the first study the relation between self reported general health and length of unemployment was highly significant, and the health of those unemployed for under six

months was better than that of those unemployed for over six months. The second study also found a strong correlation between self reported health and duration of unemployment.

What do I eat? Eggs, chips, and beans and meat only on Sundays. I never go out, never see any friends, only ever see a convener from another plant who sometimes calls me up. Sometimes I think my brain is dying. I get depressed—sometimes I shout and bawl. I’m not going mental, but I feel I might like to damage somebody. . . .

What do I do with my time? Well, there’s the garden, but I’m not a gardener, I’m not going to garden for victory yet. I do nothing. I’ve got the tools you’d need for anything, but I never touch them. It’s very difficult to get motivated. I’ve got a lot to do, like redoing the kitchen, but I can’t.

A middle aged former machine tool engineer
quoted in *Wigan Pier Revisited*
by Beatrix Campbell.¹⁹

Mental health of the employed versus the unemployed

The next step from surveying the unemployed is to compare the health of the unemployed with that of the employed, and Warr has identified 28 of these cross sectional studies published since 1960.⁵ They show a strong association between unemployment and poor psychological health on 13 different measures (happiness, present life satisfaction, positive effect, experience of pleasure, negative effect, experience of strain, negative self esteem, anxiety, depressed mood, psychological distress, neurotic disorder, psychotic disorder, and suicide).

To look briefly at a study on psychotic disorder and unemployment, Jaco surveyed all the new cases of psychosis in Texas in 1951-2 and compared various of their characteristics—including employment status—with those of the whole population of the state.⁶ Among 10 758 cases 4455 (41%) were not in the labour force compared with 48% of the whole population and 814 (8%) were unemployed compared with only 2% of the population. This study cannot tell us whether the psychosis led to the unemployment or vice versa. Furthermore, any extrapolation from the Texas of the 1950s would be hazardous—but this study deserves a mention because it is apparently the only one of the relation between unemployment and psychosis. Although we can be confident that mental health deteriorates because of unemployment, we cannot be sure that it leads to psychosis.

One measure of recent changes in psychological health used in several of these cross sectional studies is the general health questionnaire (GHQ): it contains questions on lack of confidence, sleep loss through worry, recent experiences of strain, inability to

concentrate, feelings of depression, and a sense of worthlessness, and a score above 2 on the 12 item version means that a person has a moderate chance of being a psychiatric case. The table shows that many more of the unemployed than the employed score above 2.⁷

Proportions scoring above 2 on the 12 item version of the general health questionnaire

Sample	Proportion scoring above 2
163 unemployed recent school-leavers	54
78 unemployed men	62
399 unemployed men	60
954 unemployed men	58
87 unemployed disabled people	58
985 employed recent school-leavers	20
401 employees in a relatively untroubled organisation	15
103 employees in troubled organisations	25

A study in Australia used both the GHQ and examination by a psychiatrist to look at unemployed 16-24 year olds in Canberra.⁸ The questionnaire was given to 401 young people from a sample of 716 (22% refused to answer, the rest either got a job or were lost for administrative reasons). Just over half (56%) were thought to have probable psychiatric disorder—two to three times the rate in the Australian community and twice that expected among Australian general practice patients of the same age. A weighted subsample of 72 was then examined by a psychiatrist, and 47 were classed as cases; one was schizophrenic, 35 were depressed, and 11 were anxious. In 20 of these patients the onset of the severe illness came after unemployment and in the absence of any other severe stress.

These results suggest that unemployment may cause a deterioration in mental health, but they do not prove the case for two reasons. Firstly, the studies do not usually control for variables such as social class, income, educational level, and housing, all of which may be associated with mental health. Secondly, those with poorer mental health might be more likely than those with better health to lose their jobs. But this problem, which arises in all research on unemployment and health, can be answered by looking at longitudinal studies.

Following the unemployed

The eight longitudinal studies of how unemployment affected mental health show that unemployment leads to a deterioration in mental health and re-employment to an improvement.⁵ Warr is confident that the case has been proved—at least for men (the data on women are sparse).

One of the best known longitudinal studies, which also includes cross sectional data, is of young people in Leeds.⁹ The GHQ was given to 647 16 year olds just after they left school in 1978 and to another 1096 before they left in 1979. The two groups were then followed up twice—after roughly one year and 18 months. The study was only of those children who had fewer than two O levels (or Certificate of Secondary Education equivalents); about half of those in England who leave school each year would fall into this group.

The unemployed had a significantly higher score on the GHQ (between 13.31 and 14.88) than the employed (7.66-8.56), those in further education (8.3-9.81), or those in the Youth Opportunities Programme (7.7-9.3).

The results were also analysed by sex, ethnic group, and qualification, and, although girls tended to score higher than boys, and Asians higher than West Indians (who scored higher than whites), most of the variation in score was accounted for by employment status. The high score was likely to be seen in the unemployed regardless of sex, ethnic group, or qualifications.

The longitudinal data show that there was no significant difference in the score at school of those who were at the next interview employed (10.61) compared with those who were unemployed (11.36). Hence there is no evidence that those who subsequently did

At first it feels marvellous. It's as though you've left the rat race, you're not in it any more and you can look at it and wonder why people bother. You look at them setting off in the morning at 7.30 and coming back at night at half past five, and you think, "Why bother?" After a bit you get bored, and by the end of the first week you're bored stiff, and you realise you haven't a place in life. You're not contributing anything: you're not doing anything to help the community along. You're a drag on everybody else really. You're a drop-out.

An unemployed man quoted in *Workless*
by Dennis Marsden.

not get jobs had poorer mental health at school. But there was a significant increase between the score at school and the score at the next interview of those who were unemployed (from 11.36 to 13.55) and a significant decrease in those who had jobs (from 10.61 to 8.41).

The GHQ score of the sample as a whole was higher before the children left school than after. This may have been due to anxiety about entering the labour market at a time when recession was deepening and unemployment mounting—a hypothesis that fits with the score decreasing significantly in those who got jobs and with evidence from another study that scores fell sharply in those who had been unemployed when they got jobs.¹⁰ This hypothesis is also supported by British adolescents saying that they are more worried about unemployment than anything else, including nuclear war.¹¹

Banks and Jackson are cautious enough to conclude that their results are valid only for school leavers with poor qualifications in one metropolitan area. But, as Warr says, the evidence all points in the same direction, although some groups are much more harmed by unemployment than others.⁵

The pain of redundancy

One longitudinal study that started before people lost their jobs is well known because it was controlled,¹² but Cook and Shaper were not unfair when they described its methods as more interesting than its results.¹³ This concerned 113 men who worked in two American manufacturing plants that closed down—one in a city and the other in the country—and followed them from four to seven weeks before the plants closed until two years afterwards; 76 controls who worked in three manufacturing plants and one university maintenance department that were not closing were also studied. All the men kept a health diary. One of the measures recorded was the number of days out of 14 that the men "did not feel as well as usual," which the authors called the days complaint.

The days complaint score was significantly higher for the cases in the days leading up to the closures. The scores then fell significantly by four to seven weeks after the closures, at which time some of the men were unemployed and others had found new jobs (the authors do not give the exact proportions). By four to eight months after the closure, when again some men remained unemployed but others had entered new jobs, the scores again rose significantly, only to fall later as most men settled into new jobs. There was no correlation with age or education.

An analysis of the scores at times when men were employed compared with when they were unemployed showed no significant difference, and Kasl *et al* think that it is the changing of jobs that is more stressful than the unemployment itself. Indeed, they say that the score for men experiencing many changes (again they do not give numbers) was significantly higher than that for men experiencing few changes. The conclusion conflicts with more recent evidence. Kasl *et al* may have found different results because most of their men quickly got other jobs—a quarter immediately, another half in less than two months—and the average period of unemployment

was about 19 weeks. Probably both change in employment status and prolonged unemployment cause a deterioration in mental health.

Kasl *et al* concentrated in their study on eight men who were unsuccessful in finding stable jobs and discovered that they had high scores throughout the study. This, they suggest, was evidence that poor health was interfering with their ability (or desire) to find new work rather than vice versa.

A more recent study that followed closely the methods of Kasl *et al* produced different results: Grayson followed 310 men and women who lost their jobs when a large Canadian plant closed in December 1981.¹⁴ He surveyed them first in August 1981 and followed them up until February 1984. One big contrast with the earlier study was that although 58% of the employees unrealistically thought that they would find new jobs within three months more than 60% were still without work a year later. The unemployed men had a high level of stress in February 1982 and it stayed high, hardly changing at all, right through until February 1984; the pattern was similar for their wives. Again in contrast to Kasl *et al*, Grayson found that their health was worse than that of the employed at the time of the closure and it became steadily worse until February 1984.

Beale, a general practitioner from Calne, Wiltshire, has also found in a controlled study of the families of 80 men and 49 women who lost their jobs when a sausage factory closed in the town that consultation rates became significantly higher than in the controls from the time when the cases were told the factory was closing until two years after the closure.¹⁵ He suggested that the threat of closure may be worse than the event itself.

The phases of unemployment

Many of the descriptive studies carried out in the 1930s attempted to identify phases in the psychological changes associated with redundancy and subsequent unemployment. Fagin and Little carried on this approach in their study of 22 families in whom the male breadwinner became unemployed.¹⁶ Leonard Fagin is a psychiatrist and Martin Little a family therapist so not surprisingly they were struck with how similar these psychological changes are to bereavement reactions.

The first stage is a shock: nobody believes that it is going to happen to him. The next phase is one of denial and optimism, "the holiday feeling," but within a few weeks this gives way to anxiety and distress. In this stage men seek work with great energy, but repeated failures drive them into resignation and adjustment. But this is not a healthy adjustment: rather time drags, the day is empty, and the man's personality and relationships are corroded.

Sinfield, who has been studying and talking to the unemployed for more than 20 years, is not impressed by these descriptions of phases.¹⁷ He thinks that the experience of unemployment varies enormously depending on its length and who is unemployed, and

the enthusiasts for the phases model are seeing what they want to see. He is also impressed by how ignorant people are of the effects of unemployment until they lose their jobs: "It's changed my attitude to the unemployed. I used to think they were just skivers and was quite a lot against them, but now that I've experienced it, it's no joke, man."

Top: queue of unemployed people waiting outside a labour exchange in 1924 (BBC Hulton Picture Library). Below: a queue in Sheffield in February 1983 when about 1500 people applied for 50 jobs at a new restaurant (photograph by Martin Jenkinson).

Aggregate studies

The final category of studies on the effects of unemployment on mental health are "aggregate studies," many of them by the American sociologist Harvey Brenner. These use complex mathematical techniques to find correlations over long periods of time between measures of economic recession—including unemployment, growth, and inflation rates, and per capita real income—with measures of health—including mortality from various causes and

admission rates to psychiatric hospitals. To discuss the last, in his book, *Mental Illness and the Economy*, Brenner finds a very high correlation between economic activity and admission rates to mental hospitals in New York state between 1841 and 1971.¹⁸ Indeed, instabilities in the national economy are, he says, "the single most important source of fluctuation in mental hospital admissions." Increases in economic instability and unemployment led to sharp increases in mental hospital admissions, and "the single largest population which is at risk for intensive psychiatric treatment is the population whose way of life is threatened by temporary or chronic economic instability." In those 130 years there have, of course, been enormous changes in psychiatric practice, but these have not measurably affected the relation between economic instability and mental hospital admission rates except that the greater use of drugs and the growth of psychiatric treatment within the community may have meant that more people are treated under conditions of economic stress.

These aggregate studies tell us nothing about how economic instability may affect mental health, and they cannot prove that unemployment causes a deterioration in mental health. It seems to need to be endlessly repeated that correlation is not proof of causation. The studies cannot separate out the effects of unemployment from the effects of poverty, housing, social conditions, and the like, and nor can we know whether increased mental hospital admissions occur among the unemployed or those still in jobs which become more vulnerable and demanding during a recession. Indeed, Brenner has warned that we may miss large effects on health by comparing the employed with the unemployed because both may be experiencing the effects.

Conclusions

Whether Brenner's controversial studies are right (and the consensus among those who have been studying unemployment and

health for a long time seems to be that his methods are suspect even if his broad conclusions are right), the case has been made that unemployment leads to a deterioration in mental health. The next article will discuss the mechanisms by which it has this effect and will also consider who is most vulnerable to the misery of unemployment.

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MATERIA NON MEDICA

Nominative cases

During the first millenium persons' surnames frequently reflected their occupation. As time went on the spelling and original meaning of the name were often either lost or completely altered. A good example is the famous Scots scholar from Duns in Berwickshire known as Duns Scotus, who died in 1308. His followers were ridiculed by sixteenth century humanists and reformers as enemies of learning and so his name has given rise to our modern term "dunce" which is the exact opposite of what he was. How do authors arrive at names for the characters in their works?

The prolific French writer of detective fiction George Simenon used a telephone directory. Somerset Maugham occasionally not only described real people he met but even used their actual names. He met Miss Thompson, the prostitute in *Rain*, on a boat. On other occasions he made minor changes, as in *Ashenden* when he refers to the head of the Counter Intelligence Service as "R," whereas in actual fact the chief of M16 was always known as "C" whatever his name. The first head of M16 was called Mansfield-Cummings and the "C" is the initial of the second half of that name. With his tongue in his cheek Ian Fleming took his other initial "M" for the chief in his James Bond novels. Ian Fleming incidentally admitted using the name of an American ornithologist—James Bond—whose book *Birds of the West Indies* he had read before writing his first thriller, *Casino Royale*, in Jamaica in 1953. Fleming suggested that if the real James Bond discovered some particularly horrible species of bird he should christen it "Fleming." It was not until February 1964—a few months before Fleming's death—that they met at Fleming's house "Goldeneye." And 007? Kipling wrote a story called *Ought-Ought Seven* about an American locomotive: could that number have been either consciously or unconsciously in Ian Fleming's mind when he chose it for James Bond? (he was keen on unusual transport like the magical car in his book *Chitty-Chitty-Bang-Bang*).

Obviously every writer has his own pet method of arriving at names. Jonathan Swift is reputed to have seen the name "Gulliver" on a tombstone while staying at a hotel in Banbury next to the churchyard. Robert Louis Stevenson had racked his brains for a plot to form the basis of a story. One

night after thinking about a well known Edinburgh character called Deacon Brodie, who although a respectable cabinet maker by day was a burglar by night, Stevenson had a nightmare in which a person's appearance and personality alternated between good and evil at frequent intervals. The following day he is reputed to have dined at the top table in the Middle Temple Hall in the Inns of Court. The south transept window facing the end of the table at Stevenson's right hand side has coats of arms and famous benchers' names and details painted on its stained glass. On the top division of the leaded panes and second down on the right side, and adjacent to each other, are the coats of arms and details of Sir Joseph Jekyll and Sir Robert Hyde. Stevenson's problem was solved and one of the most famous novels of the supernatural was born.—JAMES M DUNLOP, district medical officer, Hull.

Is it hazardous to take propranolol (Inderal) (20 mg daily) on a regular basis to control paroxysmal tachycardia in a patient who suffers from moderate asthma? Is there an alternative treatment?

Great individual variation is found in blood concentrations of propranolol after oral administration; this is due to differences in first pass metabolism. But any therapeutic benefit must be unlikely with a dose as low as 20 mg daily. Generally, all beta blockers in any dose are contraindicated in patients with asthma. Some (not propranolol) are said to be cardioselective and have relatively little effect on the beta 2 receptors in the bronchi. Other types of drugs, however, may be used without risk of exacerbating asthma. More information is necessary on the nature of the tachycardia and on any underlying disease in the patient in order to make firm recommendations. Digitalis, verapamil, and disopyramide are useful in the common supra-ventricular tachycardias, and at least one of these may be used in most cases without causing obtrusive side effects.—D A CHAMBERLAIN, consultant cardiologist, Brighton.