**Youth and well-being: experiencing bereavement and ill-health in marginalised young people's transitions**

**Abstract**

Research that explores youth transitions, health, bereavement and well-being is rare. Rarer still is research that does this on the basis of long-term, longitudinal, qualitative research with socio-economically disadvantaged young people. This paper draws upon biographical interviews undertaken with 186 young adults in some of England's poorest neighbourhoods (in Teesside, North East England) to examine how experiences of health, well-being and bereavement interact with processes of youth transition and social exclusion. Depression was the most widespread health problem, arising from the multiple pressures and hardships encountered in contexts of severe socio-economic deprivation. Unpredictable 'critical moments' (e.g. of bereavement) were common and had unpredictable consequences for youth transitions. It is argued that research of this sort, particularly with a close, qualitative and biographical focus on 'critical moments', has value for research - about youth, health and well-being - that seeks to better understand how spatially concentrated, class-based inequalities are lived by young people and play out in their lives.

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> Health related behaviours are rarely considered as key strands influencing transitions through education, training and employment, household formation or transitions to independent living. Whilst for decades academics have drawn attention to the social inequalities of health, comparatively little attention has been given to the way in which health is a factor mediating inequalities of opportunity in education, employment and patterns of leaving home (Coles, 2000: 178).

**Introduction**

Coles is correct to highlight the limited attention given to the role of health in processes of transition and the shaping of inequality in the youth phase. Part of the explanation for this absence could be that, despite media panics about their risky, health-related behaviours (Robb, 2007), as a socio-demographic group young people are relatively healthy. Health inequalities are also less pronounced in this life-phase (West, 2009), showing themselves more clearly later in life under the influence of long-term, chronic health problems.

Possibly a more fruitful avenue for research about youth and health is via the concept of well-being, rather than in terms of inequalities expressed more narrowly as rates of mortality and morbidity. The concept of well-being has come to be widely used because of its perceived benefits over a traditional, individualistic medical model of health (Commission on the Social Determinants of Health, 2008; Crawshaw, 2008). The concept has faced criticism too (see Carlisle et al, 2009). For instance, it is said to offer an unobtainable vision of health (e.g. Lewis, 2001) and that, with its emphasis on social rather than biological aspects of health, it can be co-opted into a neo-liberal policy agenda that places greater responsibility upon individuals for their own health (O'Malley, 1996). Nevertheless, for us a key value remains in the potential for the concept to draw attention to how young people's well-being is shaped by the social contexts in which youth transitions are made. Our approach is

one that pays particular attention to how social structural inequalities, not (just) personal behaviours, impact on health and ill-health (Robb, 2007).

Although we have reported on aspects of our studies of youth transitions and social exclusion elsewhere (see below), this paper is our first concerted engagement with what they tell us about young people's experiences of health, well-being and bereavement. We argue that growing up in contexts of socio-economic disadvantage impact on young people's well-being and transitions to adulthood in complex ways, compounding processes of exclusion.

The paper is organised as follows. Firstly, the aims and methods of the *Teesside Studies of Youth Transitions and Social Exclusion* are described. This is followed by a discussion of the key findings of the research in respect of ill-health. Thirdly, the paper examines the prevalence and consequences of bereavement for young adults. Fourthly, the paper moves to a more general discussion of the role of 'critical moments' in the shaping of biographies. Finally we spell out what we see as the conclusions and contribution of the paper.

**The Teesside Studies of Youth Transitions and Social Exclusion**

The paper draws upon a series of three qualitative studies of the life transitions of young adults from Teesside, North East England (Johnston et al, 2000; Webster et al, 2004; MacDonald and Marsh, 2005). Supported by the Joseph Rowntree Foundation and Economic and Social Research Council, the research aimed to understand the lived realities of growing up in some of England's poorest and most deprived neighbourhoods and, from this empirical base, to assess critically theories and policies about 'the underclass' and 'social exclusion'.

A defining feature of the research has been its long and broad view of youth transitions. We used the sociological concept of 'career' (Becker, 1963; Coles, 1995) to explore how youth transitions are made in the interrelationship of individual decision-making (informed by young people's cultures and sub-cultures) and socially structured opportunities. A 'career' perspective illuminates the processual, longer-

term and multi-dimensional nature of young people's transitions to adulthood. The research concentrated on six careers: the move from full-time education into the labour market ('the school-to-work career'); the attainment of relative independence from family of origin ('the family career'); the move away from the parental home ('the housing career'); patterns of involvement in offending ('the criminal career'); drug-using behaviour ('the drug career'); and changing free-time activities and friendships ('the leisure career'). As well as experiences of place, these six 'careers' became the focus of lengthy, detailed, audio-recorded, biographical interviews (Chamberlayne et al, 2002). The projects were approved by Teesside University Research Ethics Committee and followed the BSA's principles of practice. Analysis followed standard qualitative approaches (Hammersley and Atkinson, 1995). Thematic coding categories were generated from interview transcripts so as to generate a comprehensive, representative and detailed grasp of young people's experiences and viewpoints by key themes *across* all individual interviews. In addition, because interviews were biographical in nature (enquiring about the past, the present and the imagined future), and we were able to re-interview some young adults (see below), longitudinal analysis of individual's life histories was undertaken.

The first two projects - *Snakes and Ladders* (Johnston et al, 2000) and *Disconnected Youth?* (MacDonald and Marsh, 2005) – conducted fieldwork between 1998 and 2000. They had a combined sample of 186 young adults (82 females and 104 males), aged 15 to 25 years, from the predominantly white, working-class population resident in these de-industrialised locales. Participants were mainly recruited via organisations (e.g. training agencies, young offender institutes, colleges) and via 'snowballing' from early interviewees. So whilst these samples cannot be claimed to be statistically representative of the population from which they were drawn we sought to cast our net widely so as to access as broad a range of youth experiences as possible. The central question for the third study - *Poor Transitions* (Webster et al, 2004) - was where earlier transitions led individuals in their mid-twenties. In 2003 we re-interviewed a purposive sample of 34 people, then aged 22 to 29 years, from the earlier studies. Recruitment was challenging but we regard these 34 people as being broadly typical of the larger, earlier samples (see Webster et al, 2004).

Findings of these studies in respect of employment, leisure, drug use, crime, family and housing careers have been discussed elsewhere (e.g. MacDonald and Marsh, 2002, 2005; Webster et al, 2004). We have not previously, however, presented any detailed analysis of these young adults' experiences of ill-health, well-being and bereavement. It will have been noticed that these topics were *not* prefigured as significant research foci. Nevertheless, in reading interview transcripts across the three studies it became clear that personal and family experiences of ill-health and bereavement were highly significant in young adults' (and our) attempts to make sense of their biographies.

**Ill-health, youth transitions and well-being**

Given the socio-economic situation of interviewees and the deprived neighbourhoods they came from, it should not have been surprising that ill health loomed large in interviews. In 2004 Middlesbrough, which contains our research neighbourhoods, was ranked 11th out of 354 local authorities for the proportion of the population living in the most deprived 10 per cent of wards in the country (IMD, 2004). 14 out of its 23 wards were ranked in the 10 per cent poorest nationally in respect of health and disability. Mortality rates by common diseases are significantly higher than the national average (e.g. deaths from lung cancer are 50 per cent greater) (Middlesbrough Primary Care Trust and Middlesbrough Council, 2006). Within Middlesbrough, rates of ill-health are even higher in the most deprived wards like those we studied.

*Reporting ill-health*

Across all three studies most interviews included discussion of ill-health, typically in response to questions about other aspects of interviewees' lives. Usually these experiences were conveyed as unremarkable and to be 'taken-for-granted' when they often struck interviewers as distressing or out-of-the-ordinary. This stoical attitude meant that interviewees only sometimes sought medical help and/ or applied clear definitions to their conditions. Together with the fact that we did not

purposively ask about health, suggests that experiences of ill-health and bereavement were underreported by research participants.

In respect of interviewees' parents (and step parents), congruent with the demographic profile, work-related incapacities and illnesses were often referred to (a legacy of Teesside's heavy industry) as were chronic health problems such as arthritis, respiratory disease and cardiac problems. Psychiatric conditions, particularly depression, seemed to be common amongst parents, particularly mothers. Alcoholism was mentioned as affecting several fathers and step-fathers. Several young people acted as carers for their parents, which limited their own opportunities, for instance restricting them to looking for part-time jobs (Cree, 2003).

Predictably, physical ill-health was less common amongst our interviewees than amongst their parents. A few reported injuries from accidents or playing sports. The exception was for those young adults who had sustained careers of dependent heroin use; physical ill-health was common for them. Framing young people's health experiences in terms of a wider notion of well-being allows us to see the damaging effects of social and economic disadvantage. This was particularly evident amongst those with long-term careers of problematic drug use and offending, interviewees for whom a literal understanding of 'social exclusion' best applied (MacDonald and Marsh, 2005). They told life stories of family estrangement, homelessness, imprisonment and failed opportunities; stories replete with feelings of harm, loss, guilt and sadness. MacDonald and Marsh (2002) argue that in this context it is possible to theorise the attraction of heroin, at least in part, as a form of self-medication to numb psychic pain and ameliorate 'ill-being' (Goldberg, 1999).

### *Depression and marginalised youth transitions*
Next we take the most commonly reported type of ill-health reported across these studies – depression – and explore how it can *arise from* and *impact upon* the difficult transitions made by young adults.

Hammen (1997: 56), reviewing numerous studies, concludes that 'poverty is associated with increased risks of virtually all forms of psychological disorder...also unemployment or employment in lower status occupations are typically more associated with depression'. She finds that rates of 'current depression are highest among those in their late teens and early twenties' (ibid: 45) and that depression is concentrated amongst 'women, the young and disadvantaged' (ibid: 57). The 'risks' she identifies perfectly match the socio-economic situations and age profile (at least at first interview) of our sample.

Comparatively, young men with apparent depressive conditions seemed more reluctant to label their condition as such. They presented a resilient face to the world (Frosh et al, 2002), particularly those whose engagement in the criminal economy encouraged 'harder' identities. Memorably - when we first met Max at age 24 - he told us that 'only stone-faced fuckers survive round here'. When they sought help men usually preferred the solace of friends and partners rather than health services. Max typified this attitude. Re-interviewed at age 28, he said he had coped with the general business of growing up in one of England's most deprived neighbourhoods, and the pressures that came with prolonged immersion in heroin-driven crime, with the help of his mates, 'by making myself out to be hard' and, by this point in his life, through the routines of employment. These staved off the psychological trauma of recent tragic losses. A car carrying his friends had crashed outside Max's house:

> The car burst into flames, upside down. There were six of them in the car. I was the first one there because it was right outside... Micky's sister was there, Sharon... Steven died. Wayne died. Sharon died. Smithy got burnt badly and another lad broke his arm...it was just bad, like.... I'm glad that I'm working and that now, because me head would be up me arse if I wasn't working, like...all the shit I've had in my life, my friends have got me through it. There's a lot of people who say 'have you seen a counsellor?' You know, with the crash? I'm like 'No, I don't fuckin' need counselling', you know what I mean?

Allowing for young men's reticence to name and report depression it was still the case that young women appeared to suffer from it more frequently (Brown and Harris, 1978; Hammen, 1997), to self-ascribe this label and to seek medical assistance. One key aspect of transition to adulthood is parenthood and for some women becoming a mother was related to depression. Typically, the identity of 'mother' was positively valued. Yet the incessant labour of motherhood – combined with restricted household budgets and social lives – sometimes ushered in periods of depression: 'I'm on my own constantly with the kids and they're just there and I've got to struggle through. I've been quite unhappy for a while now with me life…everyday just being the same' (Val, 22). Mothers, rather than fathers, tended to take day-to-day responsibility for children's well-being and this care-giving could have limiting effects on their own well-being and, practically, on engagement with employment. Sophie, 23, for instance, was sacked from her prospective bar job after she failed to arrive for her first stint because she stayed at home with her poorly baby.

Ill-health was strongly related, as 'cause' and 'effect', of the marginalised labour market experiences of research participants. Sickness or acute incidents could impact negatively on 'employment careers' and several interviewees described being dismissed from jobs subsequent to even short episodes of minor ill health. Employment accessed by these young adults was typically low paid, low skilled and, critically, insecure. Ill-health amplified insecurity and insecure working lives impacted negatively on well-being. The typical pattern was one of long-term 'churning' between low-level 'poor work' and unemployment; each was deleterious to psychological health but, importantly, so it seemed was their long-term combination (Shildrick et al, 2010). So, one source of depressive illness for young adults was the precarious 'poor work' they did; a fact increasingly recognised in public policy research in the UK (Baumberg, 2011). This is the sort of routinised, unskilled, sometimes physically demanding, often mentally stressful and always poorly remunerated work that might be expected disproportionately to generate ill health. Simon, 23, for instance, said of his time at a call centre: 'I had a tough time there. I was having panic attacks all the time so I wasn't there as much as I'd have liked to

have been. I think it was just due to the job, really'. Nor was this employment that was based on terms and conditions, formal or informal, which were notable for their fair or compassionate treatment of workers (e.g. paid sick leave was rarely available). They worked for employers that were as quick to fire as they were to hire. Here we might argue, then, that groups of young adults such as these confront *directly* inequalities in health because of their class position (Scambler, 2002). They are more likely to encounter work that *generates* ill health and face a stronger likelihood of speedy expulsion back to unemployment when they suffer ill health.

As we know, being *out of* work is also usually bad for people's mental health. Informants reported the well-established social-psychological problems that accompany unemployment (e.g. Kelvin and Jarrett, 1985). Chrissie (aged 25), for instance, had a chequered employment history of occasional shop work, frequent unemployment and participation in government schemes. She was receiving outpatient treatment for depression, presenting labour market marginality as causal:

> I'm suffering from depression, cos I've applied for loads of jobs and then you just don't get them, so you start feeling really, really low…your chances are getting slimmer and slimmer because you hear about people closing factories down and all them people are looking for work.

For several interviewees it was their perceived lack of value in the labour market that instigated, or compounded, feelings of low self-worth. We say 'compounded' because even though interviewees would sometimes directly refer to one experience as being causally most significant (unemployment for Chrissie and a tragic car crash for Max, above), reading life histories gathered over successive interviews suggested that a succession of troubles had led to their depression. For example, Chrissie also had been bullied persistently at school (and missed much of it as a consequence), had suffered from 'low self esteem' then too, that her mother had been 'mentally ill', that she had been placed in foster care in her youth and that her foster father had recently died of a heart attack. In other words, it is plausible that Chrissie's current depression results from a longer-run accumulation of negative

psychological experiences but most recently and obviously linked to her depressing encounters with un/employment.

Thus, social and economic disadvantage, as experienced during transitions to adulthood, had repercussions for young adults' well-being and depression was relatively common. Depression sprung from, and rebounded back on, different and often intertwined aspects of transition – the employment, family, housing, criminal and drug careers - pursued by young adults growing up in poor neighbourhoods. Perhaps even more striking, certainly in that it emerged unexpectedly from the analysis of interview transcripts, was the high level of bereavement suffered by these working-class young adults.

**Bereavement and youth transitions**

Ribbens McCarthy (2005), in a review of a sparse research literature on youth and bereavement, cites research by Harrison and Harrington (2001) that found that, by age 16, five per cent of secondary school pupils had suffered a bereavement of a parent or close friend. Other relevant studies suggest not dissimilar figures (Fauth et al, 2009), but these rise significantly when the loss of grandparents is added in. Taking the *Poor Transitions* study as a comparison (Webster et al, 2004), over half of our thirty-four interviewees reported the death of a significant person in their lives: that is, of a parent, sibling, partner, child or friend (this does not count the loss of grandparents). Many interviewees described multiple experiences of bereavement in their extended family.  Directly comparable figures are impossible to locate but our findings suggest an abnormally high rate of bereavement.

Typically these deaths were the result of chronic or acute illnesses but accidents (e.g. car crashes), drug overdoses and, most notably, suicide also took their toll on the interviewees' families and social networks. Carr (2002) notes the much greater prevalence of suicide amongst young people *and* amongst the lowest social class. In the *Disconnected Youth s*tudy one in ten (of the 88) interviewees reported the suicide of a close friend or family member. Whereas national suicide rates have been declining in all age groups this has not been the case for Middlesbrough where the

rate is 'more than 80 per cent greater than the national average' (Middlesbrough Primary Care Trust and Middlesbrough Council, 2006: 27). Locally, poor housing, unemployment, social fragmentation and living alone are identified as factors mediating between socio-economic status and suicide rates (ibid.).

Ribbens McCarthy (2005: 4) hypothesises that we would expect parental bereavement 'to vary significantly by social class and locality, with young people in deprived areas being more likely to experience such bereavement'. Fauth et al's (2009) examination of national survey data (comparing children who had lost a parent, sibling or friend with non-bereaved children) confirms this and shows the way that the likelihood of bereavement is just one aspect of wider disadvantage. They find that bereaved children 'tended to come from the most disadvantaged backgrounds' (p. 5) and to have parents who were more likely to have no qualifications, low incomes, financial crises, to be long-term unemployed or economically inactive, to have separated, or to have had mental or physical ill-health.

The preponderance of bereavement in the lives of our interviewees was striking. Yet perhaps even more striking was the unpredictable effects of bereavement on transitions and well-being; as shown in the cases of Martin and Micky.

### Martin: 'I want to succeed more'

Interviewed at age 20, Martin described how the suicides of his father and of a best friend two years earlier (both said to relate to depression associated with unemployment) had had a *motivating* effect on his outlook. Reminiscent of Max earlier, Martin found employment a boon in coping with bereavement, energising his work commitment: 'I've worked a lot harder since it happened - for my own good'. He also helped establish a youth group to improve local conditions for young people, to 'fight back and to try and put myself right'. Re-interviewed at 23, Martin had married his girlfriend and a combination of factors had led them to move neighbourhood. First was the perinatal death of his first child. His wife had become 'very severely depressed' (as his mother had been for some years, resulting in in-

patient psychiatric treatment). Martin and his wife's situation became worse because they lived in a rented flat in a tower-block that mainly housed noisy, sometimes violent, young people. Additionally, shortly before the death of their baby, Martin had been diagnosed with a serious, chronic illness: 'I was lying in the hospital bed and I burst into tears and thought "why has another thing happened to me?"' Again, though, his 'way of mourning' had been to 'immerse' himself in his job:

> …which is what I did when my Dad died. I had three days off and I was straight back to work. With Ben [his son] I had three weeks off, but personally – if it was just me – I would have gone back straight away. It's just my way of dealing with things.

Martin reflected on the different, 'positive' way that he had reacted to his losses, compared with others around him (his mother, wife and brother):

> I think it's made me a bit more… successful in trying to succeed a bit more. Because, I dunno, I was doing exactly the same job, but I've worked a lot harder since it happened. So I done it for me own good. I want to succeed more…My Dad was well known locally…I wanted to prove that other people in the family can do things, not only to myself but also to others.

### Micky: 'I just went off it' …and 'straightened myself out'

In comparison, Micky described an apparently more damaging reaction to bereavement. Micky's biography included long-term offending, repeat custodial sentences and problematic heroin use. Between first and second interviews (at ages 21 and 25), Micky's sister, and two of his friends, had been killed in a car crash (the one Max refers to earlier). In his view, this tragedy was pivotal in his descent back to drugs and crime, after a recent release from prison:

> *Micky*: They turned over and hit the tree and burst into flames.  Well, me sister and me best mates were in that and then since I lost them, I just went off it…I just started committing crime and all that again.

> *Interviewer*: Why do you think you went off it?
>
> *Micky*: Because of *it*, because I didn't think it was fair and all that crap…As soon as I got out [of prison], the accident happened. All that'd gone on. I done exactly the same thing - went back to jail, got out, done the same thing again, went back.

Conversely, the death of his mother, shortly before the second interview, had spurred Micky to break from his careers of crime and drug use. Another factor here was that he now needed to care for his father who suffered long-term illness: 'he's got arthritis, he's only got one lung and he's just had a triple heart by-pass'. He claimed to be keeping his promise to his mother to desist from drugs and crime:

> I've got out this time [from prison] and found out me Mam had cancer. I've got out, she passed away and there's *another* funeral…It's affected me in loads of ways. It's kept me off the drugs anyway, because I was a heroin addict… since this has happened, I've straightened myself out. It's had a massive impact, totally massive…there's been a lot of loss in the family. That's a big change. And the biggest change of all, this time I'm determined to stay clean and I know for a fact I will.

We have not presented the cases of Martin and Micky in order to highlight the seemingly extreme ill fortune that surrounded their lives. Their experiences did not stand out as *qualitatively* different from those of others and they show not only how bereavement could impact on well-being but also the complicated, different ways in which young adults reacted to similar 'critical moments' - and the consequences of these for youth transitions.

**Discussion: youth transitions, well-being and critical moments**
A central argument from our studies is that young people's transitions and outcomes are best understood holistically, with reference to the complicated, interdependent effects of multiple, parallel careers (employment, housing, family, leisure, drug-using and criminal careers in our research). This broad approach to transitions, coupled

with a longitudinal and qualitative perspective, reveals the complexity and flux of youth transitions in contexts of multiple disadvantages (MacDonald and Marsh, 2005).

Whilst youth transitions in general have become less straightforward and stable over the past thirty years (Furlong and Cartmel, 2007), instability and insecurity are likely to be most sharply felt by disadvantaged young people. UK research has charted extensively the restructuring of youth transitions, particularly the consequences for working-class young people (e.g. Jones, 2002). Within this literature - drawing on Giddens' earlier concept of 'fateful moments' (1991) - there has been some use of the similar concept of 'critical moments' (King, 2011), 'turning points' (Hodkinson and Sparkes, 1997) or 'wake-up calls' (Williamson, 2004). The best example has been the *Inventing Adulthoods* study; a qualitative, longitudinal study of youth transitions in contrasting localities (Henderson, et al 2007). In seeking to develop a biographical approach to youth transitions the researchers have provided the most theoretically sophisticated discussion of critical moments (see Thomson et al, 2002; Holland and Thomson, 2009). The empirical study demonstrated the different *types* of critical moments that affect young people, dependent on their socio-geographical location, and the greater preponderance of more serious critical moments in disadvantaged neighbourhoods. Here 'the harsher landscape' provided a 'higher incidence of illness, bereavement, and suicide' (Henderson et al, 2007: 88) for young people disadvantaged by class and place. Here too critical moments were more likely to be things that *happened to* people and less likely to reflect the active choices and agency of young people (in comparison to their 'leafy suburb' research site where, for instance, getting a car or passing the driving test were examples).

Certainly there was no shortage of critical moments identifiable in our interviews - and most occurrences of them certainly seemed to be ones over which young people had little control. Unlike Holland and Thomson (2009: 454), we have restricted our definition of them to events and experiences identified by informants, not by us as researchers, which they emphasised in seeking to explain the course of and changes in their lives to us. Some said they felt the power of these critical moments at the

time. For most, their significance was recognised only in retrospect in the narrative-telling of their biography. Many would be recognisable as 'serious life events' (e.g. parental separation, becoming homeless, losing a job) but some were more mundane, yet carried great subjective meaning. We were struck, for instance, by how often men in their twenties referred back to passing, derogatory comments of teachers ('you'll never get anywhere') as being significant in fixing a negative attitude to school, with implications for educational and employment careers.

Confirming the *Inventing Adulthoods* study findings in respect of disadvantaged neighbourhoods, a large proportion of the critical moments in our research were related to ill-health (their own or of those close to them) or bereavement. We have been less interested than the *Inventing Adulthoods* researchers in deciphering the extent to which the *making* of these critical moments reflected 'reflexivity and choice' as part of young adults' biographical 'projects of the self' (Holland and Thomson, 2009: 454). What has been more intriguing to us, than the unpredictability, frequency or variety of critical moments, was the *unpredictably of their outcomes*. With the benefit of 'hindsight and a longer perspective' Holland and Thomson (ibid., 461, our emphasis) note how they have now shifted their 'focus *from the critical moments* to the *young people's responses*, the resilience and resourcefulness they show in the face of such moments'. Holland and Thomson's (2009) refreshingly self-critical reflection on their developing understanding of critical moments raises further theoretical questions beyond the scope (and space) of our paper. For us, theoretically, critical moments have value in explaining the contingency of young people's lives and, for the purposes of this paper, they are one avenue through which we can explore how socio-spatial inequalities in health – for instance, that affect deprived, working-class communities – are met and lived by young adults as they make transitions to adulthood.

For some bereavement, for example, had a *clearly deleterious* effect on personal well-being and stimulated damaging behaviour. Allen's (2007) ethnographic study of young heroin users, for example, also found that bereavement (as well as childhood abuse) shaped later patterns of problematic drug use. Although they are unable to

demonstrate causality (and call for more longitudinal and qualitative research to explore this), Fauth et al (2009: 6) clearly document the associations between bereavement in childhood and youth and a multitude of other disadvantages and problems: 'bereaved children had experienced significant levels of stressful events in their lives'. Bereaved children were more likely themselves to have suffered serious illness, to have accessed mental health services and to have been looked after by the local authority, to have been excluded from school, to have displayed emotional or conduct problems.

Yet, in our study, bereavement was not straightforwardly linked to only negative outcomes. The pattern was more complicated than this. Rutter (2000: 390) reports that there is evidence of major individual differences in people's responses to comparable risks, arguing that it is 'crucially important to appreciate that the risk derives as much from the meaning attributed to the event as from objective qualities of the event itself'. Ribbens McCarthy (2007: 299) notes, however, that 'very little existing research has sought to understand young people's own understandings of bereavement' and that, in respect of the meaning and outcomes of bereavement, 'complexity must be acknowledged' (Ribbens McCarthy, 2005: 35). This complexity in outcomes after bereavement is likely to reflect a diverse range of factors, including psychological resilience. This itself can come from the 'steeling effects' of earlier traumatic experiences (Sandberg and Rutter, 2002). Indeed, a substantial body of research has now demonstrated the potential for 'adversarial growth' subsequent to traumatic episodes. Linley and Joseph (2004) review the associations (or lack of them) between a range of socio-demographic and personality factors and the possibilities that individuals will experience positive psychological development following a range of different types of traumatic event. On the face of it, Martin (above) would seem to have experienced this sort of 'adversarial growth', explaining his greater success in his employment *because* of the successive and severe hardships he had faced.

Certainly support from social networks is also likely to have an impact on the personal consequences of critical moments (Brown and Harris, 1978) but whether

this informal support is less or more likely to be available in deprived working-class communities is debatable (see Cattell, 2001; MacDonald et al, 2005; Ribbens McCarthy, 2005; Henderson et al, 2007; Olson et al, 2011). The sheer number of critical moments faced by young people, and how they are compounded by other pressures acting against well-being, is also likely to explain differential responses to similar events. Thus we agree with Holland and Thomson (2009: 458) that:

> Whether a [critical] moment is consequential can depend on the resources to which the young people have access, timing and coincidence. In practice it is the configuration and timing of these events that becomes significant, and the extent to which young people are able to respond with resources (which depends on material and structural aspects of their situation), and resourcefulness (dependent on the material, psychological and affective resources to which they have access).

The combination of these factors may well help explain the complexity of outcomes from critical moments that was evident in our study. Highlighting how bereavement impacted on wider well-being and transitions, critical moments could, for example, turn people *toward* crime and *away* from crime. Zack (24) said that 'the turning point' in his life was when 'my best mate hung himself'. He had now 'calmed down' and given up 'all sorts of mad stuff'. Stressing the need for qualitative research, Ribbens McCarthy goes on to argue that:

> ...in understanding statistical patterns in large data sets, it is difficult to take account of how young people themselves frame and understand a bereavement, but this factor may help account for the ways in which *opposite changes* seem to occur between different bereaved individuals (2005: 36, emphasis added).

Turning back to Micky's case, we would go further and highlight the 'opposite changes' bereavement provoked at different moments *within one biography*. The death of his sister, in his teens, catalysed his heroin use.  The death of his mother, in his twenties, spurred his desistance from crime and drugs. Micky's drug use and offending were not *caused* by the

bereavements he suffered, nor was their onset coterminous with bereavement (although this pattern did hold for some people). His engagement in both started before these losses. Overall, the steps towards, through and away from drug or criminal careers were rarely attributable to clear, single causes (in our interviewees' minds or ours) (MacDonald et al, 2011). Nevertheless, Micky was clear that the despair that he felt after the traumatic death of his closest friends and his sister was a key trigger for his escape into heavier drug use. This bereavement was a significant factor – within a typically complex bundle of influences on his well-being (e.g. earlier disaffection from school, engagement with 'street corner society', the absence of the disciplinary structures of secure employment, the ready and novel availability of heroin in his locality) - that helped explain one of his relapses to heroin and crime. Conversely, the later death of his mother became a critical catalyst for his determination to desist (again, framed by other influences such as age-related weariness with the cumulative hassles, risks and shame that comes with long-term drug-crime careers). MacDonald et al (2011) argue that the incidence and effects of critical moments such as bereavement – and how and where they sit biographically - might go some way to solving the criminological conundrum of why, when other factors are constant, some persist in offending when others desist. More broadly, analysing critical moments helped us understand the contingency, flux and unpredictably of youth transitions in shared conditions of risk and exclusion. Through attention to the role of critical moments – whether related to ill-health and bereavement or not - is one way, then, that researchers can avoid over-deterministic theoretical accounts of social exclusion or youth transitions, explore the agency of individuals as they actively negotiate their conditions of life and provide more convincing analyses capable of explaining individual difference in shared social and economic circumstances.

**Summary and conclusion**

We have described young adults' experiences of ill-health and bereavement in deprived neighbourhoods of England. Ill-health – their own and amongst their family, friends, partners and children – was commonly reported even though this topic did not feature in our research questions. Depression, in particular, seemed widespread. Ill-health related in complex ways to youth transitions, for instance emerging as both influence on and outcome of marginalised, 'churning' careers of

low quality employment and unemployment. Bereavement, too, seemed unusually prevalent in these young lives, often becoming a turning point in the experience and direction of youth transitions. The sheer preponderance of ill-health and bereavement is not, we think, down to Fate dealing these individuals a particularly bad hand. Rather, we have described how spatially concentrated, class-based inequalities are lived by young people and play out in their lives with consequences for their well-being.

The fact and social determinants of class-based inequalities in health are well-established (Graham, 2000; Marmot, 2010) as is how these may be compounded by area-based effects of disadvantage (e.g. Joshi et al, 2000; Exeter et al, 2011). Gatrell et al (2000: 156) argue, however, that questions about health inequalities still 'require more detailed exploration of the lives of individuals within particular localities'. We would claim this as our first contribution to knowledge. There has been very little research to date which has investigated closely the *experience* of these inequalities, and their impact on well-being and wider transitions, for working-class young adults in poor neighbourhoods.

Of course, the *potential* for working-class youth in deprived circumstances to face a greater risk of ill-health has been acknowledged, particularly on the basis of psychologically-oriented and other survey research (e.g. Chen and Hanson, 2005). Grant et al (2005: 4) write that 'poverty sets the stage for an extraordinary number of stressful life experiences' and that 'low-income, urban youth… are at heightened risk for a range of psychological problems'. As we have described, the participants in our study – people positioned at the bottom of the class structure living in some of the most deprived parts of England – were heavily burdened with the risks to health and well-being presented by class and place. Qualitative research with young people on these questions is sparse but the study closest in style to our own has reached similar conclusions. The *Inventing Adulthoods* study (Henderson et al, 2007: 98) found that 'simply living in and responding to cultures of poverty and violence serve to maintain levels of social and economic inequalities. Thus, further aspects of well-being (or ill-being), which include mental health in particular, can create or

accentuate existing inequalities in young people's life potential'. For young people, ill-health and bereavement are largely overlooked but important aspects of the processes whereby social structural and spatially patterned inequalities come to have reality and consequence.

Secondly, we hope that our article improves what Ribbens McCarthy (2007: 289) calls the 'inadequate' research literature on young people and bereavement: 'the theoretical issues raised by such experiences have yet to be considered within those more general sociological approaches that focus on youth'. In relation to questions about health more generally, we cited Coles' argument (2000) at the opening of this paper, that these are largely absent from the mainstream of youth research. Health in particular and well-being more broadly have not been investigated concertedly as factors that are shaped by, and which shape, patterns of youth transition and processes of social exclusion/ inclusion. By describing in detail the shape and significance of experiences of ill-health and bereavement we hope to have confirmed Coles' argument about the importance of these to youth transitions and to have provided some empirical substance with which to help cultivate this underdeveloped field of research.

Thirdly, methodologically, we think we have demonstrated the value of a qualitative, longitudinal, biographically-oriented approach toward this topic. What we see close-up in our interviews is how distal patterns and processes of health inequalities play out proximally in the lives of people in poor neighbourhoods. Larger-scale, survey-based approaches might be able to quantify aspects of health experiences in youth (as with the limited literature on the prevalence of bereavement) but they are less likely to provide the close-up attention to the complexity of young people's lives necessary to understand the meanings of such events and episodes (meanings that give them their effect). Our broadly-based qualitative interviews, that saw young people's lives in the round, allowed us to explore in detail how well-being was related to complicated, inter-linked and compounding processes. Cattell (2001) shows how the multiple problems that intertwine when people are trying to cope with poverty can lead to feelings of hopelessness and ultimately have a negative

impact on people's mental health.  Similarly in our research depression was rarely the outcome of one single factor – even if  interviewees would sometimes identify one event or experience as critical - but tended to result from a series of negative experiences (e.g. to do with school, un/employment, motherhood) that often stretched back to earlier years and rolled together into depression.  Gatrell and colleagues (2000: 166) argue that a qualitative approach 'enables us to understand how people exercise their agency: how they can attempt to resist the undermining effects of health-damaging social environments'. We agree and this is perhaps best shown by our final concluding point.

Theoretically, we have drawn attention to the significance of, and explored the role of, critical moments in processes of youth transition and social exclusion. Single events, exemplified by bereavement, could have dramatic repercussions, rippling through young people's lives with unpredictable consequences - but the force of critical moments often came from their combination with the multiple pressures on well-being of growing up in poor neighbourhoods. Critical moments proved influential in re-orienting life-styles and longer-term biographies but the direction in which a transition might be turned was hard to know at the moment of its occurrence. Better understanding critical moments (their advent and outcomes) is one avenue for exploring individual difference and agency  - in respect of well-being, the impact of well-known health inequalities, the shape of transitions, the experience of social exclusion - in shared contexts of social and economic disadvantage.

**References**

Allen, C. (2007) <u>Crime, drugs and social theory</u>, Aldershot: Ashgate.

Baumberg, B. (2011) 'Fit for work, securing the health of the working age population', <u>Employment Studies</u>, 13: 3-5, Brighton: Institute for Employment Studies.

Becker, H. (1963) <u>Outsiders</u>, Glencoe, Free Press.

Brown G. and Harris T. (1978) The <u>Social Origins of Depression,</u> Tavistock: London.

Carlisle, A., Henderson, G., and Hanlon, P. (2009) '"Wellbeing": a collateral casualty of modernity?' <u>Social Science and Medicine</u>, 69: 1556-1560.

Carr, A. (2002). <u>Prevention: what works with children and adolescents?</u> Hove: Brunner-Routledge.

Cattell, V. (2001) 'Poor people, poor places, and poor health', <u>Social Science and Medicine</u>, 52, 10: 1501-1516.

Chamberlayne, P., Rustin, M., and Wengraf, T. (eds.) (2002) <u>Biography and Social Exclusion in Europe</u>, Bristol: Policy Press.

Chen, E., and Hanson, M. (2005) 'Perceptions of threat; understanding pathways between stress and health in adolescents', <u>The Prevention Researcher</u>, 12, 3: 10-12.

Coles, B. (1995) <u>Youth and Social Policy</u>, London: UCL Press.

---      (2000) <u>Joined Up Youth Research, Policy and Practice</u>, Leicester: Youth Work Press.

Commission on the Social Determinants of Health (2008) <u>Closing the gap in a generation</u>, Geneva: World Health Organisation.

Crawshaw, P. (2008) 'Whither wellbeing for public health?' <u>Critical Public Health</u>, 13, 3: 259-261.

Cree, V. (2003) 'Worries and problems of young carers', <u>Child and Family Social Work</u>, 8: 301-309.

Exeter, D., Boyle, P., and Norman, P. (2011) 'Deprivation (im)mobility and cause-specific premature mobility in Scotland', <u>Social Science and Medicine</u>, 72: 389-397.

Fauth, B., Thompson, M., and Penny, A. (2009) <u>Associations between childhood bereavement and children's backgrounds, experiences and outcomes</u>, London: National Children's Bureau.

Frosh, S., Phoenix, A. and Pattman, R. (2002) <u>Young Masculinities</u>, Cambridge, Polity Press

Furlong, A. and Cartmel, F. (2007) <u>Young People and Social Change</u>, Maidenhead: Open University Press.

Gatrell, A., Thomas, C., Bennett, S., Bostock, L., Popay, J., Williams, G., and Shahtahmasebi, S., (2000: 156-185) 'Understanding health inequalities: locating people in geographical and social spaces', in Graham, H. (ed.) op. cit.

Giddens, A. (1991) <u>Modernity and Self-identity</u> Cambridge: Polity Press

Goldberg, T. (1999) <u>Demystifying Drugs</u>, Basingstoke: Macmillan.

Graham, H. (ed.) (2000) <u>Understanding Health Inequalities</u>, Milton Keynes: Open University Press.

Grant, K.E., Behling, B.S., Gipson, P.Y., and Ford, R.E. (2005) 'Adolescent stress: the relationship between stress and mental health problems', in The Prevention Researcher, 12, 3: 3-6.

Hammersley, M., and Atkinson, P. (1995) Ethnography, London: Routledge.

Harrison, L. and Harrington, R. (2001) 'Adolescents' bereavement experiences' Journal of Adolescence, 24, 2: 159-69.

Henderson, S., Holland, J., McGrellis, S., Sharpe, S & Thomson, R. (2007). Inventing Adulthoods, Milton Keynes: Open University Press.

Hodkinson, P. and Sparkes, A. (1997) 'Careership: a sociological theory of career decision making', in British Journal of Sociology of Education, 18, 1, 29-44.

Holland, J. and Thomson, R. (2009) 'Gaining perspective on choice and fate', European Societies, 11, 3: 451-469.

Johnston, L., MacDonald, R., Mason, P., Ridley, L. and Webster, C., (2000) Snakes & Ladders, Bristol: Policy Press

Joshi, H., Wiggins, R., Bartley, M., Mitchell, R., Gleave, S., and Lynch, K. (2000) 'Putting health inequalities on the map' in Graham, H. (ed.) op. cit.

Hammen, C. (1997) Depression London, Psychology Press.

IMD (2004) Index of Multiple Deprivation, London: Department of Communities and Local Government.

Kelvin, P. and Jarrett, J. (1985) Unemployment: Its Social Psychological Effects, Cambridge: Cambridge University Press.

King, H. (2011) <u>Young people's experiences of school exclusion</u>, Unpublished PhD thesis, York: University of York.

Lewis, G. (2001) 'Health: an elusive concept' in Macbeth, H. and Shetty, P. (eds) <u>Health and Ethnicity</u>, London, Taylor and Francis.

Linley, P.A., and Joseph, S. (2004) 'Positive Change following trauma and adversity: a review', <u>Journal of Traumatic Stress</u>, 17, 1: 11-21.

MacDonald, R., and Marsh, J. (2002) 'Crossing the Rubicon: Youth Transitions, Poverty Drugs and Social Exclusion', in <u>International Journal of Drug Policy</u>, 13: 27-38.

--- (2005) <u>Disconnected Youth? Growing up in Britain's Poor Neighbourhoods</u>, Basingstoke: Palgrave

MacDonald, R., Shildrick, T., Webster, C., and Simpson, D. (2005) 'Growing up in poor neighbourhoods', <u>Sociology</u>, 39, 5: 873-892.

MacDonald, R., Shildrick, T., Webster, C., and Simpson, M. (2011) 'Paths of exclusion, inclusion & desistance', in Farrell, S. et al (eds.) <u>Escape Attempts: Contemporary Perspectives on Life After Punishment</u>, London: Routledge.

Marmot, M. (2010) 'Fair society, healthy lives: the Marmot Review', http://www.marmotreview.org (accessed 23 July 2011).

Middlesbrough Primary Care Trust and Middlesbrough Council (2006) <u>Public Health Strategy</u>, Middlesbrough PCT/ Council.

Olson, B., Vincent, G., Hopkins, P., Pain, R., and Serafin, E. (2011) 'From "all that is around you is God" to "it's all bullshit": Young People, Spirituality and Wellbeing'. Growing up in Poor Places Conference, Edinburgh University.

O'Malley, P. (1996) 'Risk and responsibility' in Osborne, A., Barry, T. and Rose, N. (eds) Foucault and Political Reason, London, UCL Press.

Robb, M. (2007) 'Well-being', in Kehily, M. J. (ed.) Understanding Youth, Milton Keynes: Open University Press.

Ribbens McCarthy, J. with Jessop, J. (2005) Young people, bereavement and loss: disruptive transitions? London: National Children's Bureau/ JRF.

Ribbens McCarthy, J. (2007) '"They all look as if they're coping, but I'm not": the relational power/lessness of 'youth' in responding to experiences of bereavement', Journal of Youth Studies, 10, 3: 285-303.

Rutter, M. (2000) 'Psychosocial influences: critiques, findings and research needs', Development and Psychopathology 12, 3: 375-405.

Sandberg, S., and Rutter, M. (2002) 'The role of acute life stresses' in Rutter, M., and Taylor, E. (eds.) Child and Adolescent Psychiatry, Oxford: Blackwell.

Scambler, G. (2002) Health and Social Change, Buckingham: Open University Press.

Shildrick, T., MacDonald, R., Webster, C., and Garthwaite, K., (2010) The low-pay, no-pay cycle, York: Joseph Rowntree Foundation.

Thomson, R., Bell, R., Holland, J., Henderson, S., McGrellis, S., and Sharpe, S. (2002) 'Critical moments: choice, chance and opportunity in young people's narratives of transition', Sociology, 36, 2: 335-354.

Webster, C., Simpson, D., MacDonald, R., Abbas, A., Cieslik, M., Shildrick, T., and Simpson, M., (2004) Poor Transitions, Bristol: Policy Press.

West, P. (2009) 'Health in Youth', in Furlong, A. (ed.) International Handbook of Youth and Young Adulthood, London: Routledge.

Williamson, H. (2004) The Milltown Boys Revisited, London: Berg.