



Going for ‘the full monty’? Unemployment and mental wellbeing during times of recession

The effect of unemployment in times of recession on people’s mental health and wellbeing can be significant and long-lasting, research has found

‘**U**K economy in double-dip recession’, ‘Unemployment stands at 2.67 million, highest in 17 years’, ‘Europe crisis can drag UK in’. We have probably all come across these headlines in the news recently. At the same time another related issue hit the press, namely the controversies of the Government’s Work Programme. This is part of the Government’s Employment, Skills and Enterprise scheme, which is a ‘work for your benefit’ initiative for people claiming jobseeker’s allowance (Citizens Advice Bureau, 2012).

At the launch of the programme in June 2011, the then Employment Minister, Chris Grayling, said: “We want to establish a deal, where we will do our bit and get people ready for work and in exchange we will expect people to take up the work that is available. We are sending out a clear message: if you can work, and we can help you find a job, you must work.” (Department of Work and Pensions, 2011)

Compared to previous Government schemes, the Work Programme aims to provide tailored support for claimants, but also has a stronger system of sanctions, with unemployed people facing the risk of having their jobseeker’s allowance stopped or cut if they do not take part in it.

Overall, the Work Programme is underpinned by the economic view (called ‘supply side’ or ‘incentive’ theory) that high rates and longer spells of

unemployment are primarily caused by too generous social security benefits, in terms of monetary value and temporal length, and the availability of substantial ‘leisure’ time, which together make unemployed people’s situation better than being in paid jobs and so represent strong disincentives for them to re-join the labour market (Ervasti & Venetoklis, 2010).

However, what is the evidence at the individual level from studies that have explored people’s experiences of unemployment? What do unemployed people say about the financial impact of unemployment in their lives? How is their wellbeing and experiences of leisure time during unemployment?

This article will address these questions by reviewing the current literature on the relationships between unemployment and mental health and wellbeing and discussing the findings of a recent study undertaken in Bradford, West Yorkshire, on the experiences of people who were made jobless during the 2009–2010 economic recession (Giuntoli *et al*, 2011).

Unemployment, mental health and wellbeing

Almost a century of research on the effects of unemployment on people’s health has established a clear finding: unemployment is associated with poorer mental health and wellbeing defined as life satisfaction.

With regard to mental health, a recent meta-analytic investigation containing 237 cross-sectional and 87

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Target audience

- Professionals working with people who have mental health problems and are unemployed or trying to regain employment.

Take-home messages

- Unemployment can change people’s personal and social identities, in some cases for years after they regain employment
- There is a need to be aware of the effects of stigma; not only of unemployment, but also of depression associated with it.

longitudinal studies has found that the prevalence rate of psychological problems with potential clinical severity was more than double among the unemployed (34%) compared to the employed (16%) (Paul & Moser, 2009).

Research also indicates that unemployed people are two to three times more at risk of death by suicide compared to fully employed people (Gunnell *et al*, 2009). Unemployment has also been found to be one of the few life events – another is bereavement – that can change people’s life satisfaction set point (Lucas *et al*, 2004).

Set point theories suggest that life events can have a negative effect on people’s wellbeing, but, after an initial crisis, people return to baseline levels of wellbeing that are determined by personality factors. A 15-year longitudinal study of more than 24,000 individuals living in Germany found that, on average, unemployed people did not return to their original life satisfaction baseline even many years after they regained employment. This suggests that the consequences of unemployment do not necessarily stop immediately after regaining employment; they can last and manifest later on in people’s lives.

Despite such a body of evidence, there is not yet agreement in the literature on whether the relationship between unemployment and poorer mental health and wellbeing is causal, nor, among the supporters of the ‘causation hypothesis’, on the mechanisms that explain that relationship.

The causation hypothesis suggests that becoming unemployed can cause mental health problems and poorer wellbeing. Critics of this hypothesis suggest that the association between unemployment and poor mental health is explained by health selection factors: that is by the fact that unemployed workers already had prior mental or physical problems that made them more likely to become unemployed and then experience mental illness or commit suicide (eg. Lundin *et al*, 2010).

Nevertheless, several authors agree that, even after accounting for the link between prior illness and unemployment, a proportion of the association between unemployment and poorer mental health and wellbeing is causal (Gunnell *et al*, 2009; Wanberg, 2012). This has been demonstrated in studies that have explored the impact of job loss following factory closures or, more generally, episodes of mass layoffs, such as during economic recessions. In these cases, people from all walks of life and with all health statuses become jobless, so their experiences of lower mental health and wellbeing during or after their unemployment spell cannot be explained as a result of previous risk factors.

So, what are the mechanisms through which unemployment actually affects people’s health and wellbeing?

How unemployment gets under people’s skin

Explanations of how unemployment can cause poorer mental health and wellbeing have traditionally consisted of two models. The first, the ‘deprivation model’, focuses on the consequences of being out of paid employment (Jahoda, 1982; Warr, 1987). The second, the ‘time model’, suggests that unemployment duration

generates a range of consistent and time-based responses to unemployment that usually go from initial optimism to stress and anxiety to a final stage of depression and resignation (Fryer, 1985).

Both models have been criticised for depicting unemployed people as passive and implying that employment always meet people’s psychological needs whereas unemployment does not. This view disregards people’s own experiences of employment – for example in alienating and oppressive work environments – and unemployment, such as in cases of voluntary resignation from a job (Ezzy, 1993).

Moreover, some authors have pointed out that deprivation and time-based models overlook the effects on people’s mental health of the contemporary flexibility of job markets, which does not allow for a clear cut distinction between work, including all types of employment, and no work, including all types of unemployment (Dooley & Prause, 2004).

Therefore, it has been suggested to conceive employment status as a continuum, ie. from adequate employment to inadequate employment to unemployment, rather than as a dichotomy, ie. employed vs. unemployed.

Overall, these studies have found that the impact of inadequate employment (eg. involuntary, part-time or low hours, low-wage jobs) on people’s mental wellbeing more resembles unemployment than adequate employment.

A recent study on the impact of involuntary unemployment on the everyday life of people living in Bradford during the 2009–2010 recession (Giuntoli *et al*, 2011), used a theoretical framework that interprets job losses as status passages – ie. an individual’s movement into a different part of the social ladder. It suggests that their impact on people’s mental health and wellbeing depend on the direction of such passages – whether upward or downward – and their main properties, for example, their impact on people’s agency, personal and social identities.

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This is similar to the ‘employment continuum’ approach in that it acknowledges that different forms of job loss and pathways into unemployment (eg. because of ill-health, redundancy, retirement, leaving school, etc.) and out of unemployment (eg. satisfactory employment as opposed to various forms of underemployment) may lead to different forms of status passage and so affect people’s mental wellbeing differently.

The Bradford study consisted of 16 focus groups with participants who lost their job during the 2009–2010 economic recession. It involved 73 people of mixed ethnic background; 33 men and 40 women ranging from 17–62 years.

The study identified three main experiences that contributed to make involuntary unemployment a ‘divestment passage’ – that is an undesired, beyond control and downward passage that negatively affected the participants’ mental wellbeing:





- Reduced agency, which consisted of a diminished capacity to pursue one's goals and plans, whether short, medium or long-term
- Disruptions of role-based identities, which were a manifestation of personal identity crises and loss of time structure and motivation
- Experiences of 'spoiled identities', which manifested through 'unemployment stigma', 'welfare stigma' – the stigma experienced by those on unemployment benefits – and 'mental health stigma', the stigma experienced by those who experienced mental health problems during unemployment.

Experiences of involuntary unemployment during the 2009–2010 recession

Reduced agency

Often participants explained their experiences of reduced agency by comparing their current situation to mere 'existence', as opposed to 'real life'. Here they meant that, during unemployment, their main actions and goals were mostly satisfying basic biological functions such as eating and sleeping, without having the capability to engage with wider goals and life plans.

Reduced agency was mostly a consequence of two main outcomes of involuntary unemployment at a time of economic recession: financial strain and difficulties in finding a new job. In particular, financial strain manifested as a substantial loss of income that often led to significant, unpredicted and unplanned changes to the participants' lifestyles, such as the inability to afford running a car, paying the rent, paying bills, maintaining contacts with their social networks and, in some cases, buying fresh food.

"I've been unemployed since March, my biggest concern is financially and living 'cos jobseekers allowance is only £64 a week and my direct debits a month just for gas, electric all the rest of it is £104 right? And I get £130 a fortnight. So one fortnight £104 is put aside straight away and then I've got £26/£28 to feed myself." (Focus group with females aged 26–49).

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The stress caused by financial difficulties often led to further strain and stress in family relations:

"Me and my missus nearly split up over it 'cause of the lack of money, bills to pay [...] It were very hard. It puts a big strain on your family." (Focus group with males 18–25)

Disruptions of role-based identities

For many study participants work had a central role in building their sense of self, so the loss of their work-related social roles often yielded lower self-esteem and depressive symptoms.

"As a professional [...] somebody who has been earning good money and just suddenly you are unemployed, you've lost your dignity... You've lost your morale, sometimes you recline (sic) to depression." (Focus group with males aged 50–65)

Loss of one's work-role and lack of a 'fall back' role, such as being a parent or volunteering, were often conducive to losing time structure and routine to the day. These were reported as frustrating experiences that eventually affected the participants' motivation to get out of their home and to engage in social or other activities. Some study participants reported how such a feeling of lack of motivation and boredom degenerated into a pathological state that induced their loved ones to suggest they looked for psychological help.

"There were days when I didn't get out of bed and just days run into one when you're unemployed. You don't know what day's what. All you know is your signing day." (Focus group with females aged 18–25).

Overall, men were reluctant to talk to others about their stress and depressive symptoms because of pride, whereas women were more open to talk to relevant others to find relief from their stress.

R1: "I don't talk about my issues."

R2: "And the same with me."

R3: "You laugh it off, men don't talk as if they were going to break down in tears, we laugh it off."

R2: "We laugh it off."

R1: "Men always bottle things up."

(Focus group with males aged 50–65).

Experiences of spoiled identities

Becoming unemployed exposed the study participants to three forms of stigma: 'unemployed stigma', which was reported by the vast majority; 'welfare stigma', which those who claimed unemployment benefits spoke of; and 'mental health stigma', which was experienced by those who were prescribed antidepressants for their stress and depressive symptoms.

In particular, 'unemployed stigma' entailed a certain level of personal failing and having a diminished moral value. Often participants reported being stigmatised by close family members. So, while family members were often the primary source of material help and support, not all participants considered them a source of emotional support. Many preferred to talk about their problems with people outside their usual family and social networks.

"They were angry at me 'cause... well, my stepdad 'cause he was saying, you should be doing more to find a job and I was getting angry 'cause I was applying for jobs and not hearing anything back, so there was a lot of arguing then." (Focus group with females aged 18–25)

'Welfare stigma' entailed being considered as a 'dole dossier' – lazy and unwilling to look for a job.

I: "What's your initial experience of going to the Jobcentre the very first time that you had to go and sign on?"

R1: "It's embarrassing."

R2: "It is."

R1: "You feel like a proper dossier, putting it bluntly, that's what you feel like."

R2: "You feel like a liar."

R1: "That's how they make you feel as well."

R3: "The [Bradford] ones are worst aren't they? You've got to stand outside door and wait for

them to call your name, about 10 people at same time and they're shouting your name, you feel like a right tramp."

(Focus group with females aged 18–25)

Often the study participants, particularly older men and women, expressed reluctance to go to their doctor because they did not want to be prescribed antidepressants and therefore labelled as 'depressed', as this was seen as a source of stigma.

R1: "The last time I spoke to anybody they turned round to me and said you need to see a doctor, he says, because you look clinically depressed. And I said well you know what's he going to do, give me tablets? It's not going to help me. I said all they're doing is putting you into a label, they're giving you tablets [that] take all the emotion away and make you into a zombie, that's not what you want."

R2: "Worse thing you could do to yourself, start on that."

(Focus group with males aged 50–65)

the experience of involuntary unemployment challenged the participants' agency and their personal and social identities

Overall, the experience of involuntary unemployment challenged the participants' agency and their personal and social identities. Some participants found alternative ways to restore their identities, for example, through parenting or volunteering.

Others, to use the metaphor of the striptease act in the famous 90s movie about six unemployed steel workers in Sheffield, experienced the change as the 'full monty' of their personal and social selves, which significantly affected their mental wellbeing.

Conclusions

Many of the Bradford study findings are consistent with those of previous research on the impact of unemployment on people's lives. However, the interpretation of job loss as a status passage, which entails a focus on people's experiences of the passage and their personal and social identities, offered a unifying framework to understand both the intrapersonal and the interpersonal effects of unemployment on people's life.

Overall, research on people's experiences of unemployment shows that 'supply-side', 'incentive' theories of unemployment can offer narrowly-framed explanations that ignore the financial impact and the wider, social and emotional effects of unemployment on people's lives.

From a practitioner perspective, the Bradford study presented three main findings. First, the need to be aware of the issue of stigma, including practices that might generate embarrassment and reinforce stigma, for instance some staff members of Bradford Jobcentre Plus'

shouting out people's names on the centres' doorsteps.

Second, the need to reconsider the appropriateness of a medicalised approach to improve the mental wellbeing of involuntarily unemployed people. The sadness, pessimism and sense of failure associated with involuntary unemployment represent a normal reaction to 'abnormal societal conditions' rather than an abnormal reaction to normal circumstances, which would be indicative of clinical cases of mental health problems (Overholser & Fisher, 2009).

Consequently, interventions aimed at improving the mental wellbeing of unemployed people entail a combination of psychological approaches and social intervention strategies, for example, cultivating positive attitudes, realistic optimism, social competency and specific job retraining skills (Overholser & Fisher, 2009).

Third, the need to adopt gender-sensitive approaches to address gender differences in the coping strategies of men and women, with men being potentially less prone to talk to others about their stress and depressive symptoms. ■

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