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UNEMPLOYMENT, POVERTY  
AND  
PSYCHOLOGICAL DISTRESS

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**Christopher T. Whelan  
and  
Damian F. Hannan, Sean Creighton**



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## GENERAL SUMMARY

### *Purpose of the Study*

The primary objective of this study has been to examine "the human face" of unemployment. In order to do so it has been necessary to break down traditional disciplinary barriers.

### *The Context of the Study*

We have set out to assess the impact of unemployment on psychological distress but we also wish to address the more general issue of the mental health consequences of acute and chronic stress. This perspective directs attention to the underlying causal processes, highlights the impact of broader socio-economic conditions and facilitates the identification of vulnerable groups. In particular, we wish to connect our analysis of the consequences of unemployment to the wider issue of the impact of poverty.

### *Measuring Psychological Distress*

The measure of psychological distress we employ is the General Health Questionnaire (GHQ). The validity of the measure has been established on an international basis. The score on this measure can be thought of in two ways. It can be thought of as providing an estimate of degree of psychiatric disturbance. Alternatively choosing an appropriate threshold, it can be seen as permitting an estimate of the proportion of the population who would be thought to have a clinically significant psychiatric disturbance if they were interviewed by a clinical psychiatrist.

Viewed in terms of the latter conceptualisation just over one-sixth of our national sample of adults had scores that exceeded the threshold that leads them to being classified as a non-psychotic psychiatric case. This estimate is likely, if anything, to be on the conservative side.

Our findings relating to gender and marital status were consistent with those available from a variety of international studies. Women displayed higher levels of distress than men, with 19 per cent of women coming above the morbidity threshold compared to 15 per cent of men. In relation to marital status the most striking contrast is between married and single respondents of whom 15 per cent are above the threshold and those who are widowed or separated/divorced where the relevant percentages are 26

per cent and 37 per cent. While women score consistently higher than men the principal differences between males and females are found in the separated/divorce and widowed categories where women are twice as likely to be found above the GHQ threshold score.

The comparatively higher rates of psychological distress associated with lower status is one of the most consistently documented findings in the literature on psychiatric epidemiology. In our study the percentage located above the case threshold ranged from less than 1 in 12 of those in the higher professional and managerial class to just under 1 in 4 of those in the unskilled manual class.

Employment provides a variety of benefits both manifest and latent. Thus it is hardly surprising that unemployment has profound mental health implications. An analysis of variations in psychological distress by labour force status shows that the major contrast is between those at work or retired and all others. The favourable situation of the retired confirms the impression from earlier work. On the other hand, those in home duties have a 1 in 5 chance of coming above the GHQ threshold. This initial figure is influenced, however, by the separated/divorced and widowed female heads of households.

Focusing specifically on unemployment, we find that the unemployed are 5 times more likely than employees to be located above the threshold. There are some notable variations in that those seeking their first job are somewhat less likely to be distressed, while those on state training and employment schemes have levels of mental health comparable with employees. The impact of unemployment remains substantial even when we control for physical illness or disability.

#### *Vulnerability to the Impact of Unemployment*

In circumstances of large scale unemployment the issue of differential vulnerability arises. A variety of factors mediate the impact of unemployment. Its effect is particularly strong for middle-aged married men. These results can be interpreted in the context of employment commitment, financial obligations and ideological notions relating to appropriate gender roles.

Our results differ from those reported in earlier studies in showing a clear effect of being in employment for married women. One part of the explanation for this finding relates to the high level of unemployment in Ireland; employment has a particularly positive effect for women where their husbands are not at work.

More generally, it is necessary to take into account the joint effect of gender, marital status and employment status. The results we have

observed can only be understood if we take into account the manner in which pre-existing notions relating to appropriate gender roles mediate the impact of the labour force situation.

Unemployment has its greatest impact on the mental health of married men. But for women its effect is strongest for those who are single. Men at work or retired have the lowest distress scores, but men not at work or retired are most disadvantaged in terms of mental health. For married women we need to take account of the fact that being unemployed has a rather different meaning than in the case of married men.

Women at work have higher distress scores than men at work. It is not clear whether this arises from differences in their work situations or expectations relating to work and non-work roles. Overall women in home duties have particularly high distress scores. These are to some extent accounted for by the fact that a number of women are separated/divorced or widowed while others have husbands who are out of work. However, even when we allow for such factors, women in home duties continue to display lower levels of mental health than men or women at work. The results are consistent with arguments which stress the negative aspects of housework such as its unending and repetitive character, and the manner in which it can prevent women from pursuing avenues to self-development.

Our findings on the variations in the impact on social class are broadly consistent with those emerging from previous studies. Once again the level of unemployment is crucial here. Our results suggest that the poorer mental health of manual workers is strongly related to their higher probability of being unemployed, rather than to the existence of differential consequences of being employed or unemployed for blue-collar and white-collar workers.

Length of unemployment is positively associated with psychological distress with 55 per cent of those unemployed between three to four years scoring above the GHQ threshold; those who have been unemployed for more than four years though constitute a puzzling exception. It is unemployment *per se*, however, rather than length of unemployment or previous employment experience, which is the critical factor. The process thus seems rather different from that which has been suggested as most plausible in the case of physical illness.

An illustration of the cumulative effect of unemployment and socio-demographic variation is provided by the fact that among married men, urban, manual, unemployed respondents are almost ten times more likely to score above the GHQ threshold than rural, non-manual men who are at work.

When we turn to the impact of unemployment on other family members



it is clear that for married women a husband's unemployment is likely to lead to a substantial increase in levels of psychological distress. Indeed the major divide in relation to mental health is between those at work or retired or those whose husbands enjoy this status and all others.

*Poverty, Unemployment and Psychological Distress*

The relationships between unemployment, poverty, financial strain and psychological distress have been the subject of surprisingly little empirical research. Our approach combined information on income and life-style. With regard to the latter, our analysis demonstrates clearly that it is what we have called "primary deprivation", that is the enforced absence of socially defined necessities of a very basic kind, relating to food, clothing and heat which has the decisive impact. The number scoring above the psychiatric morbidity threshold rises from 1 in 9 of those living in households which are deprived of none of these items to over 1 in 2 for those who are members of households which suffer an enforced lack of six or more. A further illustration of the psychological consequences of extreme deprivation is provided by the fact that those who fall below our combined income/life-style poverty line have more than 1 chance in 3 of being located above the case threshold.

When we attempt to assess the impact of unemployment and poverty, it is important to remember that the separation of effects is somewhat artificial since unemployment is a major cause of poverty. Once again it is primarily current employment status rather than previous unemployment experience which is critical. The risk of poverty does rise gradually with length of unemployment. This finding makes less than plausible any explanation of the unexpectedly low levels of psychological distress found among those unemployed four years or more, in terms of participation in the black economy. Two possibilities remain, (i) the gradual emergence of coping mechanisms; or (ii) as we are more inclined to believe a tendency for our method of measurement to lead to a underestimation of the level of psychological distress experienced by this group. This arises, we suggest, because our measure requires respondents to assess whether they are experiencing certain psychological symptoms "more or less than usual". It appears that it is the long-term unemployed who are least able to cling to a concept of their "usual self" as being without symptoms.

Despite the scale of impact of primary life-style deprivation, unemployment has a striking effect even when we control for such deprivation. The effects of unemployment and poverty are cumulative, with the unemployed in poor households being 5 times more likely to be located above the psychiatric morbidity threshold than those at home or retired and living in

non-poor households.

The introduction of measures of degree of economic stress enables us to account entirely for the original relationship of social class to psychological distress and for some part of the marital status effect. Furthermore, for both their spouse's work status and their own work status, controlling for economic stress variables explains a great deal of the original relationship observed for married women. Thus being at work does have a positive impact for married women but the effect is mediated, to a substantial extent, by the role of employment in reducing economic strain. For married men, on the other hand, the loss of the employment role has a substantial effect which persists despite the introduction of controls for socio-demographic background, and economic stress and social support. Similarly, a husband's unemployment has no impact on mental health for those women in non-poor households. Thus while economic factors play an important role for married men and women, they are crucial for the latter, while for the former other factors such as the need to play the role of family provider and loss of valued non-material aspects of the employment role have persistent independent effects.

#### *The Role of Social Support*

Throughout our study we focus on the role of economic stress in increasing levels of psychological distress. We have found no evidence that vulnerability to chronic stress arising from social selection, as in the case of downward social mobility, plays a significant role.

Levels of social support vary across social groups. Such differences, however, are not crucial to explaining socio-demographic variations in psychological distress. We have, though, found clear evidence of the capacity of social support to buffer people, to at least some extent, from the negative effects of stress. The impact of economic stress on mental health is stronger under conditions of low support than of high support.

#### *Psychological Distress and Health Service Utilisation*

Our results confirm that almost 30 per cent of visits to GPs are made by people who are located above the psychiatric morbidity threshold even though they amount to only 17 per cent of the population. The same group is associated with 30 per cent of the prescriptions filled by the population covered by our study.

Even when we control for physical health, health eligibility category, Voluntary Health Insurance and socio-demographic background, respondents with scores above the GHQ threshold account for 1 in 10 visits to GPs and 1 in 14 prescriptions filled.

*Policy Implications*

Our study has shown the extremely substantial effect of unemployment and poverty on psychological distress. The extent to which the impact of unemployment is mediated by economic stress and deprivation varies by group. Economic factors are important for all groups but for married women their own unemployment, and that of their spouses, has its major effect on their mental health through the grinding consequences of poverty. For others such effects are added to by the damage to their self-esteem brought about by the fact that they are denied the opportunity to undertake roles which are deemed appropriate by the society, and are excluded from valued categories of experience which are associated with employment.

The fact that high levels of unemployment are likely to persist for the foreseeable future points to the need for not only the highest possible rate of job creating growth but also the development of systems of income support which allow the recipients the possibility of perceiving themselves, and being perceived by others, as making a useful contribution to economic and social life. Recent examples of moves in this direction in Ireland include schemes allowing certain categories of unemployed people to take up a part-time job; pre-retirement allowances for the long-term unemployed aged 60 and over; a scheme to encourage the unemployed to take an active part in voluntary and community work; and a scheme to provide educational opportunities for the unemployed.

Psychological distress arises from the loss of the employment role and/or the experience of a level of deprivation which by any reasonable standards must be judged to be extreme. The evidence clearly shows that a great deal of psychological distress could be ameliorated, in principle, by remedial action arising from social policy. Those who experience re-employment or are removed from poverty will regain their mental health. There is a great deal to be said for the argument that what is involved is "mental health" rather than "mental illness" in the sense that remedial action must take the form of changing the social circumstances of those affected rather than the provision of individual treatment or therapy.

Similarly, it is necessary to understand that the problems are national although they obviously have local manifestations. It is important to emphasise that the problems we are dealing with are not confined to particular areas, nor indeed are they even primarily urban. Over half those below our combined income/life-style poverty line are located in rural areas. The same is true of just under half those scoring above the GHQ threshold.

While the role of factors other than poverty and unemployment is

clearly secondary, our results do support that view that social support can play an important buffering role. Furthermore, the evidence on the relationship of social support to feelings of fatalism suggests the possibility of intervention which could ameliorate psychological distress through increasing self-esteem and altering fatalistic attitudes. The results of our study are consistent with the view that, while local action cannot in itself solve problems of poverty and disadvantage, it can make a significant contribution to strategies to combat disadvantage.

Social support, however, should not be seen as a panacea. Social networks do not exist in a vacuum, they need resources. The cost of financing interventions at national or local levels must be set against the costs currently associated with the consequences of unemployment and poverty, not just in terms of the scale of human misery generated but also of the extent of utilisation of health services.

The major factors involved in raising levels of psychological distress are the absence of jobs and a minimally acceptable standard of living. The most effective ways to increase self-esteem and feelings of personal control, and improve mental health, are to create jobs and remove people from poverty.

## Chapter 1

### *INTRODUCTION AND BACKGROUND TO THE STUDY*

Our objective in this study is to examine what has been described as “the human face” of unemployment. While studies of the impact of unemployment have been significantly influenced by the classic studies arising out of the Great Depression (Jahoda, Lazarfeld and Zeiss, 1933; Komarovsky, 1940), more recent work has closer ties to some of the concerns of psychiatric epidemiology and, in particular, to the issue of the relationship of social class to mental illness (Liem, 1987). This broader perspective on the consequences of unemployment for health directs attention to the underlying mechanisms, highlights the impact of socio-economic conditions and facilitates the identification of vulnerable groups and targeting of resources (Cullen, *et al.*, 1987). Our study adopts this perspective, in that while the nature of the data available to us will offer an unique opportunity to provide a description of the consequences of unemployment, our intention is to go beyond such description by providing an understanding of the nature of causal processes involved and the role of intervening factors.

Before dealing with the data sources on which our analysis is based, it is our intention to provide a brief outline of the major issues and methodological problems identified in the international literature and to situate our work not just in the context of this literature but also of previous work in Ireland.

#### *Unemployment and Physical Health*

While it seems plausible that unemployment leads to ill-health of a physical kind, when coupled with a low standard of living over a period, it is difficult to demonstrate this unequivocally. Cross-sectional studies have shown that in general unemployed people have poorer physical health than those who are in jobs (Warr, 1987, p. 202). It is not possible, however, from these results to establish the direction of causality unambiguously.

A major avenue of research has been through studies examining mortality data at the aggregate level as exemplified by the work of Brenner (1979, 1983). He has used such data to examine the relationship between unemployment rates and mortality rates in England and the United States. His conclusion that mortality rates were significantly related to earlier unem-

ployment rates has been used to support the view that economic recession causes death rates to rise. Conflicting results have been reported and the studies have provoked considerable controversy relating to methodological issues.

Of particular interest to us is the fact that, as Bartley (1987, p. 95) notes, Brenner laid special emphasis in his work in England and Wales on the differential impact of unemployment on different socio-economic groups. Underlying his work is a stress-related theory of disease aetiology. Thus severe economic loss and downward mobility could initiate patterns of interaction over years between disease processes and vulnerability to economic stress, producing a widening of socio-economic mobility differentials. Subsequent work has emphasised that unemployment is associated with a variety of other variables such as occupation, income and life-style which would be expected to be related to health. Thus a situation is created in which it is extremely difficult to disentangle the real effect of any single variable (Gravelle, Hutchinson and Stern, 1981; Stern, 1981, 1982).

These factors have led to a "poverty/malnutrition" theory being opposed to a "stress related" theory; where ill health may cause unemployment and/or where unemployment may lead to deprivation with consequent implications for health status. Bartley (1987, p. 97), however, cautions against too easy an assumption of spuriousness. The extent to which an illness will cause a person to be unemployed or unemployable will vary under different labour market conditions, and the burden of increased risks of unemployment are borne disproportionately by particular vulnerable groups. The fact that the causal processes, involved in the relationship between unemployment and pathological outcomes, may vary with the overall level of employment, is illustrated by the evidence relating to parasuicide. Platt and Kreitman (1984) show that at times of relatively low unemployment the relative risk of parasuicide amongst the unemployed is very high but declines with level of unemployment. This suggests a reduction in the impact of self-selection factors as the unemployment rate increases.

The results of the OPCS (Office of Population Censuses and Surveys) longitudinal study indicate that some of the excess mortality among unemployed men could have been caused by their socio-economic circumstances before unemployment, but that such factors alone cannot account for the higher levels of mortality of unemployed men and women married to unemployed men. (Moser, Fox and Jones, 1984). The same study has provided evidence that the effect of life circumstances rather than artifact or selection is a significant factor in the relationship between unemployment and mortality (Fox, Goldblatt and Jones, 1986).

Cook, *et al.*, (1982) stresses the dangers of an exclusive focus on current spells of unemployment. Socio-economic background, among other things, serves as a proxy for previous unemployment experience and current insecurities. Bartley (1988, p. 62) concludes that

whether or not it is a direct cause of life-threatening disease, unemployment appears to be an "indicator" of more general patterns of labour force participation in men which puts them at risk of a cumulation of disadvantages over time. Such a cumulative effect, with the fact that it operates only over the long term and that the experience of unemployment itself is not necessarily the only or the most harmful aspect of it, would seem to be consistent with most of the existing evidence on the health of the unemployed.

#### *Psychological Consequences of Unemployment*

In cross-sectional comparisons of people who at the time are unemployed with similar people who are in paid work the possibility arises that differences in levels of psychological distress, which have consistently been observed, may indicate the operation of prior characteristics independent of employment status (Feather and O'Brien, 1986; Vaillant and Vaillant, 1981). Once again the latter interpretation is clearly a great deal more plausible during periods of very low unemployment where personal characteristics might be thought to impede job-getting. When unemployment rates are high, however, it is more likely that the observed differences arise primarily from decrements in mental health occurring after job loss. (Warr, 1987, 1985).

Support for this argument is provided by evidence from the Dutch Study by Spruit, *et al.*, (1985) which excluded respondents who were identified as having prior health problems which might have led to their unemployment, and despite this control, found significant mental health differences between the unemployed and a control group of employees. Similarly, there is considerable evidence that unemployed people who regain a job show a rapid and substantial improvement in mental health (Jackson, *et al.*, 1983; Payne and Jones, 1987). Furthermore, a recent study has provided evidence that

far from impeding job seeking efforts, high distress was actually associated with a slightly increased likelihood of finding a new job over the one-year follow-up period (Kessler, Blake, Turner and Turner, 1989, p. 654).

Inferences about the psychological impact of unemployment have also been derived from an examination of the relationship between indicators of economic change and psychiatric hospital admissions as in Brenner's

(1973) study. Brenner found that admissions followed downturns in the economy by two to three years. Brenner's work has been criticised for failing to take into account changes in treatment availability (Marshall and Funch, 1979). More generally, Catalano and Dooley (1983) have pointed to the possibility that economic downturns may uncover existing cases as well as provoke new ones by imposing greater pressure on caretakers and increasing reliance on public facilities. The most reasonable conclusion seems to be that of Liem (1987, p. 324).

Although lacking in consistency in many details, these studies of macroeconomic change and psychiatric care are an important source of empirical evidence that the broad dynamic of labour-force participation is relevant to the psychological health of the society. They have also created the impetus for other research strategies better suited to understanding the direct experience of economic change.

Longitudinal studies make particularly clear the causal impact of unemployment and a variety of such studies have now confirmed this effect (Liem, 1987; Warr, 1987). One of the few studies to fail to observe a substantial effect was that of Kasl and Cobb's (1979) follow up of two plant closings. In this research blue-collar workers often reported their greatest levels of psychological strain before the actual lay-offs. Some of the strongest effects appear to result from anticipation of being laid off rather than the actual lay-off. However, median unemployment for the first year was 5½ weeks and a substantial number of workers were re-employed immediately following the plant closure. (Liem, 1987, p. 329). Thus rather than contradicting the other findings, this study simply highlights the importance of the economic environment in which job losses occur.

Thus a variety of studies, cross-sectional, macro and longitudinal, converge in establishing the causal impact of unemployment on psychological distress (Warr, 1987, Kessler *et al.*, 1987; Liem, 1987). We do not wish to deny that there are limitations associated with cross-sectional analysis. In fact, we are anxious, at a future date, to take advantage of the fact that a second wave of interviews with a sub-sample of respondents from the original enquiry has been conducted. The data available to us, however, do offer significant advantages. We are in a position to take into account the effects not only of unemployment but also of social class, income, and lifestyle, and the manner in which personal and social resources mediate between such factors and mental health.

This analysis can be conducted not just for the unemployed individuals but also for their family members. This is particularly important in view of the fact that

... although there is widespread recognition that unemployment



brings both economic and psychological problems to the people affected by it, consideration of the relationship between the problems is quite remarkably rare. (Kelvin and Jarrett, 1985, p. 18).

Such analyses can also make a significant contribution to our ability to choose between competing explanations of the nature of the relationship between unemployment and mental health.

#### *Research in Ireland on Unemployment and Psychological Health*

While there is now a substantial international literature on the impact of unemployment the evidence available for Ireland remains relatively limited (Carlson, Fellows and Maslach, 1989).

A national analysis of the psychological consequences of unemployment is essential because the:

effects of unemployment do not occur in a vacuum, but within particular economic and physical environments (Kelvin and Jarrett, 1985, p. 8).

Despite the creation of many thousands of jobs since 1958 unemployment levels have remained high by international standards. Unemployment in Ireland has been characterised by a high overall rate and a high level of long-term unemployment, which is reflected in a relatively long-average duration of unemployment. As economic conditions have worsened, not only has the Irish unemployment rate increased but so has the proportion of long-term unemployed. Currently, over 1 in 6 workers of the unemployed and nearly half of all registered unemployed males have been out of work for more than a year.

Irish unemployment rates historically have not been as high as might be expected, fluctuating between 5 and 8 per cent over the 1926-51 period. This was largely an illusion due both to high levels of emigration and also to the simple fact that such a large share of the workforce was made up of the self-employed. As this group has declined as a proportion of the labour force the overall rate of unemployment has come to reflect more fully the position of employees. Such rates have been much higher than the overall unemployment rate. Furthermore, unemployment has come to be concentrated in the working class: the level of unemployment among non-agricultural unskilled manual workers fell below 25 per cent at only one census since 1926, while for the upper middle class it has only once exceeded 3 per cent (Breen, *et al.*, 1990).

A group of Irish researchers have conducted a number of interesting and well designed studies exploring the impact of unemployment (Cullen, *et al.*, 1987; Ronayne and Ryan, 1989). Their work has emphasized the need to locate the impact of unemployment within the broader socio-economic context by taking into account not just the vulnerability of the

unemployed but also vulnerability to unemployment. The investigations of this group have provided evidence that unemployment is likely to be associated with a number of psychological stressors and with psychiatric morbidity. The heterogeneity of the unemployed at a time of large scale unemployment is emphasized, and attention is drawn to a need to examine the impact of mediating factors such as life cycle and economic strain. These conclusions are, however, based on relatively restricted samples in terms of size, age groups, location and method of selection. They cannot therefore offer an adequate basis for generalization regarding the mental health consequences of unemployment and poverty in Ireland. The national survey on which our own results are based is described in Chapter 2.

#### *Outline of the Study*

In what follows we will provide a detailed analysis of the impact of unemployment and poverty on psychological distress.

In Chapter 2 we describe the sample and the data on which our analysis is based.

The issues involved in conceptualising and measuring psychological distress and providing evidence for the reliability of the measure we employ are dealt with in Chapter 3. We will also document the overall level of psychological distress observed and proceed to place the basic social patterns of distress observed in the context of results from other studies.

Chapter 4 goes on to deal with the impact of unemployment, length of unemployment and previous unemployment experience, and provides an examination of variations in the manner in which unemployment is experienced. This is achieved through an analysis of the way in which social background mediates between unemployment and its psychological consequences, which illustrates the particular vulnerability of certain social groups. It is at this point that we will begin our analysis of unemployment on the family through an examination of the consequences of having one's spouse unemployed, and the rather complex interaction between unemployment, gender and marital status.

In Chapter 5 our focus is on the conceptualisation and measurement of income, life-styles, poverty and economic strain.

The manner in which economic resources mediate the impact of unemployment on psychological health is taken up in Chapter 6. Here we will draw attention to the fact that, while from a psychological point of view work is about a great deal more than money, to be unemployed is frequently to be poor (Kelvin and Jarrett, 1985). Our attention will be focused on the manner in which unemployment can produce a situation of chronic life strains which are detrimental to mental health. In this chapter

we also provide an initial analysis of the extent to which unemployment and economic deprivation have both related and independent effects on psychological distress.

In Chapter 7 we turn our attention to the personal and social resources which potentially mediate the relationship between unemployment, economic stress, deprivation and mental health. In particular, we will focus on the role of social support, both in terms of extent of contact and social integration and availability of instrumental and emotional support, and psychological resources in terms of feelings of mastery versus fatalistic attitudes.

The consequences of psychological distress for selected aspects of health service utilisation are documented in Chapter 8.

Finally in Chapter 9 we will draw our findings together and seek to spell out their policy implications.

## Chapter 2

### *SAMPLING AND DATABASE ISSUES*

#### *Introduction*

The Survey of Poverty, Income Distribution and Usage of State Services carried out by the ESRI in 1987 provides the database for our analysis. A detailed description of this survey is provided in Callan, *et al.*, (1989). Here we will content ourselves with a briefer discussion of key issues.

#### *The Sampling Frame*

The survey was designed to provide a national sample from the population resident in private households. The sampling frame from which the sample of names and addresses was drawn was the Register of Electors. The sampling was performed using the RANSAM programme developed at the Institute, described in detail in Whelan (1979). This implements a multi-stage random sample incorporating both stratification and clustering and giving each individual on the Register an equal probability of being selected.

#### *Fieldwork*

The survey was carried out by the ESRI's Survey Unit and panel of trained interviewers. All interviews were conducted through personal visits. The bulk of the interviewing took place between February and July 1987.

#### *Response*

The total sample selected was 5,850 households. Of these a total of 615 could not be contacted and 70 turned out to be institutions. This left an "effective sample" of 5,165 households. Of these 3,321 households, i.e., 64.3 per cent of the effective sample responded to the survey. Of the responding households, 27 were excluded due to missing information leaving a sample for analysis of 3,294 households.

The refusal rate at 24.1 per cent was somewhat higher than that found in most other Institute surveys, presumably due to the sensitivity of the subjects covered in the survey and the complexity of the questionnaires involved. The response rate is comparable with the two national Household Budget Surveys (HBS), carried out in 1973 and 1980 where the rates

were 57 per cent and 56 per cent of the effective sample respectively. As is the case with the HBS, post-sample correction through reweighting of the results is employed.

#### *Reweighting and Representativeness*

Non-response only introduces bias into the resulting sample if it is non-random. Where the extent of under-representation can be accurately measured it is possible to "reweight" the sample to correct for such biases by giving a higher weight to under-represent groups and a lower weight to over-represented categories. A reweighting scheme was developed to correct for identified biases based on the 1986 Labour Force Survey. The reweighting was based on four key variables: (i) household location (ii) number of adults in the household (iii) occupation of household head and (iv) age of household head.

Having carried out the reweighting the representativeness of the sample may be assessed by reference to data from a number of external sources. The results show a close correspondence between the sample results and those available from the 1986 Labour Force Survey, the 1986 Census and administrative statistics relating to receipt of social welfare payments.

#### *Content of the Survey*

The survey gathered a wide range of information through a number of different questionnaires for each household including the following:

- (i) For each household, one questionnaire covered household composition, including age, sex, marital status and inter-relationships of members, the nature of the accommodation, etc.
- (ii) For each individual aged 15 or over and not in full-time education, an individual questionnaire dealt with the respondent's income, savings and assets current labour force status and experience over years socio-economic background indicators of life-style and a measure of psychological distress.
- (iii) Where a full individual questionnaire could not be completed – because the person was ill, never at home or refused to co-operate fully, for example, an abbreviated questionnaire with key information on income and labour force status was filled in, either with the co-operation of the individual concerned or some other household member.
- (iv) For each farmer or farm operator, a separate farm questionnaire was used to gather information on output and activity levels and on direct and overhead costs.

Thus for each of the 3,294 households in the sample, a household questionnaire and an individual full or abbreviated questionnaire for each adult was obtained. Over 6,500 full questionnaires and about 1,650 abbreviated personal questionnaires were completed. The analysis that follows is based on the full questionnaires.

## Chapter 3

### *MEASURING PSYCHOLOGICAL DISTRESS*

#### *The Measurement of Psychological Distress*

Because "stress" and "distress" are phenomena studied by professionals from a variety of disciplines, it is hardly surprising that there is confusion about their "real" meaning (Pearlin and Schooler, 1978, p 4). Treatment of the concepts is of course constrained by the nature of the available empirical measurement. In our case we will rely exclusively on reported experiences of emotional upset as our indicator of distress, particularly those unpleasant feelings of which people are aware. Our measures of stress will focus on low incomes, life-style deprivation, poverty, and perceived economic strain.

Following Pearlin *et al.*, (1981, p. 337), the concept of stress may be best viewed as having three major conceptual domains: the *sources* of stress, the *mediators* of stress, and the *manifestations* of stress such as psychological distress. The main measure of distress we employ is derived from the General Health Questionnaire ("GHQ") in its 12 item format. This instrument was administered as part of the ESRI Survey of Income Distribution, Poverty and Usage of State Services. The GHQ was initially designed by Goldberg (1972) as a self-administered screening test for detecting minor psychiatric disorders in the community. It has been adapted by us for use with interviewers and the modifications this involves will be discussed later.

The items included in the measure are designed to give information about the respondent's current mental state. It is neither a measure of long-standing attributes of personality, nor an assessment of the likelihood of falling ill in the near future (Goldberg, 1972). It is most definitely not, however, a mere complaints inventory. It consists only of items that have been chosen from a substantial battery of items shown to discriminate between groups of respondents in terms of their likelihood of being assessed as non-psychotic psychiatric cases.

#### *Item Content and Scoring System*

The set of 12 items is made of 6 positive and 6 negative items as set out in Table 3.1. The negative items and the set of response categories are:

**Table 3.1:**

**GENERAL HEALTH QUESTIONNAIRE ITEMS**

1. BEEN FEELING UNHAPPY AND DEPRESSED?
2. FELT CAPABLE OF MAKING DECISIONS ABOUT THINGS?
3. FELT THAT YOU COULDN'T OVERCOME YOUR DIFFICULTIES?
4. BEEN FEELING REASONABLY HAPPY ALL THINGS CONSIDERED?
5. BEEN ABLE TO FACE UP TO YOUR PROBLEMS?
6. BEEN THINKING OF YOURSELF AS A WORTHLESS PERSON?
7. FELT ABLE TO ENJOY YOUR DAY TO DAY ACTIVITIES?
8. LOST MUCH SLEEP OVER WORRY?
9. FELT THAT YOU ARE PLAYING A USEFUL PART IN THINGS?
10. FELT CONSTANTLY UNDER STRAIN?
11. BEEN ABLE TO CONCENTRATE ON WHAT YOU ARE DOING?
12. BEEN LOSING CONFIDENCE IN YOURSELF?



- (a) lost much sleep over worry?
- (b) felt constantly under strain?
- (c) felt that you couldn't overcome your difficulties?
- (d) been feeling unhappy and depressed?
- (e) been losing confidence in yourself?
- (f) been thinking of yourself as a worthless person?

	<i>Not at All</i>	<i>No More than Usual</i>	<i>Rather More than Usual</i>	<i>Much More than Usual</i>
GHQ Score	0	0	1	1

The set of positive items and the corresponding response format are set out below:

- (g) been able to concentrate on whatever you are doing?
- (h) felt capable of making decisions about things?
- (i) felt that you are playing a useful part in things?
- (j) been able to enjoy your normal day to day activities?
- (k) been able to face up to your problems?
- (l) been feeling reasonably happy – all things considered.

	<i>More so than Usual</i>	<i>Same as Usual</i>	<i>Less so than Usual</i>	<i>Much Less than Usual</i>
GHQ Score	0	0	1	1

The original pool of GHQ items included a great many items dealing with traditional phenomena of illness such as "tightness or pressure in the head", "hot or cold spells", "perspiring a lot", "pains in the head", "feeling run down and out of sorts". However, these items were not among those which proved to be the most effective discriminators.

The conclusion seems inescapable. Although there may be strong theoretical reasons for measuring severity of illness in terms of the traditional phenomena of illness, many of the items that best define illness are inextricably connected with the patient's perceiving himself to be unable to cope with his problem and to deal with his social difficulties (Goldberg, 1972, p. 91).

Each item, as can be seen, consists of a question asking whether the respondent has experienced a partial symptom or items of behaviour. The four point scale may be scored in two ways. It can be treated as a Likert scale and be scored from 3 to zero. Alternatively, it can be treated as a bimodal response scale so that only deviations from normal are scored as pathological. This method of scoring has been called "GHQ" after the name of the questionnaire. It should be noted that respondents are asked

to compare the extent to which they usually experience each item in the present with the extent to which they usually experience it. The items stress the "here and now" and have the effect of giving prominence to symptoms at the expense of personality traits (Goldberg, 1972).

In order to make it possible for the General Health Questionnaire to be administered by interviewers it was necessary to introduce some changes to the combination of item and answer formats. The procedure adopted was intended to avoid grouping of "positive" or "negative" items or the need for repeated changes of response format. The approach taken was to divide the items into two groups of 6 using the response format:

*More so than Usual; Same as Usual; Less than Usual; Much Less than Usual*  
with items 3, 4, 6, 9, 11 and 12 and the alternative format:

*Not at All; No More than Usual; Rather More than Usual; Much More than Usual*  
with items 1, 2, 5, 7, 8, 10.

The shift to a format which allows for interview rather than self-completion has the significant advantage of avoiding difficulties arising from literacy problems. However, it does mean that in the case of items 1, 3, 6, 7, 9 and 11, the number of categories which indicate a pathological deviation from normal is reduced from 2 to 1. We will consider the implication of this for our findings below.

The nature of the GHQ response scale is such that it is possible that it may miss chronic disorders as a consequence of respondents answering "same as usual" for symptoms they have been experiencing for a long time. An alternative scoring system has been proposed which assigns a score of 1 rather than 0 to those replying "same as usual" to any of the negative items (Goodchild and Duncan-Jones, 1985). However,

.... loss of such cases is less than might have been expected on theoretical grounds since many patients cling to the concept of their "usual self" as being without symptoms (Goldberg and Williams, 1988, p. 20).

#### *Meaning of GHQ Scores*

A score on the GHQ can be conceptualised in two ways. If non-psychiatric disturbance is thought of as distributed throughout the population in varying degrees of severity then a respondent's score can be thought of as providing a quantitative estimate of degree of psychiatric disturbance. If such a continuum exists it follows that it is meaningless to ask what proportion of the population is psychiatrically ill (Goldberg 1972, pp. 87-88).

It is, however, proper to ask what proportion of the population would be thought to have a clinically significant psychiatric disturbance if they were

interviewed by a clinical psychiatrist even though the value of such an assessment will depend on the nature and reliability of the interview procedures (Goldberg, 1972, p. 3). If the results of a set of GHQ scores are compared with results of an independent psychiatric assessment it is possible to state the number of symptoms at which the probability that an individual will be thought to be a psychiatric case exceeds 0.5. This is called the threshold score.

The GHQ concerns itself with two major classes of phenomena, inability to carry out one's normal "healthy" functions and the appearance of new phenomena of a distressing nature. The items were chosen to differentiate psychiatric patients as a class from non-cases as a class.

..... thus they are concentrated on the hinterland between the two classes rather than ranging along the whole continuum between normality and severe disturbance (Goldberg and Williams, 1988, p. 5).

A recent study using the 12 item version of the GHQ on large samples of the Australian population has confirmed that these items are highly discriminant at or around the same degree of severity of psychiatric illness, rather than discriminatory between subjects at extreme positions on the dimension underlying the symptoms (Duncan-Jones, Grayson and Moran, 1986). It was also shown that while the 6 items dealing with healthy functioning are maximally discriminant at a rather less degree of severity than those dealing with abnormal functioning, all of them are optimally measuring over the range where the various criteria of psychiatric caseness are to be found (Grayson, *et al.*, 1987).

Goldberg and Williams (1988, p. 45) report an average correlation of .81 between the GHQ-12 and interview measures of morbidity, on the assumption that the interview measures have a reliability level of .92. If a threshold score is chosen for the GHQ, and the outcome of clinical interviews is predicted on the basis of this dichotomy, two types of errors can arise - "false positives" and "false negatives". The former are normal subjects wrongly identified as cases by the questionnaire while the latter are true cases which are not detected. The *sensitivity* of the index is the probability that a "true case" will be correctly identified, i.e., the extent to which true morbidity will be identified by the questionnaire. *Specificity* is the probability that a "true normal" will be correctly identified. Goldberg and Williams (1988, p. 54) report weighted average values from a range of studies employing the GHQ-12 of 89 per cent for sensitivity and 80 per cent for specificity.

Ideally, we would like to have validity coefficients relating to the Irish situation. However, the available evidence shows that the GHQ has been successfully employed in a wide variety of cultural settings and supports the view that at....

an undifferentiated level it would therefore appear that psychological distress has certain common features in widely different settings. Symptoms such as being unable to sleep because of worry, feeling under strain, being unable to concentrate and feeling unable to face up to one's problems would appear to be common to the human condition. (Goldberg and Williams, 1988, p. 5).

It remains true that it can be argued both from available data and from clinical experience that the distribution of psychiatric symptoms in the general population does not correspond to a sharp distinction between "cases" and "normals". Yet, as Goldberg (1972, p. 90) notes, even those community surveys, which have begun with a conception of continuum with infinite gradations between psychiatric illness and normality, end by choosing some threshold point on their continuum that separates cases from normals. The reasons for this are not hard to find: health care planners like to count people in need of care, epidemiologists like to compare notes and doctors like to treat cases. From this point of view, therefore, to the extent that the questionnaire score gives an assessment of a respondent's position on the proposed axis from normality to severe disturbance, it is giving a *probability estimate of the individual being a psychiatric case* (Goldberg, 1972, p. 90). In any event, the vast bulk of the conclusions we draw remain true irrespective of whether a dichotomous or continuous measure is employed. While our multivariate analysis will primarily involve the use of the 12 point scale we will also present results in a dichotomous form not just because of their intrinsic interest but also because it facilitates the communication of many of our more important results.

### *Reliability*

Before proceeding to examine the outcome of our application of the GHQ first it is necessary to consider the reliability of the measure. Fundamentally, reliability concerns the extent to which a procedure yields the same result on repeated trials. The measurement of any phenomenon always contains a certain amount of chance error. While repeated measurements of the same phenomenon never precisely duplicate each other, they do tend to be consistent from measurement to measurement. This tendency towards consistency found in repeated measurements is referred to as reliability.

By far the most popular measure of internal consistency is Cronbach's coefficient alpha which can be expressed as follows:

$$\alpha = N p [1 + p (n-1)]$$

where N is equal to the number of items and p is equal to mean inter-item correlation.

The interpretation of Cronbach's alpha is closely related to that given

for reliability estimates based on split – halves methods. Specifically, coefficient alpha for a test having 2N items is equal to the average value of the alpha coefficients obtained for all possible combinations of items in two half tests (Novick and Lewis, 1967).

Novick and Lewis have proven that, in general, alpha is a lower bound to the reliability of an unweighted scale of N items. It is equal to the reliability if the items are parallel, i.e., if responses to items differ only with respect to random fluctuations. Thus the reliability of a scale can never be lower than alpha even if the items depart substantially from being parallel measurements. In other words, in most situations alpha provides a conservative estimate of a measure's reliability. The value of alpha we observe is .82 and falls satisfactorily within the range found by other studies employing the GHQ (Goldberg and Williams, 1987, p. 23). In a fashion similar to other studies, principal components analysis produces one dominant factor accounting for 35 per cent of the variance.

The distribution of scores across the GHQ, as can be seen from Table 3.2, is markedly skewed with a heavy concentration of cases at 0. For the 12 item GHQ the normal threshold score for a case is 2 (Goldberg and Williams, 1988, p. 64). The percentage of respondents with scores above this level is 17.1. This level is consistent with results from large scale Australian studies (Henderson, Byrne and Duncan-Jones, 1981).

Table 3.2: *Distribution of General Health Questionnaire Scores*

<i>GHQ Scores</i>	<i>Per cent</i>
0	65.2
1	11.8
2	5.9
3	4.5
4	3.6
5	2.7
6	2.6
7	1.2
8	1.0
9	0.7
10	0.3
11	0.2
12	0.2

One possibility that we should consider is whether the changes we have made in the item-response format combinations have influenced the distribution of GHQ scores. The evidence provided by Goldberg (1972) indicates that the level of pathological response is marginally higher for the items where the format was changed. Our own results show that unchanged items are slightly more likely to provide higher numbers in the pathological categories. However, since the difference between the outcomes are very slight, such under-estimation is unlikely to be of substantive significance. The split half correlation coefficient sub-scale is .73

*The Impact of Social Background on Psychological Distress: A Preliminary Analysis*

As a prelude to our more detailed analysis it may be useful at this point to look briefly at the impact of some basic socio-demographic variables. Our objective at this point will not be to provide a detailed discussion of substantive results which will be more usefully done at a later stage but

- (i) to show that such findings are broadly consistent with the results of those contained in the literature on psychological distress and, more particularly, in the studies using the GHQ;
- (ii) to provide some broad parameters with which our more detailed results on the determinants of psychological distress can be located.

The first variable to which we will turn our attention is gender. One of the most consistent findings in the epidemiological literature is that women experience higher rates of distress and disorder than men (Gove, 1972, 1978; Dohrenwend, *et al.*, 1980. O'Hare and O'Connor, (1987) focusing on treated illnesses rather than psychological distress, have drawn attention to the distinctive position in Ireland where Irish resident rates in psychiatric hospitals, and all first admissions to all forms of psychiatric treatment, show higher male than female rates. This reversal, they argue, is connected to certain gender characteristics of males in rural areas which appear to render them vulnerable to institutionalisation in psychiatric hospitals or dependent on out-patient psychiatric services once mental illness, usually schizophrenia, is diagnosed. There is also evidence that certain characteristics of females in rural areas makes them less likely to look for or receive help from psychiatric services for depression. This they argued does not necessarily lead to the conclusion that Irish rural women enjoy better mental health than Irish urban women or women in other countries, rather that their learned social responses, for example pressure of role obligations, lack of recognition of their symptoms, make them less likely to seek treatment.

Our own findings are consistent with such general findings in that women's distress scores are higher; the difference, however, as can be seen from Table 3.3, is relatively modest with 19 per cent of women scoring

above the threshold compared with 15.1 per cent of men. This is not inconsistent with earlier findings from studies using the GHQ (Goldberg and Williams, 1988; Henderson, Byrne and Duncan-Jones, 1981).

Table 3.3: *General Health Questionnaire Scores by Gender*

	<i>Percentage Above GHQ Threshold</i>	<i>Mean GHQ Score</i>
Female	19.0	1.23
Male	15.1	0.99
Total	17.2	1.12
N	6,095	6,095
	Chi <sup>2</sup> = 16.1 p < .0001	Eta <sup>2</sup> = .003 F = 20.6 p < .001

The relative lower level of mental health problems experienced by married people is also a consistent epidemiological finding (Kessler and Essex, 1982). Our results are in agreement with this finding. However, as the results set out in Table 3.4 show, the primary contrast is between married and single respondents where 15 per cent are above the case threshold, and those who are widowed and separated or divorced, where the relevant percentages are 27 per cent and 39 per cent respectively. Again these results are in agreement with the results of previous work (Finlay, Jones and Barrett, 1977 and Williams, *et al.*, 1986).

Table 3.4: *General Health Questionnaire Scores by Marital Status*

	<i>Percentage Above GHQ Threshold</i>	<i>Mean GHQ Score</i>
Married	16.5	1.07
Separated/Divorced	38.6	2.41
Widowed	26.9	1.70
Single	13.9	0.93
Total	17.2	1.12
N	6,095	6,095
	Chi <sup>2</sup> = 79.8	Eta <sup>2</sup> = .015 F = 313 p < .0001

When marital status is broken down by gender as in Table 3.5 further interesting results emerge. Thus, while women display higher levels of distress irrespective of marital status, the principal difference between males and females is found in the separated/divorced and widowed categories. These results are similar to those found in the British Health and Life-Style Survey (Cox, *et al.*, 1987).

Table 3.5: *Percentage Above General Health Questionnaire Threshold Score By Sex By Marital Status*

	<i>Married</i>	<i>Separated/ Divorced</i>	<i>Widowed</i>	<i>Single</i>
	%	%	%	%
Female*	17.2	44.3	29.6	14.9
Male**	15.7	22.5	15.5	13.1

\*  $\text{Chi}^2 = 74.3$

p < .001

\*\*  $\text{Chi}^2 = 4.2$

p NS

Medical model explanations of gender differences in mental health, based on the disease process, are not particularly persuasive. Sociological explanations have largely revolved around the idea that women's social roles are more stress provoking than those occupied by men. There is evidence that women are not pervasively more vulnerable than men and attention is thus directed to the different roles they occupy. Gove (1972) argued that sex differences were related to the nature of married women's roles, with marriage being considerably more beneficial to men than women. However, subsequent research has suggested that risk of distress for women is higher than for men regardless of marital status (Thoits, 1986, p. 261).

In seeking a more general explanation of these findings Thoits (1986) has examined the accumulation of marriage and work roles for both sexes but could find no general explanation in terms of identity accumulation. Other attempts at more general explanations have focused on differential exposure to stress and vulnerability differentials (Kessler and Essex, 1982; Kessler and McLeod, 1984; Thoits, 1982, 1984, 1987). The former explanation suggests that men and married people are exposed to less stress while the latter suggests women and unmarried people are more vulnerable to stress because they possess lower levels of social and intrapsychic resources. As our analysis proceeds we will attempt to assess the value of such explanations by taking into account levels of economic stress, social support and



feelings of control. We will also however consider the alternative possibility that such a common source of explanation is inadequate and that it may be necessary to focus on the unique difficulties associated with particular constellations of roles. Such an approach would direct attention to the unique and burdensome roles occupied by women (Kessler and McLeod, 1984).

### *Social Class*

The comparatively higher rates of psychological distress associated with lower social status is one of the most consistently documented findings in the literature on psychiatric epidemiology (Kessler and Cleary, 1980). While early results using the GHQ were not entirely clear (Goldberg, 1978), a more recent large-scale survey reports a clear relationship between social class and distress (Hobbs *et al.*, 1985). Our results which are set out in Figure 3.1 and Table 3.6 are unambiguous. The class scale we employ is the Irish Census Based Social Class Scale (O'Hare, Whelan and Commins, 1991) with the modification that we have allocated married women living with their spouses to class categories on the basis of their spouse's occupation. There are clear and striking differences across the social classes. From Figure 3.1 it is apparent that only 8 per cent of those in the professional and managerial class have scores above the case threshold, this is true of 23 per cent of the unskilled manual classes. Similarly the results set out in Table 3.6 show the latter have GHQ scores almost three times higher than the former. The increase in psychological distress is fairly gradual across the class continuum but with some suggestion of a manual/non-manual divide. Again the alternative explanations of differential degrees of exposure to stressors and differential vulnerability have been forwarded to account for the relationship between social class

Table 3.6: *General Health Questionnaire Scores by Social Class*

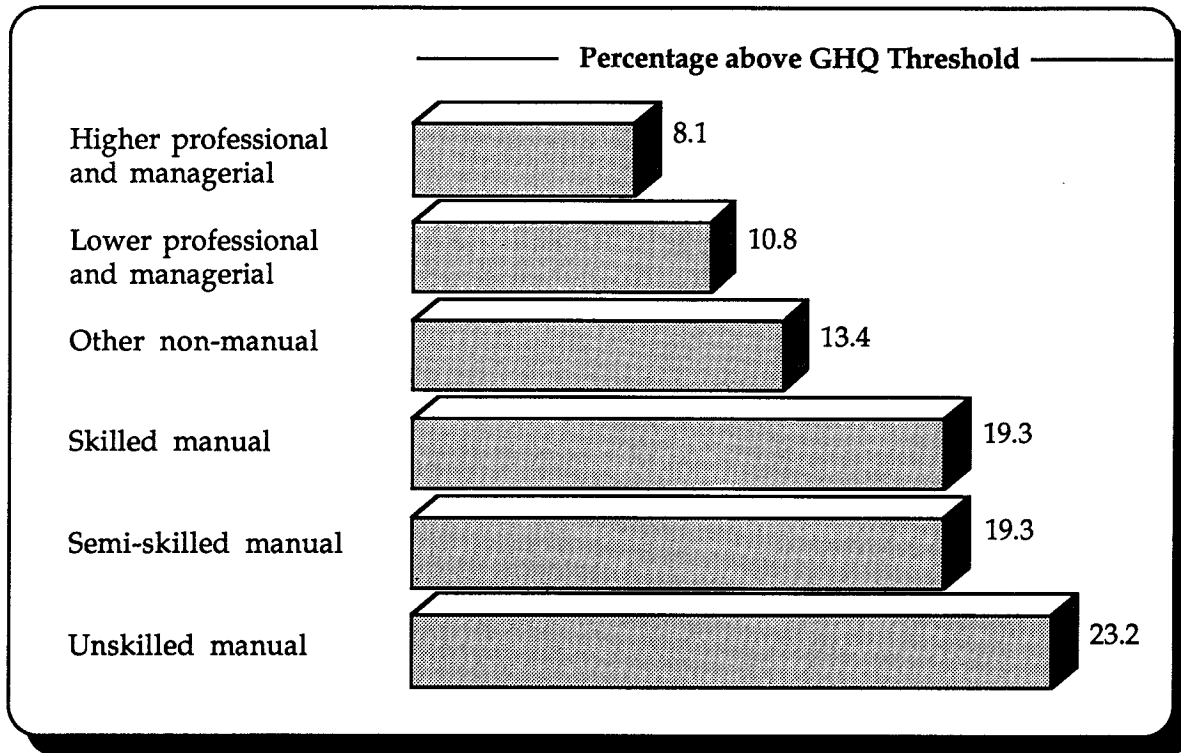
	<i>Mean GHQ Score</i>
Higher Professional and Managerial	.57
Lower Professional and Managerial	.72
Other Non-Manual	.86
Skilled Manual	1.19
Semi-Skilled Manual	1.26
Unskilled Manual	1.58
N	5,726

$\text{Eta}^2 = .023$

$F = 26.3$

Figure 3.1:

PERCENTAGE ABOVE THE GENERAL HEALTH QUESTIONNAIRE THRESHOLD BY SOCIAL CLASS



and psychological distress. Indeed a couple of the most influential articles in the literature opt decisively for the vulnerability explanation (Kessler, 1979; Kessler and Cleary, 1980). More recent work, however, has given considerably more emphasis to the role of economic hardship (Pearlin, *et al.*, 1981; Ross and Huber, 1985). We will return to this issue in Chapter 6.

#### *Urban, Rural Background and Age*

Finally, our results are consistent with other studies in finding little effect for age and a tendency, as shown in Table 3.7, for urban respondents to display higher levels of distress (Goldberg and Williams, 1988; Dohrenwend, 1983).

Table 3.7: *General Health Questionnaire Scores by Urban-Rural Location*

	<i>Percentage Above GHQ Threshold</i>	<i>Mean GHQ Score</i>
Rural	19.3	.99
Urban	15.2	1.25
N	6,070	6,070
	Chi <sup>2</sup> = 18.6	Eta <sup>2</sup> = .004
	p < .0001	F = 23.9
		p < .0001

At this point we have shown that the basic social patterns of distress found in our study are consistent with those to be found in the literature on community surveys (Mirowsky and Ross, 1986, p. 25). In order to move from demonstrating these facts to explaining them we will need to examine the extent to which such variations are associated with differences in levels of stress and coping resources. Before turning our attention to such issues, however, we will first examine the psychological consequences of unemployment.

#### *Conclusions*

In this chapter we have set out the rationale underlying the use of the General Health Questionnaire as an indicator of psychiatric morbidity. A review of the available evidence suggests the GHQ 12 item scale provides a measure which is both reliable and valid. Our analysis suggests that the changes we have made involving the response format will, if anything,

lead to an underestimation of the percentage of individuals who will be classified as probable cases. It is of particular interest in view of our concern with the impact of unemployment and poverty that the items which emerge as the most powerful predictors of the likelihood of being clinically assessed as a non-psychotic psychiatric case are those relating to an individual's inability to cope with problems and to deal with social difficulties.

Our preliminary analysis shows the expected variations in levels of psychological distress by gender, marital status, social class and urban-rural location.

## Chapter 4

### *UNEMPLOYMENT AND PSYCHOLOGICAL DISTRESS*

Employment involves a voluntary but institutionally regulated contractual exchange. Work is an activity for a purpose beyond the pleasure of its execution. Work can take many forms outside employment including housework, voluntary work, repair work and roles such as marriage and parenthood which involve work (Warr, 1984b). The unemployed are not workless but have their entailed work altered and have their resources to deal with their remaining work obligations reduced (Fryer and Payne, 1986).

There is a widespread belief in Western society that paid employment is a necessity and there is no doubt that most adults want to "work" in the sense of having paid employment (Warr, 1984a). Of course, many people are willing to make exceptions to the view that work is necessary, most notably in the case of married women and, in particular, those with young children. This ideological background provides the context in which evaluations of the impact of unemployment must take place. Jahoda (1981) has drawn upon Freudian notions to argue that work is a person's strongest tie to reality. In this formulation work need not necessarily be pleasurable to be beneficial; it has links with the environment which are crucial. Other employment roles may provide such ties but they come together in the employed role in a particularly powerful combination.

The available evidence suggests that the principal material and psychological benefits derived from a job may be summarised as follows: (Warr, 1984, p. 414).

1. *Money*.
2. *Raised activity level*: employment permits the exercise and development of personal skills and the establishment and attainment of realistic goals.
3. *Variety*: without paid employment a person's behaviour and environment are likely to be relatively restricted. This arises both directly because of the exclusion from the work environment and indirectly through the withdrawal from activities due to financial restrictions.
4. *Temporal structure*: occupational tasks and routines divide time into segments each with its own segments and its own built in structure and goals.

5. *Social contact*: paid employment gives access to a range of social contact and shared ideas and experiences which are not necessarily related to a work task.
6. *Personal identity*: The employed person is in general valued within society, paid work often being seen as a morally correct activity. At a more specific level particular occupational roles can contribute in important ways to personal identity and self-perception.

Warr (1984a, p. 425) suggests that psychological well-being is negatively affected by unemployment, because in addition to experiencing the loss of the psychological and material benefits offered by employment the characteristics of the role of being unemployed are taken on. Unemployed people have few prescribed tasks; however, those that they have are unpleasant or threatening:

seeking financial allowances, "signing on" as unemployed, and applying for jobs where negative and consequent damage to self-esteem are likely: these are potentially distressing features of unemployment.

The concept of unemployment adapted in this study, like that in the Census and Labour Force Survey, is dependent upon the respondents' evaluation of their own employment status. This contrasts with the Live Register definition of unemployment which is essentially a bureaucratic one whereby the definition of who is "unemployed" is profoundly affected by the criteria relating to who should be entitled to financial provision. Two possible discrepancies between the survey approach and the Live Register approach are possible. The first discrepancy involves those who are classified as unemployed by the survey approach but who are not applicants for, or in receipt of, unemployment benefit or assistance. These may include those seeking their first job and women in home duties. There is also a group who declare themselves to be either applicants for, or in receipt of, unemployment benefit or assistance but do not classify themselves as unemployed. This group is likely to include registrants who entertain little hope of future employment and consequently describe themselves as retired, and married women who when asked to describe their current circumstances in the face of specified alternatives, opt for the category "home duties" instead of "unemployment" (CSO., 1979).

#### *Psychological Distress and Labour Force Status*

In Table 4.1 we look in detail at the impact of the labour force status on psychological distress. The highest level of distress emerges, rather predictably, among those who report themselves unable to work because of illness or disability. Over two-fifths of these score above the GHQ threshold. Separate figures are shown in the table for those unemployed who are

seeking their first job or are on a state scheme. There is a striking difference between these groups. While 1 in 4 of those looking for their first job are above the threshold, for those on state schemes this falls to 6 per cent.

Table 4.1: *Distribution of the General Health Questionnaire by Labour Force Status*

	<i>Percentage Above GHQ threshold</i>	<i>Mean GHQ Score</i>
Employee	7.4	.54
Self-employed	12.9	.86
Farmers	13.0	.91
Retired	11.1	.79
Home duties	22.0	1.36
Unemployed	36.6	2.20
Seeking first job	25.7	1.72
On state scheme	6.4	.59
Ill/Disabled	40.5	2.75
Total	17.1	1.18
N	6,089	6,089

Chi <sup>2</sup> = 425.7	Eta <sup>2</sup> = .089
p < .001	F = .66.9
	p < .001

While those on state schemes are more likely than the remaining unemployed to be younger and single, and less likely to be economically deprived, this difference persists even when we control for such factors. Thus participation in state training schemes appears to have a definite beneficial effect.

The level of distress displayed by those in home duties is significantly greater than that shown by any of the groups who are at work. This figure is somewhat inflated by the fact that heads of household in home duties have a particularly high probability of coming above the morbidity threshold, with more than 1 in 3 of them falling into this category. This in turn is related to our earlier findings regarding the high levels of distress shown by separated/divorced and widowed women. However, even for married women in home duties the figure remains relatively high at a level close to 1 in 5.

The major contrast, as set out in Table 4.2, is between those at work and retired and those not at work. Less than 1 in 10 of the former are located above the threshold compared with 1 in 4 of the latter. The favourable situation of the retired is consistent with the evidence from previous research

that the majority of retired people adjust well to their situation and retirement is not necessarily a stressful experience (Whelan and Whelan, 1988).

In our subsequent analysis our definition of unemployment will include those seeking their first job and those on state schemes. Given that the latter display a level of distress which is comparable to employees this approach will have the effect of providing a conservative estimate of the impact of employment. Perhaps the most interesting comparison is between the unemployed and employees as the latter is the most probable previous or prospective labour force status for those currently unemployed. As a consequence of this the difference between these two groups is likely to provide the most plausible estimate of the impact of unemployment. It can be seen from Figure 4.1 that the relationship between unemployment and psychological distress is of a very substantial scale. Thirty-four per cent of the unemployed were above the GHQ threshold compared with 7 per cent of employees. Similarly, Table 4.3 shows that the average GHQ score of the unemployed was four times higher than that of employees.

Table 4.2: *Distribution of GHQ Scores Comparing Those at Work or Retired with All Others*

	<i>Percentage above GHQ threshold</i>	<i>Mean GHQ Score</i>
At work or retired	9.4	0.66
Not at work	26.1	1.63
Total	17.2	1.12
N	6,095	6,095
	Chi <sup>2</sup> = 298.7 p < .0001	Eta <sup>2</sup> = .053 p < .0001

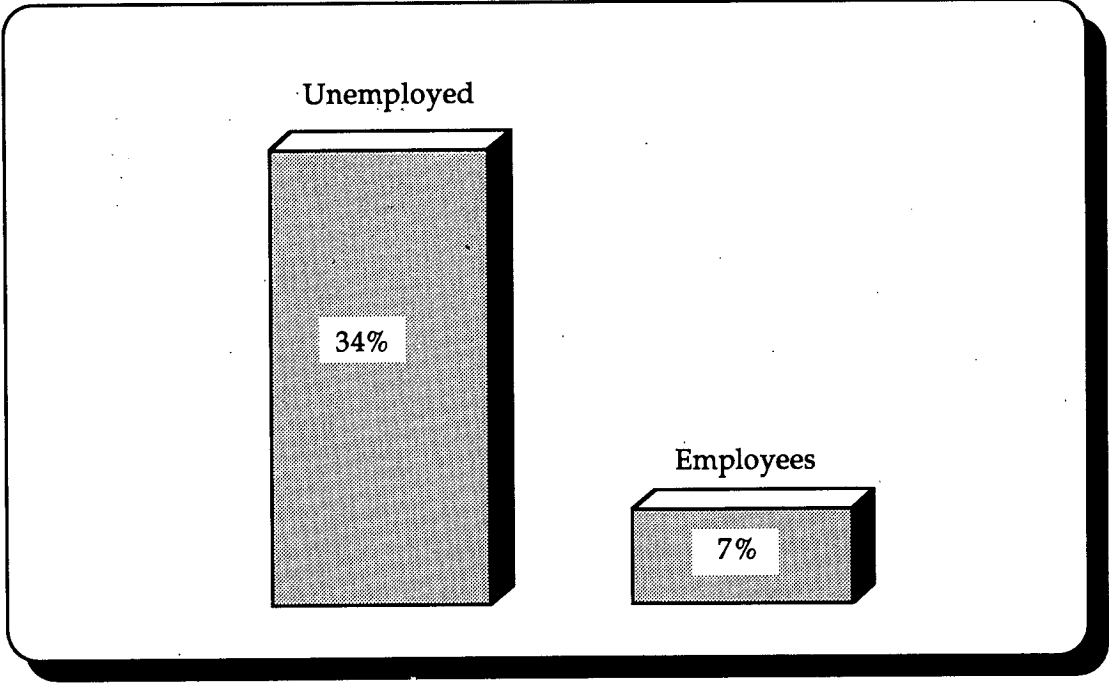
Table 4.3: *A Comparison of the General Health Questionnaire Scores of the Unemployed and Employees*

	<i>Percentage Above the GHQ Threshold</i>	<i>Mean GHQ Score</i>
Unemployed	34.2	0.54
Employed	7.2	2.14
N	2,623	2,623
	Chi <sup>2</sup> = 294.8 p < .0001	Eta <sup>2</sup> = .126 F = 318.4 p < .001



Figure 4.1:

**PERCENTAGE WITH SCORES ABOVE THE GENERAL HEALTH QUESTIONNAIRE THRESHOLD: A COMPARISON OF UNEMPLOYED AND EMPLOYEES**



Despite the scale of the above differences, the percentage of the unemployed we have found to be "at risk" of becoming psychiatric cases is actually significantly lower than the figures reported in a number of other studies using the GHQ (Warr, 1984b, Cullen *et al.*, 1987, Ronayne and Ryan, 1989). The inclusion of those looking for a first job and those on state schemes among the unemployed and the changes we have made in the format of the GHQ will have the effect of ensuring that our estimate will tend to be on the conservative side. However, these factors cannot account for the full extent of the difference. It should be kept in mind though that very few of these studies have had properly representative samples, and in a review of the available evidence Fryer and Payne (1986, p. 248) have argued that the higher figures should be treated with considerable caution.

The best estimate of the size of the effect of employment status on the 12 item GHQ comes from Banks and Jackson (1982). This data set comes from two cohort studies of young people who were followed up from school into employment and unemployment; correlations from five of these samples range from .28 to .46. The median correlation is .34 indicating that employment status accounts for about 14 per cent of the variance in the 12 item GHQ. The correlation in our data is .36 and the proportion of variance accounted for 12.6 per cent.

In order to understand the nature of the differences we are discussing, it may be useful to examine the differences between the two groups on the individual items making up the GHQ. The results set out in Figure 4.2 which relate to a subset of the GHQ items bring out clearly the deep sense of hurt, and often despair, felt by the unemployed. As we shall see, this hurt is shared by the spouses of the unemployed. In an important sense it is this despair and personal and familial hurt that identifies unemployment as a serious social problem (Mirowsky and Ross, 1985, p. 24). A breakdown for the full set of GHQ items is provided in Table 4.4.

Again, it is necessary to remember that only departures from normal functioning are scored as pathological and not responses such as "no more than usual". Despite this, almost 36 per cent of unemployed men give a response in the pathological category to the question regarding feeling unhappy and depressed. Over 20 per cent or more *in each case* indicate that they have:

- (i) felt they couldn't overcome their difficulties;
- (ii) lost much sleep over worry;
- (iii) felt constantly under strain;
- (iv) been losing confidence in themselves.

Figure 4.2:

**A COMPARISON OF THE LEVEL OF NEGATIVE RESPONSE  
ON SELECTED GENERAL HEALTH QUESTIONNAIRE ITEMS  
FOR UNEMPLOYED AND EMPLOYEES**

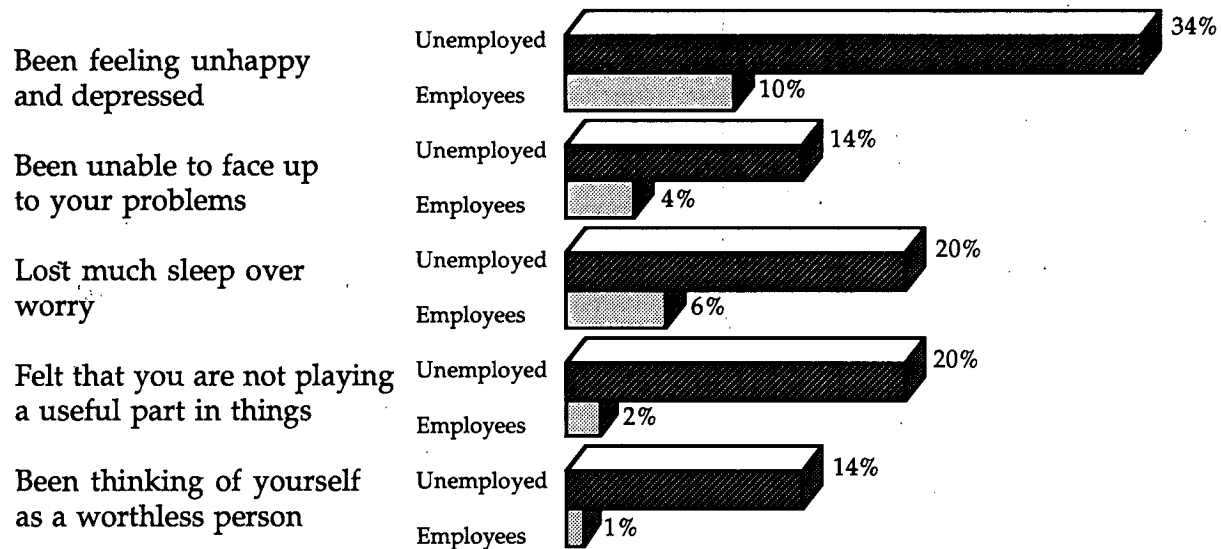


Table 4.4: *A Comparison of the Level of Negative Responses on the General Health Questionnaire Items for the Unemployed and Employees*

	<i>Unemployed</i>			<i>Employees</i>	
	%	%		%	%
Been feeling unhappy and depressed	34.2	9.5	Felt capable of making decisions about things	10.2	2.6
Felt you couldn't overcome your difficulties	22.8	5.7	Been feeling reasonable happy all things considered	17.9	5.5
Been thinking of yourself as a worthless person	13.8	0.8	Been able to face up to your problems	13.8	3.6
Lost much sleep over worry	19.5	5.7	Felt able to enjoy your day to day activities	13.0	2.8
Felt constantly under strain	23.5	11.3	Felt that you are playing a useful part in things	20.1	2.4
Been losing confidence in yourself	20.0	3.6	Been able to concentrate on what what you are doing	6.0	1.1

The differentials between the unemployed and the employees on such items range from 2 to 1 to 4 to 1. On, perhaps, the most extreme negative item in the set "been thinking of yourself as a worthless person" the level of pathological response is lower for the unemployed than on the other negative items. The differential, however, between the unemployed and employees of 17 to 1 is the highest on any of the items.

On the items relating to positive aspects of mental functioning, the observed differences are again substantial. In only one case, "been able to concentrate on what you are doing", does the pathological response level for the unemployed fall below 10 per cent. Similarly, only one item produces a pathological response level above 6 per cent for the employees.

Large differences in overall GHQ scores by employment status have led some authors to speculate that the results might be due to the specific content of the items and, in particular, the inclusion of the items which some unemployed might regard as an automatic outcome of being without a job: "felt that you are playing a useful part in things" and "been able to

enjoy your normal day to day activities". Our results provide no evidence for this argument. The latter items produced neither a particularly high pathological response level, nor an unusually sharp differential by employment status. The former item produces negative responses from the unemployed over eight times more frequently than for the employed. A number of other items, however, produce differentials of 6 to 1 and, as we have already noted, the item relating to feelings of worthlessness produces an employment status differential of 17 to 1. Thus, the differences between the unemployed and the employees must be seen as a genuine reflection of the levels of psychological distress associated with unemployment.

One factor which might affect these findings is the existence of a significant relationship between employment status and likelihood of having "any major illness, physical disability or infirmity that has troubled you for at least the past year or that is likely to go on troubling you in the future" with 13 per cent of the unemployed indicating the existence of such an illness compared with 7 per cent of employees. It remains true though that when we control for physical illness the relationship between employment status and psychological distress remains extremely strong. From Table 4.5 we can see that among those respondents who report no physical illness, 32.3 per cent of the unemployed are above the GHQ case threshold score compared with 6.5 per cent of employees. The former have GHQ scores four times higher than the latter and the proportion of variance explained is 12.4 per cent, almost identical to that in the overall group. Among those who do report an illness, 47 per cent of the unemployed and 20 per cent of the employed are above the case threshold and the proportion of variance explained is 10 per cent.

Table 4.5: *A Comparison of the General Health Questionnaire Scores of the Unemployed and Employees Controlling for Whether They have Experienced Any Major Illness, Physical or Infirmity that has Troubled Them for at Least the Past Year or that is Likely to Go On Troubling Them*

	<i>Without Illness</i>		<i>With Illness</i>	
	<i>Percentage Above GHQ Threshold</i>	<i>Mean GHQ Score</i>	<i>Percentage Above GHQ Threshold</i>	<i>Mean GHQ Score</i>
Unemployed	32.3	2.00	47.0	1.29
Employees	6.5	.49	20.1	3.10
	Chi <sup>2</sup> = 264.5 p < .001	Eta <sup>2</sup> = .124 p < .0001	Chi <sup>2</sup> = 17.8 p < .001	Eta <sup>2</sup> = .102 p < .001

*Factors Mediating the Impact of Unemployment*

In circumstances of large-scale unemployment the issue of differential vulnerability to its impact arises. In the analysis which follows we will demonstrate that it is possible for a variety of socio-demographic factors to mediate the mental health consequences of unemployment. Thus the results set out in Table 4.6 show that, while for both men and women unemployment is clearly associated with psychological distress, the effect is noticeably stronger for men. Thirty-seven per cent of unemployed men are above the GHQ threshold compared with 6 per cent of employees - and employment status explains 16 per cent of the variance in GHQ scores. For women the corresponding percentages are 10 per cent and 28 per cent and the proportion of variance explained is 6 per cent.

Table 4.6: *Distribution of General Health Questionnaire Scores by Employment Status Controlling for Gender*

	<i>Male</i>		<i>Female</i>	
	<i>Percentage Above GHQ Threshold</i>	<i>Percentage Mean GHQ Score</i>	<i>Above GHQ Threshold</i>	<i>Mean GHQ Score</i>
Employees	5.9	.46	9.7	0.68
Unemployed	36.5	2.23	28.0	1.89
N	1,695	1,695	928	928
	Chi <sup>2</sup> = 258.4 p < .001	Eta <sup>2</sup> = .163 p < .0001	Chi <sup>2</sup> = 41.9 p < .001	Eta <sup>2</sup> = .064 p < .0001

The causes of such differences are likely to be found in the different situations faced by males and females rather than any biological predisposition. In particular, gender differences are likely to be affected by variations in non-occupation roles such as marriage and parenthood. If we look first at the overall effect of marital status, we can see from Table 4.7 that unemployment has a somewhat stronger effect for married than for single respondents. For employees marital status has no effect but among the unemployed 38 per cent of married people are above the GHQ threshold compared with 30 per cent of those who are single.

In Table 4.8 we look at the effect of employment status broken down by marital status and gender. Employment status has a significant effect for both married and single women although the effect is much stronger for the latter. What does emerge though is that the effect of marital status is in

Table 4.7: *Distribution of General Health Questionnaire Scores by Employment Status Controlling for Marital Status*

	<i>Married</i>		<i>Single</i>	
	<i>Percentage Above GHQ Threshold</i>	<i>Mean GHQ Score</i>	<i>Percentage Above GHQ Threshold</i>	<i>Mean GHQ Score</i>
Employees	7.3	.53	6.9	.53
Unemployed	37.7	2.45	29.8	1.74
N	1,612	1,612	947	947
	Chi <sup>2</sup> = 214.6 p < .0001	Eta <sup>2</sup> = .160 p < .0001	Chi <sup>2</sup> = 88.4 p < .0001	Eta <sup>2</sup> = .092 p < .0001

opposite directions for males and females. Forty per cent of unemployed married men are above the GHQ threshold compared with 30 per cent of single unemployed men. For unemployed women the corresponding figures are 25 per cent and 31 per cent and it is thus unemployed single women who exhibit the higher levels of psychological distress. It is therefore necessary to specify a three way interaction between employment status, marital status and gender in their effect on GHQ scores. The results suggest that the main influence stems from family ideology rather than gender ideology. There is relatively little difference between single males and females. Identical percentages of unemployed men and women are above the GHQ threshold. However, while only 9 per cent of single female

Table 4.8: *Distribution of General Health Questionnaire Scores By Employment Status Controlling for Gender and Marital Status*

	<i>Male</i>				<i>Female</i>			
	<i>Percentage Above Threshold</i>		<i>Mean GHQ Score</i>		<i>Percentage Above Threshold</i>		<i>Mean GHQ Score</i>	
	<i>Married</i>	<i>Single</i>	<i>Married</i>	<i>Single</i>	<i>Married</i>	<i>Single</i>	<i>Married</i>	<i>Single</i>
Employees	6.5	4.5	.47	.43	9.4	7.2	.67	.62
Unemployed	40.4	29.8	2.57	1.66	24.7	30.9	1.74	1.88
N	1186	492	1186	492	425	455	425	455
			Eta <sup>2</sup> = .199 p < .0001	.105 p < .0001			Eta <sup>2</sup> = .050 p < .0001	.085 p < .0001

employees have scores above the case threshold this is still almost 50 per cent higher than the rate for comparable males. A similar situation applies for married employees. The most striking gender difference for the married group is found among the unemployed with 2 in 5 males scoring above the threshold compared with 1 in 4 females. While unemployment clearly has a greater impact for married men than for married women this should not obscure the fact that the observed effect for women is not insubstantial.

The fact that unemployment has a particularly powerful effect for married men can be interpreted in the context of the high levels of employment commitment of this group which in turn is related to their traditional role as providers. Similarly, for unmarried women who are usually, in effect, principal wage earners our finding is in line with that from other studies which have shown paid employment to have a significant beneficial effect (Warr and Parry, 1982; Warr 1987, p 230).

The labour force participation of married women in the non-farm population has been extremely low by European standards. The evidence suggests that up to the mid-1970s the main priority of married women has been their child care and housekeeping responsibilities. Survey evidence from the 1980s indicated little growth of interest in returning to the labour force. In the same period, however, there was a rapid increase in the proportion of younger married women continuing to work after marriage and the birth of children (Blackwell, 1989; Breen, *et al.*, 1990).

Purcell (1989, p. 158) notes that research into gender differences in work values are based on the assumption that women have a career option that men do not have: marriage and motherhood. Thus men are rarely asked why they have a job, whether they would prefer to work part time, or to rank employment and parenthood in terms of importance to their identity. The evidence does suggest, however, that many married women employees regard themselves as an ancillary wage earner and lack the longer-term perspective on employment most men have (Rose, 1989, p. 150).

Hannan and Breen, *et al.*, (1983) note how models of education are closely linked to anticipated adult roles that male and female pupils will play in work, in the family and community life. These linked sets of expectations are shared by parents and the majority of pupils themselves who aspire to jobs that are predominantly female in composition and to familial work roles that are almost equally traditional. Survey evidence suggests that there are as many women as men saying that they work for expressive reasons (e.g., interest in work, enjoyment of company rather than the monetary reward, Rose, 1989; Brown, *et al.*, 1983; Martin and Roberts, 1984). Women have also been found to be more satisfied with less objectively satisfactory



employment. These findings, as Purcell (1989, p. 159) stresses, must be interpreted in the light of women's different structural relationship to the family and to employment. Responses to questions about satisfaction with employment have to be evaluated in relation to the alternatives available. For most married women the fact that paid work must be accommodated to family and domestic responsibilities introduces a situation in which the choice may be:

.... between the boredom and domestic isolation of housework or boring hard work which provides some opportunities for social interaction and companionship (Purcell, 1989, p. 159).

In the light of these considerations, perhaps it is not entirely surprising that a variety of studies have recorded no significant difference in affective well-being between married women with and without employment (Cleary and Mechanic, 1983; Warr and Parry, 1982; Parry, 1986; Warr, 1987). Our own results, however, show a significant positive effect for employment for married women. Less than 1 in 10 married female employees are above the GHQ threshold compared with 1 in 4 who are unemployed and 1 in 5 who are in home duties. The reason for this deviation from previous findings is far from clear. The possibility exists that the lower level of female participation in Ireland means that married female employees in Ireland are being selected on characteristics related to mental health. Previous research has suggested that the balance of demands between the domestic environment and the job environment may play a significant role in mediating the impact of employment. One possibility is that married women with undemanding domestic environments may benefit from employment while those facing heavy demands at home are likely to suffer from the addition of job-related goals (Warr, 1987, p. 230). Our own results, however, confirm the finding from earlier studies that the presence of children *per se* has very little impact (Kessler and McRae, 1981; Kraus and Markeides, 1985; Parry, 1986). Clearly further work is necessary on this topic.

In evaluating the impact of unemployment on married women the point of reference is crucial. Our results show that unemployed married women enjoy significantly poorer mental health. However, they do not differ significantly from married women in home duties. Thus while our results suggest that the employment role has benefits for married women, it appears that the negative aspects of the unemployed role are no greater than those associated with the housewife role.

#### *Age*

Previous research on the effects of age on reactions to unemployment show the relationship to be curvilinear (Daniel, 1974; Hepworth, 1980:

Jackson and Warr, 1984). Our own results set out in Table 4.9 show that the level of psychological distress rises up to the age of 50 and declines afterwards. It should be stressed, however, that the relationship is extremely modest and, in fact, not statistically significant. The picture becomes somewhat clearer when we break down the reaction to unemployment by both age group and gender, as in Table 4.10. It now becomes clear that the curvilinear pattern exists only for males. Again that is consistent with the emphasis in the literature on the particularly negative impact of unemployment on the affective well-being of middle aged men. It should be noted though that the predominant contrast suggested by our results is between men over 50 and all others. Previous research suggests that many men in the over 50 group will have come to define themselves as retired and will experience none of the normal stigmatisation associated with being unemployed (Whelan and Whelan, 1988).

Table 4.9: *Distribution of General Health Questionnaire Scores By Age Group While Controlling for Employment Status*

	<i>Percentage Above GHQ Threshold</i>		<i>Mean GHQ Score</i>		<i>N</i>
	<i>Unemployed</i>	<i>Employees</i>	<i>Unemployed</i>	<i>Employees</i>	
Under 21	31.7	5.2	1.95	0.55	277
21-34	36.5	7.7	2.15	0.55	1,253
35-49	36.6	7.1	2.49	0.52	718
50-64	27.4	8.5	1.76	0.59	354

Table 4.10: *Distribution of General Health Questionnaire Scores Among the Unemployed By Age Group While Controlling for Sex*

	<i>Male</i>		<i>Female</i>	
	<i>Percentage Above GHQ Threshold</i>	<i>Mean GHQ Score</i>	<i>Percentage Above GHQ Threshold</i>	<i>Mean GHQ Score</i>
Under 21	33.1	1.83	29.9	2.18
21-34	40.0	2.37	26.5	1.54
35-49	34.8	2.55	29.9	2.27
50-64	27.3	1.71	29.0	2.23

It is also necessary to qualify our previous conclusion that overall there is no relationship between age and psychological distress. When we look at employees it emerges that older workers are more likely to display higher levels of distress although the absolute figures are extremely low, reaching only 8 per cent for the 50 to 64 age group. This is what we might expect if only on the basis of increasing the probability of physical illness. This relationship is obscured in the overall data because the young are more likely to be unemployed which is in turn associated with higher levels of distress.

The age, gender and marital status effects we have documented are consistent with interpretations couched in terms of economic strain arising from a higher level of financial commitments (Fryer and Payne, 1986). It may also play a part in explaining the impact of urban rural location which is set out in Table 4.11. In the urban setting the percentage difference between the unemployed and employees in the number above the GHQ threshold reaches 31 per cent while in rural situations it drops to 22 per cent.

Table 4.11: *Distribution of General Health Questionnaire Scores By Employment Status Controlling for Urban/Rural Location*

	Urban		Rural	
	Percentage Above GHQ Threshold	Mean GHQ Score	Percentage Above GHQ Threshold	Mean GHQ Score
Employees	8.4	.60	6.0	.45
Unemployed	39.7	2.50	27.6	1.68
N		1,543		1,071
		Eta <sup>2</sup> = .155 p < .0001		Eta <sup>2</sup> = .095 p < .0001

### *Social Class*

These factors have also been explored in an attempt to explain the mediating role of social class. However, discussions in the literature of social class variations present rather a confusing picture. On the one hand, there are suggestions that unemployment is less stressful for middle class employees (Estes and Wilensky, 1978; Fineman, 1979) due to factors such as lower levels of financial strain. On the other hand, it has been argued that such workers will find unemployment more distressing because of the importance of their occupational roles for their identity (Kaufman, 1982).

One of the detailed empirical studies of this issue by Payne, Warr and Hartley (1984) started from the assumption that the difference between social classes typically found in general population surveys would carry over to a sample of the unemployed. The study was based on two samples of unemployed men drawn from those registered at 54 unemployment benefit offices. All of the respondents were married and had been unemployed for between 6 and 11 months inclusive. Conventional market research class scales were employed. As the authors note, their primary expectation was that the psychological health of middle class unemployed married men would be better than that of working class unemployed married men (Payne, *et al.*, 1984, p. 170). This expectation, however, was not borne out, although working class respondents had more financial problems and worries and greater problems in filling time and organising their lives. This is clearly a surprising finding. Payne *et al.*, (1984) suggest that medium-term unemployment homogenises experiences for the class groups. They caution, however, that the restriction of the sample for age and marital status so that the majority of those who have dependent children may have reduced variation in financial and social pressures, and thus contributed to the absence of age and social class effect.

Our own results, based on a substantially more representative sample, allow comparisons between the unemployed and employees thus allowing us compare the *effect* of unemployment in different classes, and are based on a more detailed comprehensive coding of occupation. From Table 4.12, it is clear that in important respects they confirm the findings discussed above. Manual employees are slightly more likely to score above the GHQ

Table 4.12: *Distribution of General Health Questionnaire Scores By Status Controlling for Manual/Non-Manual Class*

	<i>Non-Manual</i>		<i>Manual</i>	
	<i>Percentage above GHQ Threshold</i>	<i>Mean GHQ Score</i>	<i>Percentage above GHQ Threshold</i>	<i>Mean GHQ Score</i>
Employees	6.5	.49	8.3	.59
Unemployed	29.8	1.87	36.6	2.26
N	1,095	1,095	1,489	1,489
		Eta <sup>2</sup> = .065 F = 72.3 p <.0001		Eta <sup>2</sup> = .1315 F = 104.5 p <.0001

threshold than non-manual - 8.3 per cent compared to 6.5 per cent. For the unemployed the respective percentages are 37 per cent and 30 per cent. Thus our results suggest that while manual workers are likely to have poorer mental health than non-manual, this is related more to the probability of being unemployed than to differential consequences of being employed or unemployed. It is certainly possible to argue, however, that the differential effect is somewhat less than might be anticipated on the basis of the degree of economic strain they might be expected to experience. Differences in employment commitment or positive attachment to work could serve as possible explanations of the absence of differences of any substantial magnitude. This is an issue to which we will return.

### *Length of Unemployment*

The concept of stages of unemployment which emerged in the literature of the 1930s has become a basic concept in accounts of the psychological effects of unemployment. Eisenberg and Lazarfeld, 1938, p 378) concluded:

We find that all writers who have described the course of unemployment seem to agree on the following points: first there is shock, which is followed by an active hunt for a job, during which the individual is still optimistic and unresigned; he still maintains an unbroken attitude.

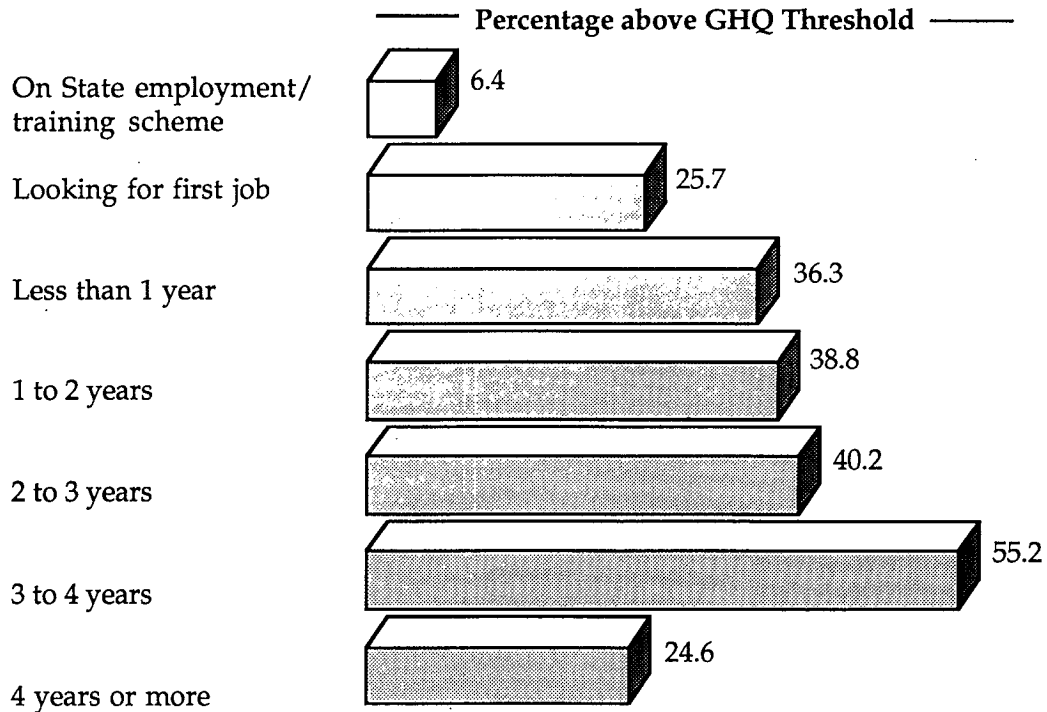
Second when all efforts fail, the individual becomes pessimistic, anxious and suffers active distress: this is the most crucial state of all. And third the individual becomes fatalistic and adapts himself to his new state but with a narrower scope. He now has a broken attitude.

Studies relating length of unemployment to mental health have been far from consistent. Jackson and Warr (1984) suggest that the failure of early studies to find a relationship may have been due to the fact that the age range of respondents or the length of unemployment studies were too restricted. More recent studies suggest that the newly unemployed experience a deterioration in psychological health within weeks and that by three months this has become worse, but it then remains stable for long periods and might even improve (Fryer and Payne, 1986).

Our own evidence set out in Figure 4.3 shows a gradual decline in psychological well-being up to a length of four years' unemployment and a significant improvement after five years. The reasons for such an improvement are far from obvious and will require further analysis. With the exception of this final finding, our results are consistent with a gradual increase in psychological distress as resources decline. We will return to this hypothesis at a later stage. We have distinguished those on state training or employment

Figure 4.3:

PERCENTAGE ABOVE GENERAL HEALTH QUESTIONNAIRE  
THRESHOLD SCORE BY LENGTH OF UNEMPLOYMENT



schemes and those seeking their first jobs from other unemployed. This last group shows somewhat lower levels of distress than other unemployed persons while those in state schemes have extremely low GHQ scores.

It is important to keep in mind, as Kelvin and Jarret (1985, p. 26) stress, that

The description of stages does not itself provide an explanation of the effects of unemployment: at most it merely provides the first step towards it, and that only if the description is sufficiently accurate.

What is necessary, they argue, is to isolate the factors which determine the transition between stages and developments within them. Despite the attention devoted to stages, Kelvin and Jarrett (1985, pp. 19-20) note that there have been very few attempts to trace the interaction of the economic and psychological effects of unemployment and to move beyond description and examine a systematic relationship between increasing poverty and changing reactions to unemployment. We shall return to this issue in our subsequent analysis.

For the moment though, it is necessary to stress that, although length of employment does produce some interesting results, the differences observed are relatively modest. Differences in length of employment are much less important than the fact of being unemployed (Fryer and Payne, 1986, p. 253). Similarly, as is clear from Table 4.13, previous unemployment has a relatively modest effect. Only 2 per cent more of those who had been unemployed in the past twelve months were above the GHQ case threshold than those who were at work and had never been unemployed. In discussing the impact of unemployment on physical health, we noted the warning that undue emphasis on current spell of unemployment might

Table 4.13: *Distribution of General Health Questionnaire Score by Experience of Unemployment Among Those at Work or Unemployed*

	<i>Percentage Above GHQ Threshold</i>	<i>Mean GHQ Score</i>
At Work Never Unemployed	9.0	.64
At Work Unemployed at Some Stage	10.2	.73
At Work Unemployed in the Past 12 Months	11.2	.77
Unemployed	34.2	2.14
N	3,932	3,932
	Chi <sup>2</sup> = 296.0 p < .001	Eta <sup>2</sup> = .083 p < .001

be misleading in that it diverts attention away from the accumulation of disadvantages over time. With mental health, on the other hand, it does appear that current employment situation is critical. This finding is consistent with the evidence that re-employment leads very rapidly to dramatic improvements in mental health.

In Figure 4.4 we provide a summary illustration of the cumulative effects of unemployment and socio-demographic variation. Thus for married men in rural locations who are at work in non-manual occupations, the percentage above the GHQ threshold is a mere 6 per cent. For their urban, unemployed, manual counterparts the figure rises to 53 per cent. The psychological costs of social disadvantage are clearly substantial. It is necessary, however, to go beyond analysis in terms of such categories and provide a more detailed discussion of the relationship between unemployment, deprivation and psychological distress.

#### *Impact of Unemployment on the Family*

The evidence on family reactions to the unemployment of key members is fragmentary (Kelvin and Jarret, 1985, p. 72). *A priori* we would expect that a spouse's unemployment and, in particular, a husband's unemployment would place additional strains on other family members (Fagin and Little, 1984; Cochrane and Stopes-Roe, 1981). In Table 4.14 we look at the joint employment/unemployment experience of married couples. Clearly the negative impact of spouses' unemployment arises almost entirely for women. Where their husbands are unemployed, women are almost twice as

Table 4.14: *Distribution of General Health Questionnaire Scores by Joint Unemployment Experience by Gender*

	<i>Males</i>		<i>Females</i>	
	<i>Percentage Above GHQ Threshold</i>	<i>Mean GHQ Score</i>	<i>Percentage Above GHQ Threshold</i>	<i>Mean GHQ Score</i>
Neither self nor spouse unemployed	11.0	0.74	15.3	0.97
Spouse unemployed	12.3	1.02	27.6	1.76
Self unemployed	40.1	2.52	18.4	1.28
Both self and spouse	43.4	2.99	33.3	2.86
Total	15.6	1.03	17.2	1.10
N	1,838	1,838	2,096	2,096

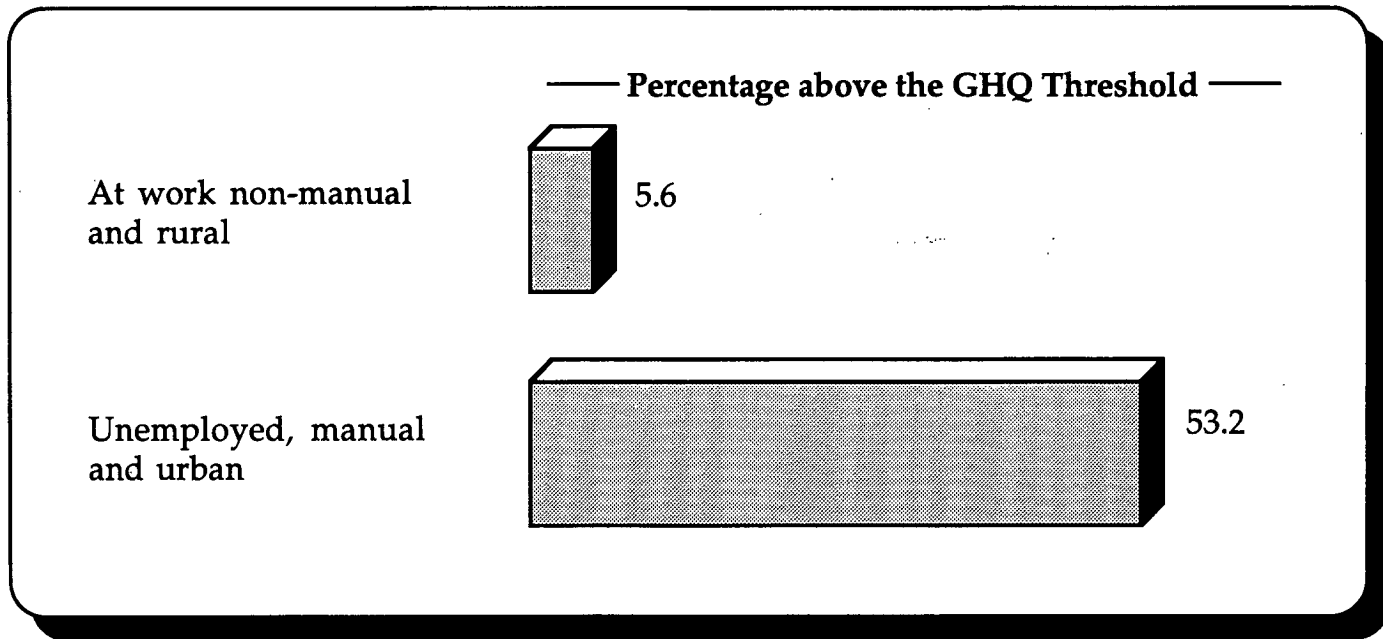
Eta<sup>2</sup> = .105  
p < .0001

Eta<sup>2</sup> = .025  
P < .0001



Figure 4.4:

**THE CUMULATIVE EFFECTS OF UNEMPLOYMENT, SOCIAL CLASS AND URBAN-RURAL LOCATION ON PERCENTAGE ABOVE THE GENERAL HEALTH QUESTIONNAIRE THRESHOLD SCORE FOR MARRIED MEN**



likely to score above the GHQ threshold, than when neither they nor their husbands are unemployed. For the men the corresponding difference is a mere 1 per cent. On the other hand, being unemployed oneself raises the percentage above the GHQ threshold for men from 11 to 40 per cent whereas for women the gap is less than 3 per cent. In both cases, however, the cumulative effect of husband *and* wife being unemployed does have an impact. For men the percentage above the threshold rises from 40 per cent where the husband alone is unemployed to 43 per cent where both parties are unemployed. In the case of women 28 per cent of those whose spouses are unemployed exceed the threshold, but this rises to 33 per cent for the situation of joint unemployment.

In evaluating these findings it is again necessary to remember that for married women, because of the relatively high levels of distress among those in home duties, the impact of unemployment and employment has to be looked at separately. On the other hand, it is also necessary to keep clearly in mind that not only is the impact of husband's unemployment greater than the wife's own unemployment but the number of women with unemployed husbands is substantially greater than the number of married women who are themselves unemployed.

Taking these findings into account the major divide relating to mental health, as set out in Table 4.15, is between those at work or retired or those whose husbands have this status and all others, with 11 per cent of the former and 33 per cent of the latter, coming above the threshold.

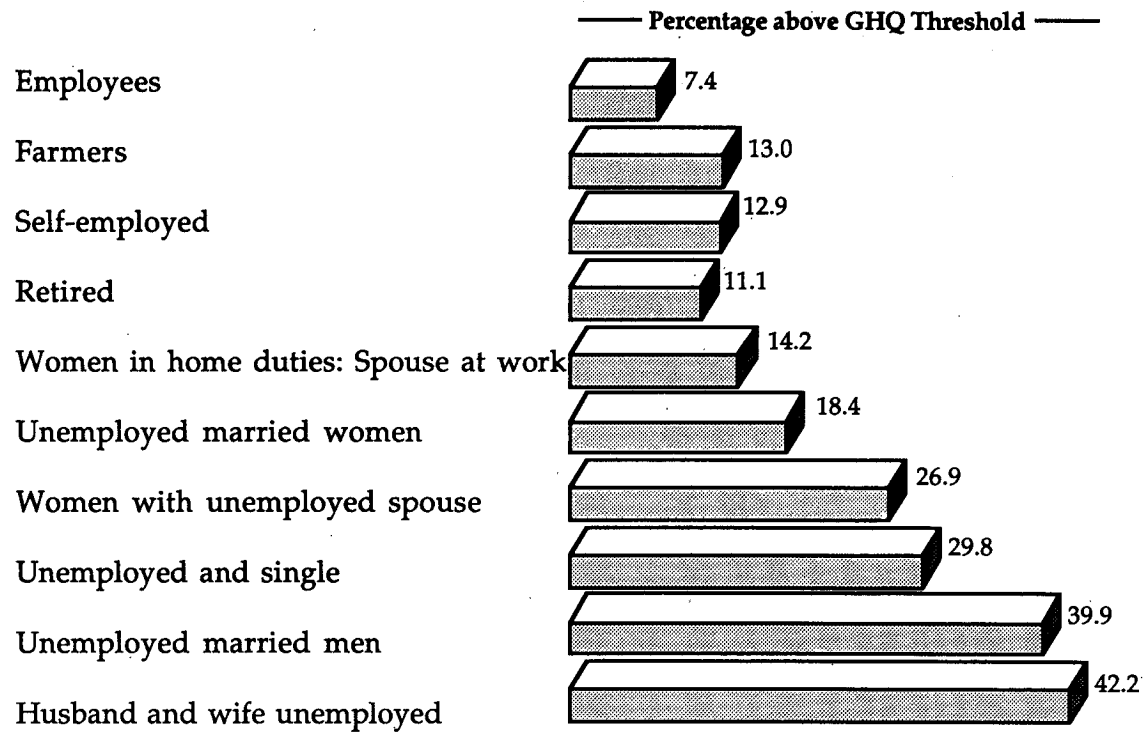
Table 4.15: *Distribution of General Health Questionnaire Scores Comparing Those at Work or Retired or Those with Husbands at Work or Retired With All Others*

	<i>Percentage Above GHQ Threshold</i>	<i>Mean GHQ Score</i>
At Work or Retired or Husband at Work or Retired	11.3	0.76
Others	33.4	2.11
N	6,085	6,085
	Chi <sup>2</sup> = 408.9 p < .0001	Eta <sup>2</sup> = .080 F = 530.0 p < .001

In Figure 4.5 we set out the impact of certain selected interactions of labour force status, gender and marital status. This provides a useful condensation of many of the socio-demographic variations that we have summarised in this chapter. The percentage above the GHQ threshold rises

Figure 4.5:

**PERCENTAGE ABOVE GENERAL HEALTH QUESTIONNAIRE  
THRESHOLD SCORE: INTERACTION OF LABOUR FORCE  
STATUS, MARITAL STATUS AND GENDER**



from 7 per cent for employees up to an average of 12 per cent for all others at work and the retired. It then jumps slightly to 14 per cent for women in home duties with spouses at work and to 18 per cent for unemployed married women. At this point the first sharp break comes with a rise to 27 per cent for women whose husbands are unemployed. The unemployed single came just above this at 30 per cent. There is a significant leap to 40 per cent for unemployed married men. Finally the highest figure of 42 per cent relates to the situation where both husband and wife are unemployed.

As we have seen before, the level of psychological distress is particularly low for employees and is somewhat but not substantially higher for all other respondents at work. While the overall figure for women in home duties is 22 per cent when we restrict our attention to those women with a husband at work it drops to 14.2 per cent. Thus while women in home duties are still disadvantaged in comparison with those at work, a substantial amount of the overall effect appears to arise from the respondent's marital status, in the case of those separated and divorced, and from the husband's employment status in the case of married women. Thus for women with unemployed spouses the figure above the threshold rises to more than 1 in 4, a figure which is somewhat higher than for unemployed married women, and only slightly lower than for unemployed single respondents. The impact of unemployment for married men is qualitatively different than for married women. While the mental health of unemployed married women seems to be little worse than that of women in general, it remains true that married women who are at work are significantly less likely to score above the GHQ threshold. One particularly striking finding as set out in Table 4.16 is that the impact of a married woman's employment is particularly strong when her husband is not at work. Where both husband and wife are not at work the percentage above the threshold score is 32 per cent but where the wife is at work it drops to 13 per cent.

Table 4.16: *Distribution of General Health Questionnaire Scores for Married Women by Work Status Controlling for Work Status of Spouse*

	<i>Spouse not at work</i>	<i>Spouse at work or retired</i>
At work or retired	13.1	9.2
Not at work	31.8	16.2
Total	28.9	14.3
N	425	1,754
	Chi <sup>2</sup> = 0.5 p < .001	Chi <sup>2</sup> = 13.7 p < .001

### *Conclusions*

Employment provides a variety of benefits both manifest and latent. Thus it is hardly surprising that unemployment has profound mental health implications. An analysis of variations in psychological distress by labour force status shows that the major contrast is between those at work or retired and all others. In particular the unemployed are five times more likely than employees to be above the GHQ threshold.

A variety of factors mediate the impact of unemployment and its effect is particularly strong for middle-aged men. There is an interaction between gender and marital status such that among the unemployed it is married men who suffer the highest levels of distress but not single women. These results can be interpreted in terms of the concept of commitment to employment, financial obligations and family ideology.

Our results differ from those reported in earlier studies in showing a clear effect of being in employment for married women. One part of the explanation for this finding relates to the high level of unemployment in Ireland as employment has a particularly positive effect for women where their husbands are not at work.

Our findings on the variations in the impact on social class are broadly consistent with those emerging from previous studies. Once again the level of unemployment is crucial here since our results suggest that the poorer mental health of manual workers is strongly related to their higher probability of being unemployed rather than to differential consequences of being employed or unemployed for blue-collar and white-collar workers.

Length of unemployment is positively associated with psychological distress with the puzzling exception of those who have been unemployed for more than four years. It is unemployment *per se*, however, rather than length of unemployment or previous employment experience which is the critical factor.

An illustration of the cumulative effect of unemployment and socio-demographic variation is provided by the fact that among married men, urban, manual, unemployed respondents are almost ten times more likely to score above the GHQ threshold than rural, non-manual, men who are at work.

When we turn to the impact of unemployment on other family members it is clear that for married women a husband's unemployment is likely to lead to a substantial increase in levels of psychological distress. Indeed the major divide in relation to mental health is between those at work or retired or those whose husbands enjoy this status and all others.

We have made frequent reference to the possible role of stress and vulnerability in accounting for our findings to date. In order to test such

hypotheses we begin, in the chapter that follows, by discussing our measures of income, life-style, poverty and economic strain and the relationship between them.

## Chapter 5

### *POVERTY, INCOME, LIFE-STYLE AND ECONOMIC STRAIN*

#### *The Role of Life Events*

Thus far we have tended to present our analysis in a manner consistent with the assumption that socio-demographic variables have their impact on levels of distress through life events and that unemployment constitutes one such crucial life event.

The earliest studies espoused the idea that a straight numerical accumulation of experienced life events predisposes to illness. Underlying this approach is the assumption that events lead to stress because the organism is fundamentally intolerant of change, an assumption which was rooted in the pioneering laboratory studies. The natural state of the organism was seen as one of equilibrium.

Social scientists have increasingly questioned the notion that change *per se* is damaging. They have moved beyond notions relating to the number of events and the magnitude of change in terms of degree of adjustment and have focused attention on issues relating to the quality of events – desirability, degree of control, whether or not they are scheduled or unscheduled (Pearlin, *et al.*, 1981).

Unemployment is clearly an event which is predominantly undesirable, uncontrolled and unscheduled. Unemployment has generally been labelled an acute stressor and fits readily within the stressful life change approach. Stress, however, can follow both from change in the environment and lack of change (Wheaton, 1980). It is useful to distinguish between acute stressors and chronic stressors. Chronic stress arises from the dogged – slow to change problems – of daily life, when pressures from the environment exceed the coping capacity of the person. The two types of stress converge when life changes have an impact by increasing the number and level of day-to-day life strains. The impact on emotional well-being in such cases, arises not from change itself but from change that leads to hardship in basic enduring economic and social circumstances. The most striking example of this process is when unemployment leads to economic hardship and social isolation both for the individual and his family (Pearlin, *et al.*, 1981).

*Unemployment and Poverty*

Kelvin and Jarrett (1985, p.18) note that while those concerned with the psychology of work have long stressed that work provides much more than merely money; those concerned with unemployment need to stress that to be unemployed is frequently to be poor. Reactions to unemployment are ... the outcome of complex interactions between the psychological conditions of the individual and the economic circumstances of his household (Kelvin and Jarrett, 1985, p. 18).

While the nature of this relationship has been given much less attention than we might have expected, more recent work in the United States has come to focus on the psychological consequences of economic hardship (Ross and Huber, 1985).

*Income, Life-Style and Economic Strain*

We will commence our analysis of the relationship between economic and psychological problems by dealing with the relationship between income, life-style and perceived economic strain. We expect that the economic resource variables will have their impact on psychological distress through their effect on feelings of economic strain. We are also, however, interested in distinguishing between the impact of chronic economic strain associated with poverty and economic pressure that may arise from the attempt to maintain relative standards of living among the non-poor.

The income concept in the Income Distribution, Poverty and Usage of State Services Survey covered income from employment or self employment, rent, interest dividends, private sick pay and pensions, social welfare payments and other regular receipts such as transfers from other households. For most income sources, information was gathered first of all on the amount currently received, that is in general the amount received last week. For income sources which are variable by nature, receipts were looked at over a longer period in order to obtain a more reliable estimate of the normal level of income than the receipts in the particular week before the survey would give. Thus the focus is on *current weekly income*. We also follow the general practice of concentrating on disposable income: direct income plus state transfer payments less income tax and PRSI contributions (Callan, *et al.*, 1989, pp. 50, 51).

The income recipient unit used is the household. Consequently it is critical that the different needs of households of differing size and composition be taken into account. In doing so it is necessary to allow for the fact that persons at different ages are not equivalent in terms of needs, and there may be economies of scale in consumption. We therefore employ the customary approach, whereby adult equivalence scales are used. These set



out relativities between different household types, which allow them to be converted to a comparable basis. The scales used in this study are broadly based on the relativities implicit in the Unemployment Assistance/Supplementary Welfare Allowance schemes (including Child Benefit).

Where the head of household is 1;  
 each additional adult is 0.66;  
 each child 0.33.

“Child” in this context is taken to be those under 14 years of age (Callan, *et al.*, 1989, pp. 60-62).

In Table 5.1 we look at the relationship between income and perceptions of economic strain. In the survey, “heads of households” and “household managers” were asked, taking into consideration the household’s total income, if the household was able to make ends meet.

With great difficulty?  
 With some difficulty?  
 With a little difficulty?  
 Fairly easily?  
 Easily?  
 Very Easily?

Table 5.1: *Percentage in Households having Extreme Difficulty in Making Ends Meet by Disposable Household Equivalent Income Decile*

<i>Income Decile</i>	<i>Percentage in Household Having Extreme Difficulty</i>
1	53.9
2	63.0
3	50.4
4	35.8
5	33.5
6	26.1
7	19.0
8	17.5
9	9.9
10	5.2

Chi<sup>2</sup> = 456

p < .001

We will concentrate our attention on the contrast between those responding “with great difficulty” and all others and we have allocated all members of a household to the former category if either the head of household or

the household manager responded in this fashion. While there is a clear relationship between income and perceived economic strain it is somewhat less strong than we might have expected on *a priori* grounds. The degree of discrimination is particularly poor in the lower deciles. Just over half those in the bottom decile indicate that they are "experiencing extreme difficulty in making ends meet". This figure rises to over 60 per cent for those in the second decile returning to just about a half for those in the third decile. It then drops sharply, to 36 per cent in the fourth decile and declines gradually from that point.

The problem in the lower income ranges also emerges when we examine the relationship between perceived economic strain and poverty defined in relative income terms. With this approach which has been adopted in a number of studies by the OECD and the EC Commission, the relative poverty line is set at a particular percentage of mean or median income. In the ESRI study mean income was chosen (Callan, *et al.*, 1989). In Table 5.2 we set out the relationship of perceived economic strain to three such poverty lines using the 40 per cent, 50 per cent and 60 per cent cut-off lines. It is clear that the relationship between perceived economic strain and poverty is weakest at the least generously defined poverty line. Thus while at the 40 per cent line the difference between the poor and non-poor is 18 per cent at the 60 per cent line it rises to 35 per cent.

Table 5.2: *Percentage of Households having "Extreme Difficulty in Making Ends Meet" by Relative Income Poverty Lines*

<i>40 Per Cent Poverty Line</i>	<i>50 Per Cent Poverty Line</i>	<i>60 Per Cent Poverty Line</i>
Percentage of H'holds having "Extreme Difficulty" in making ends meet	Percentage of H'holds having "Extreme Difficulty" in making ends meet	Percentage of H'holds having "Extreme Difficulty" in making ends meet
Poor 47.9	60.1	55.7
Non- Poor 30.1	25.4	21.0

The relative income measure of poverty is based on a relative deprivation conception which attributes a central role to the "distance" between those towards the bottom of the income distribution and the rest of society. Thus as expressed in Townsend's oft quoted definition:

Individuals, families and groups in the population can be said to be in poverty when they lack the resources to obtain the types of diet, participate in activities and have the living conditions and amenities which are customary, or are least widely encouraged and approved, in the societies to which they belong. Their resources are so seriously below those commanded by the average individual or family that they are in effect excluded from ordinary living patterns, customs and activities (Townsend, 1979, p. 31).

The common denominator of relative poverty definitions lie in the notion of exclusion. Ringen (1987; 1988) notes that while poverty is being defined directly in terms of deprivation and how people actually live, indirectly it is being measured as insufficient resources. The defence of the relative income procedure involves pointing to the fact that the general rationale behind this approach is that those falling more than a certain amount below the average or usual income level in the society are unlikely to be able to participate fully in the life of the community (Callan, *et al.*, 1989, p. 19). The implication is obvious that ultimately this approach requires validation through demonstration of the relationship of income to life-style and, in particular, to exclusion from customary life-styles.

#### *Life-Style Deprivation*

The choice of life-style items to be included in the poverty study was influenced by the range of indicators employed in other major studies of poverty (Townsend, 1979; Mack and Lansley, 1985). In measuring "style of living" judgements and *a priori* beliefs play a major part. Townsend developed a list of 60 indicators representative of "the major areas of personal, household and social life" which were included in his survey. The measure of deprivation used in his study, however draws on only 12 of these items and the basis on which these were chosen is not clear. Mack and Lansley operated with a pool of 35 items chosen to distinguish between the poor and the non-poor. Their selection covers a cross-section of a household's social and personal life, including food, heating, household durables, clothing, housing conditions, transport and leisure and social activities. The items were chosen so as to exclude things which almost everyone has or very few people would miss. The 24 items on which our analysis is based are made up of 17 of the Mack and Lansley pool of items together with 7 additional items.

For each of the 20 items which are set out in Table 5.3 the head of households or household manager was asked:

- (i) Whether the household had the item in question;
- (ii) If not whether they would like to have it but must do without it due to lack of money;
- (iii) Whether they felt the item was a necessity, i.e., "is something that every household (or person) should be able to have and that nobody should have to do without".

Table 5.3: *Life-Style Indicators*


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Car;
Meal with meat, chicken or fish;
Bath or shower;
Presents for friends or family once a year;
New, not second-hand clothes;
Indoor toilet;
Central heating;
Two pairs of strong shoes;
Washing machine;
A hobby or leisure activity;
A warm waterproof overcoat;
Refrigerator;
Telephone;
A roast meat joint or its equivalent once a week;
Colour television;
To be able to save some of one's income regularly;
Able to afford an afternoon or evening out in previous 2 weeks;
A dry damp free dwelling;
A daily newspaper;
Heating for the living rooms when it is cold.

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In addition to the 20 items employing this format the following set of items were included in the index bringing the total number of items to 24.

- (i) Whether there was a day during the previous two weeks when the household manager did not have a substantial meal at all – from getting up to going to bed.
- (ii) Whether the household manager has had to go without heating during the last year through lack of money, i.e., having to go without a fire on a cold day, or go to bed early to keep warm or light the fire late because of lack of coal/fuel.
- (iii) Head of household has not had an afternoon or evening out in the last fortnight that costs money, because of lack of resources.

## (iv) Debt Problems

- (a) Household is currently in arrears on rent, mortgage, ESB and gas  
or
- (b) Has had to go into debt in the last 12 months to meet ordinary living expenses such as rent, food, Christmas or lack of school expenses  
or
- (c) Has had to sell or pawn anything worth £50 or more to meet ordinary living expenses  
or
- (d) Has received assistance from a private charity in the past year

In Table 5.4 we set out the relationship between our 24 item life-style measure and income. The pattern of the relationship is rather similar to that we have already reported for income and perceived economic strain. Thus the level of deprivation varies very little across the bottom three deciles; drops from 7.7 to 6.7 between the third and fourth deciles and then declines gradually to 2.11 by the bottom decile.

The impact of life-style deprivation on perceived economic strain is shown in Figure 5.1 where we can see that the percentage of households rises from less than 1 in 25 for those lacking less than 2 items to 3 in 10 of those lacking 4 to 5 items and to 3 in 5 for those deprived of 9 or more items. Thus, while there is a clear relationship between income and life-style deprivation, it is far from perfect and the relationship of the latter to economic strain is actually more clear-cut. It is hardly surprising that life-style deprivation has effects which cannot be adequately accounted for by current disposable income. The range of other variables which we would expect to have an influence include those that might be taken as plausible indicators of command over resources, such as social class, labour force status, marital status, household composition and life-style factors.

*Dimensions of Life-style Deprivation*

In discussions of the criteria which should be applied to items making up a deprivation index, so that reasonable conclusions regarding poverty can be reached, there are two recurring themes. The first is necessity. Townsend's (1979, p. 46) definition of poverty focuses on exclusion from the *normal* life-style. Townsend draws a sharp distinction between objective and conventionally acknowledged need. What is required is to objectively establish what is customary rather than to establish what people "should" have or what they "should" be entitled to. Townsend's rejection of the use of public opinion is consistent with his attempt to represent customary behaviour but it has been consistently criticised on the grounds that it

involves trying to pre-empt the value-judgements which are inextricably linked with the concept of "poverty" (Piachaud, 1981).

Mack and Lansley (1985, p. 39) on the other hand explicitly take into account the prescriptions of the community while recognising that "meanings" are socially constructed. Their aim is to:

step outside the individual's feelings to the judgement of society collectively.

They thus define poverty in terms of an *enforced lack of socially perceived necessities*. This is broadly the position that we will adopt.

Table 5.4: *Twenty Four Item Life-Style Measure by Total Household Equivalent Income*

<i>Decile</i>	<i>Mean Level of Deprivation</i>
1	7.60
2	8.66
3	7.68
4	6.70
5	6.01
6	5.12
7	3.90
8	3.78
9	3.04
10	2.11

The second theme although frequently less explicit is perhaps even more important. It centres on the relationship of specific deprivations to other aspects of deprivation and, by implication, to resources. Mack and Lansley (1985, p. 41) while terming the enforced lack of any socially perceived necessity a *deprivation*, conclude that such deprivations will be termed poverty only when they affect a person's way of life. They assume that:

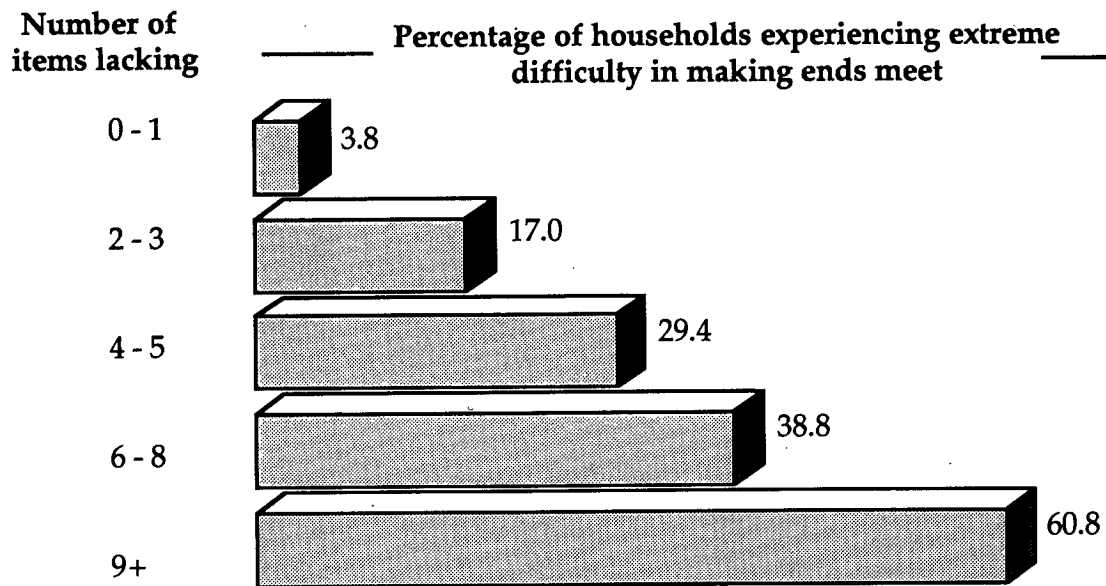
poverty is a situation where such deprivation has a multiple impact on a household's way of life (Mack and Lansley, 1985, p. 171).

Similarly, Ringen (1987, p. 161) takes the criterion of *exclusion* from one's society to involve a standard of living which is characterised as a state of general deprivation and draws on Coates and Silburn's (1970, p. 50) description of the manner in which:

different types of deprivation mesh one into another, to create for those who must endure them a total situation shot through and through by one level of want after another and where the different dimensions of poverty constitute an interrelated network of deprivations.

Figure 5.1:

**RELATIONSHIP BETWEEN ECONOMIC STRAIN AND TWENTY  
FOUR ITEM SCALE OF LIFESTYLE DEPRIVATION**



The foregoing brings out the need for a systematic analysis of the dimensions of life-style deprivation. Such analysis has been almost entirely absent in the poverty literature.

In developing scales or indices of deprivation, Townsend and Mack and Lansley assumed a single underlying dimension of deprivation. It would seem more appropriate to actually test whether the responses to the items used to measure this concept represent a singular underlying dimension of deprivation. Examination of the 24 items would suggest that there are different types of underlying "deprivations" involved and that individuals or families might well be highly deprived on some of them without being deprived on others.

We hypothesised three underlying dimensions.

- (i) A Primary Life-Style Deprivation Factor referring to lack of basic food, clothes, heating, etc., current consumptions items all of which have to be paid for mostly from current income. The items making up this dimension should have relatively low levels of non-possession and high levels of socially defined necessity.
- (ii) Secondary Life-Style Deprivation Factor. This factor should include items which refer to exclusion from basically middle class or comfortable working class life-style patterns and which might be expected to include holidays, leisure activities and consumer durables with significant current expenditure costs associated with them. Here we expect much higher levels of non-possession and lower levels of socially defined necessity.
- (iii) Housing Deprivation Factor. This factor would be expected to include characteristics relating to housing quality and facilities. Deprivation on this factor might be expected to have a significantly lower level of association with current income for a number of reasons. The factors influencing this relationship include the relationship between housing quality and age and life cycle, the impact of public housing and the fact that households which are currently poor may have purchased these items some time previously.

In order to pursue these hypotheses we make use of factor analysis. Simplifying, we may say that factor analysis consists of a variety of statistical methods for discovering clusters of interrelated variables. Each factor or dimension is defined by those items that are more highly correlated with each other than with the other items. A statistical indication of the extent to which each item is correlated with each factor is given by the factor loadings on what is called the rotated factor solution (Carmines and Zeller, 1979, p. 59).

Since there are a number of problems involved in the application of



conventional factor analysis procedures to dichotomous items we have made use of Muthén's (1978) Generalized Least Squares procedures as incorporated in the computer program Liscomp (Muthén, 1988; Mislevy, 1988).

For the 20 items for which we have data on absence and enforced absence we have concentrated exclusively on the latter. Together with the additional 4 items, they were entered into a factor analysis specifying a 3 factor solution. The results of this analysis are set out in Table 5.5 and provide an unambiguous picture.

Table 5.5: *Rotated Factor Solution for Life-Style Deprivation Items*

	<i>Primary Life-Style Deprivation</i>	<i>Secondary Life-Style Deprivation</i>	<i>Housing and Household Capital Deprivation</i>
Heat poverty	<b>.81</b>	.33	.11
Food poverty	<b>.89</b>	.09	.20
Debt poverty	<b>.76</b>	.25	.04
New not second-hand clothes	<b>.74</b>	.30	.29
Meal with meat, chicken or fish	<b>.74</b>	.30	.40
A warm waterproof overcoat	<b>.76</b>	.16	.42
Two pairs of strong shoes	<b>.75</b>	.25	.38
A roast or its equivalent once a week	<b>.73</b>	.33	.25
Annual holiday away from home not with relatives	.39	<b>.69</b>	.01
To be able to save some of one's income regularly	.49	<b>.54</b>	.18
Daily newspaper	.48	<b>.50</b>	.11
Telephone	.25	<b>.65</b>	.28
A hobby or leisure activity	.59	<b>.44</b>	-.08
Central heating	.19	<b>.59</b>	.40
Presents for friends and family once a year	.58	<b>.44</b>	.20
Car	.26	<b>.60</b>	.20
Able to afford an afternoon or evening out in previous two weeks	.43	<b>.38</b>	.08
Bath or shower	.17	-.01	<b>.99</b>
Indoor toilet	.16	-.01	<b>.98</b>
Washing machine	.02	.46	<b>.63</b>
Refrigerator	.26	.23	<b>.62</b>
Colour television	.21	.30	<b>.53</b>
A dry damp free dwelling	.27	.30	<b>.47</b>
Heating for the living room when it is cold	.48	.25	<b>.30</b>

The items which load on the first factor which we have labelled *primary lifestyle determination*

- (i) heating poverty;
- (ii) food poverty;
- (iii) debt poverty;
- (iv) new not second-hand clothes;
- (v) a meal with meat, chicken or fish every second day;
- (vi) two pairs of strong shoes;
- (vii) a warm waterproof overcoat;
- (viii) a roast meat joint or its equivalent once a week.

Because of our interest in developing a measure of primary deprivation which can plausibly be interpreted as the life-style component of poverty, we have avoided including items in the index which while having their highest loading on this factor have loadings on other factors which are not a great deal lower. This criterion and substantive considerations have led us to include the items relating to having a hobby, presents for friends and the family once a year and being able to afford an afternoon or evening out in the previous two weeks, to our *secondary life-style deprivation dimension*. The full set of items for this dimension is as follows

- (i) a week's annual holiday away from home (not with relatives);
- (ii) a daily newspaper;
- (iii) to be able to save some of one's income regularly;
- (iv) telephone;
- (v) a hobby or leisure activity;
- (vi) central heating;
- (vii) presents for friends or family once a year;
- (viii) car
- (ix) able to afford an afternoon or evening out in the previous two weeks.

The final factor which we describe as *housing and household capital deprivation* is made up of the hypothesised housing items and durable household goods which also load on this dimension. The following items, once again ordered according to their factor weights, comprise the dimension;

- (i) bath or shower;
- (ii) indoor toilet;
- (iii) washing machine;
- (iv) refrigerator;
- (v) colour television;
- (vi) a dry damp free dwelling;
- (vii) heating for the living rooms when it is cold.

The very few items where any question arises about the appropriate factor

allocation involve only minor departures from our original specification. Central heating loads almost equally on the housing and household capital dimension as on the secondary life-style deprivation dimension which is consistent with the fact that both current and previous income and housing sector may influence possession of this item. Finally, heating for the living room when it is cold loads slightly higher on the primary deprivation than on the housing housing deprivation dimensions and has been included in the latter to avoid having two items relating to heating in any of the scales. The alpha reliability coefficients for the scales are as follows:

(i) Primary Deprivation	.70
(ii) Secondary Deprivation	.76
(iii) Housing and Household Capital Deprivation	.70

In Table 5.6 for each of the items, covering the three levels of deprivation for which the information is available, we set out the percentages lacking items, the percentages suffering an enforced lack of items, and the percentage suffering an enforced lack of items which they consider to be necessities. Clearly there are wide variations in the proportions possessing each item. Levels of possession are highest for primary deprivation and housing and household capital deprivation, and significantly lower for the items included in the secondary deprivation scale where, in a majority of cases, close to a half or more of the respondents do not possess the item or do not engage in the activity. When we move to the level of enforced absence, the figures for the housing dimension do not change substantially except in the case of a washing machine and a colour television. With regard to primary deprivation, the percentage deprived drops significantly for having a "roast meat joint or its equivalent once a week". With the exception of "saving", the percentages for the secondary deprivation dimensions drop quite substantially and, in some cases, rather dramatically. Thus in the case of "a daily newspaper" the figure declines from 45 per cent to 16 per cent and for "a hobby or leisure activity" from 33 per cent to 13 per cent.

The situation relating to normative prescription of necessity is somewhat different. Here, it is the set of housing and housing capital items, with the exception of a colour television, which produces the clearest social consensus. Six of the remaining items have percentages ranging from 85 per cent to 99 per cent considering them to be necessities. The primary deprivations items produce a somewhat lower but still extremely strong consensus on the essential nature of the items. The relevant percentages range from 78 per cent to 93 per cent. Once again the exception is the "roast meat

joint" item. Not surprisingly there is much less agreement on the secondary deprivation items. The puzzling aspect of this dimension is the extremely high percentages considering saving to be a necessity in relation to the numbers who can actually afford to do so.

Table 5.6: *Indicators of Actual Style of Living, Enforced Lack and Socially Defined Necessities*

	<i>Percentage of Households Lacking Item</i>	<i>Percentage of Households Suffering Enforced Lack</i>	<i>Percentage of Households Stating it is a Necessity</i>
<i>PRIMARY DEPRIVATION</i>			
New not second-hand clothes	10	8	78
A meal with meat, chicken or fish every second day	13	9	86
Two pairs of strong shoes	16	11	87
A warm waterproof overcoat	13	8	93
A roast meat joint or its equivalent once a week	24	13	68
<i>SECONDARY DEPRIVATION</i>			
A week's annual holiday away from home (not with relative)	68	49	50
A daily newspaper	45	16	40
To be able to save some of one's income regularly	57	55	88
Telephone	48	31	47
A hobby or leisure activity	33	13	71
Central heating	45	29	53
Present for friends or family once a year	24	13	63
Car	38	22	59
<i>HOUSING AND HOUSEHOLD CAPITAL DEPRIVATION</i>			
Heating for the living room when it is cold	3	3	99
Bath or shower	9	7	98
A dry, damp-free dwelling	10	9	99
Indoor toilet	7	6	99
Washing machine	20	10	85
Refrigerator	5	2	94
Colour television	20	9	36

For the additional life-style items the percentage of households experiencing deprivation are as follows:-

- (i) Food Poverty 4.4 : per cent
- (ii) Heat Poverty 6.5 : per cent
- (iii) Debt Poverty 14.2 : per cent

In developing our life-style measures of deprivation we have the option of concentrating on absence of items *per se* or on enforced absence. It might seem obvious that we should choose the latter option in order to control for the effects of taste. The possibility exists, however, that people may be reluctant to admit that they cannot afford an item and this reluctance may vary across items and social goods. However an analysis of this issue which is reported elsewhere (Callan *et al.*, 1990) shows that those who indicate that they are voluntarily going without primary items are indeed choosing to go without such items rather than being forced into the situation. We will therefore deal with life-style deprivation from this point on terms of *enforced* absence.

The emergence of distinct dimensions of life-style deprivation suggests that somewhat different factors may be involved in producing the different types of deprivation. In Table 5.7 we show the correlation between income decile and the dimensions of deprivation. Income has its highest correlation with secondary deprivation -.45 and the lowest with housing and household capital deprivation -.23, while primary deprivation occupies an intermediate position with a correlation of -.35.

Table 5.7: *Correlations between Household Equivalent Income Decile and Life-Style Deprivation Dimensions*

	<i>Correlation with Income</i>
Primary Deprivation	-.35
Secondary Deprivation	-.45
Housing and Household Capital Deprivation	-.23

This pattern of results seems reasonable on theoretical grounds. Housing and household capital items are accumulated over a period of time and we might expect life-cycle factors and location factors to be at least as, if not more, important than income. With regard to primary deprivation, precisely because of the extremes of deprivation being tapped, we would

expect not only that people would draw on savings, or other accumulated resources, to provide such items but also that they would be extremely likely to make use of available systems of social support and, indeed, to do so with some measure of success.

The impact of primary life-style deprivation is such that it requires closer scrutiny. In Table 5.8 we set out the items comprising the scale. The kinds of deprivation implied are of a very basic sort and involve absence of a range of items on whose essential nature a clear social consensus exists. They also reflect a level of day to day strain and exclusion from customary practice which, if enforced, clearly constitute a rather extreme form of poverty.

In Figure 5.2 we display the striking relationship between primary life-style deprivation and perceived economic strain. Less than 1 in 5 households, not suffering an enforced lack of any one primary item, is experiencing extreme difficulty in making ends meet. This figure jumps to over 2 in 5 where one item is lacking and rises gradually to the point where it reaches a level of over 9 out of 10 among households suffering an enforced lack of five or more items. Since our objective is to examine the impact of deprivation and unemployment it will be useful at this stage to look at the relationship of unemployment to primary deprivation. In Figure 5.3 we provide a comparison of the levels of deprivation for the unemployed and employees which shows that the unemployed are almost  $2\frac{1}{2}$  times more likely to suffer an enforced lack of a primary item than employees. A breakdown of length of unemployment is provided in Table 5.9 which shows that the percentage deprived runs from over 40 per cent for those unemployed less than one year to almost 70 per cent for those unemployed more than four years. Thus, as we indicated in our earlier discussion, any analysis of the impact of unemployment and life-style deprivation must take into account the close relationship which exists between the variables.

Both of the other life-style dimensions are also related to perceived financial strain. However, they are in turn strongly related to each other and their effects are unlikely to be independent. Thus someone with a high score on the primary deprivation dimension is almost certain to have a high score on the secondary dimension although the reverse is not necessarily true. It seems most sensible to think in terms of cumulative deprivation. The question arises, for instance, of whether secondary deprivation has any effect when it occurs in the absence of primary deprivation. Put more specifically what impact does not having a vacation, a car or a telephone have on feelings of economic strain or mental health when not associated with severe debt problems or absence of basic food and clothing or heat resources?

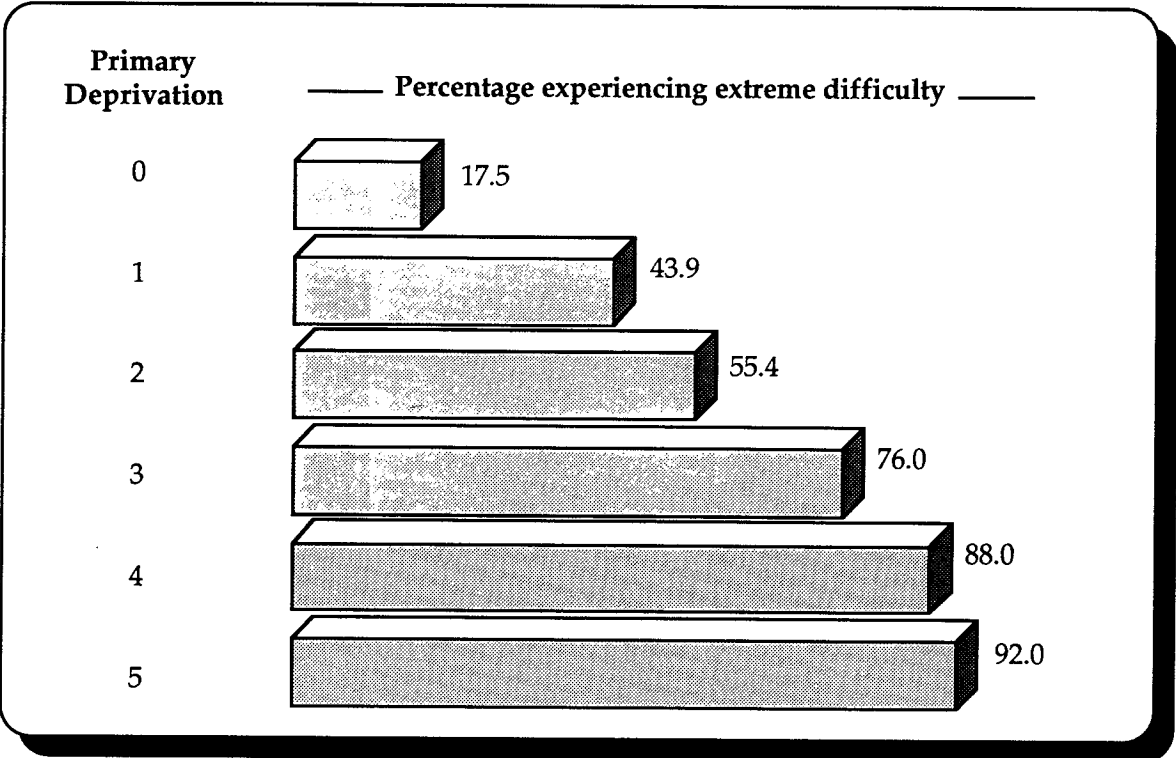
Table 5.8:

## PRIMARY LIFE-STYLE DEPRIVATION ITEMS

1. Household manager has had to go without heating during the last year through lack of money, i.e. has had to go without a fire on a cold day, or go to bed early to keep warm or light a fire late because of lack of gas/fuel.
2. Household manager has had a day in the last two weeks when she/he did not have a substantial meal at all - from getting up to going to bed.
3. Household is:-
  - (i) Currently in arrears on rent, mortgage, ESB or gas
  - or* (ii) Has had to go into debt within the past 12 months to meet ordinary living expenses such as rent, food, Christmas or back to school expenses.
  - or* (iii) Had to sell or pawn anything worth £50 or more to meet ordinary living expenses
  - or* (iv) Receive assistance from a private charity - such as SVP - in the last year
4. Lacking new, not secondhand, clothes
5. Lacking a meal with meat, chicken or fish every second day.
6. Lacking two pairs of strong shoes
7. Lacking a warm waterproof overcoat
8. Lacking a roast meat joint or its equivalent once a week

Figure 5.2:

PERCENTAGE OF HOUSEHOLDS EXPERIENCING EXTREME DIFFICULTY IN MAKING ENDS MEET BY PRIMARY LIFE-STYLE DEPRIVATION





**Figure 5.3:**

**PERCENTAGE SUFFERING AN ENFORCED LACK OF ONE OR MORE PRIMARY ITEMS: A COMPARISON OF THE UNEMPLOYED AND EMPLOYEES**

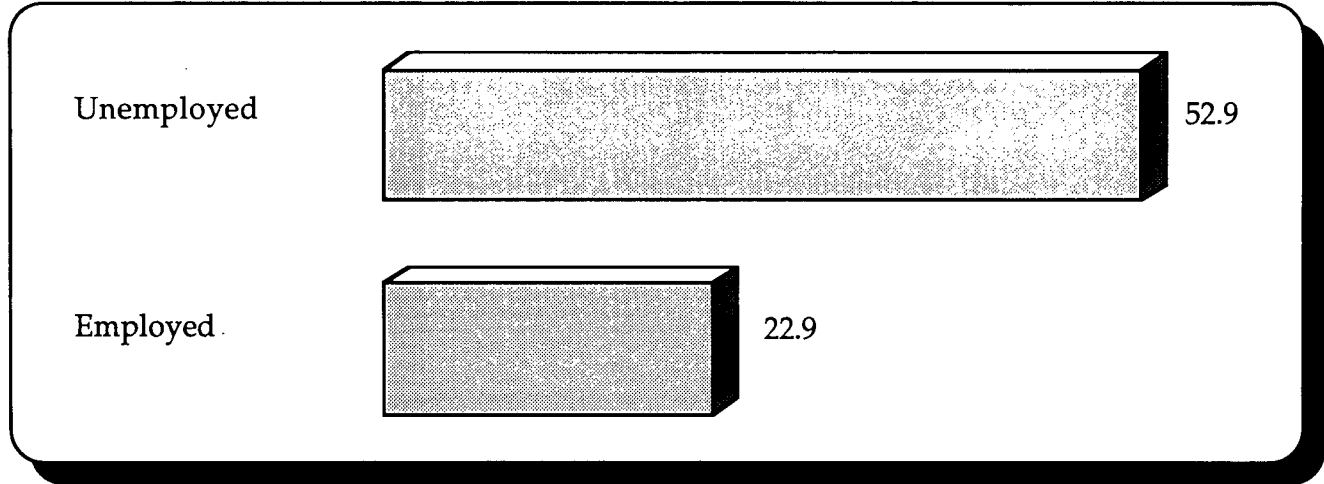


Table 5.9: *Percentage Suffering an Enforced Lack of One or More Primary Items by Length of Unemployment*

	<i>Per Cent</i>
Less than 1 year	44.4
1 – 2 years	46.5
2 – 3 years	65.3
3 – 4 years	59.8
More than 4 years	69.1
Total	55.0
N	528

In order to pursue this line of inquiry, we start by assigning causal priority to the life-style deprivation dimensions as follows:

- (i) Primary Life-Style Deprivation
- (ii) Secondary Life-Style Deprivation
- (iii) Housing and Household Capital Deprivation.

Considerations of both parsimony and meaning dictate that primary deprivation should have priority. Secondary deprivation takes precedence over housing and household capital deprivation because of the evidence that it is much more weakly related to current income. It appears that lack of housing items is rather loosely connected to overall command over resources. This is something which is looked at more closely elsewhere (Callan, *et al.*, 1990).

The relevant questions in predicting perceived economic strain then become

- (i) Does information regarding secondary deprivation provide explanatory power over and above that already available from information relating to primary deprivation?
- (ii) Does the addition of information relating to housing deprivation add anything to our ability to explain economic strain when we have taken primary and secondary deprivation into account?

In Table 5.10 we provide the correlation coefficients appropriate to answering such questions. The procedure we have adopted is one of semi-partial correlation. A squared semi-partial correlation indicates the proportion of variance in the dependent variable accounted for by a given independent variable after another independent variable(s) has already been taken into account (Pedhazur, 1982, p. 119). Each of the life-style deprivation dimensions has its relationship to all of the preceding variables taken

into account. What remains is a residualised variable which is independent of all prior variables. Thus the secondary deprivation coefficient in Table 5.10 provides an indication of the relationship of secondary deprivation to perceived economic strain after allowance has been made for the effect of primary deprivation. The zero order correlation of primary deprivation with economic strain is .46. Even when primary deprivation is controlled for, secondary deprivation has a correlation of .29. On the other hand, when the impact of both of these dimensions has been taken into account, housing deprivation no longer has a significant effect. Since there are significant variations in the extent to which secondary items are considered to be necessities we have also employed the semi-partial correlation procedure in order to test whether such evaluations have an impact on economic strain but could find no evidence for such an effect.

Table 5.10: *Semi-Partial Correlations of Life-Style Deprivation with Household Experiencing Extreme Difficulty in Making Ends Meet*

	<i>Correlation</i>
Primary Deprivation	.46
Secondary Deprivation	.29
Housing and Household Capital Deprivation	-.02

#### *Poverty and Economic Strain*

The evidence we have presented thus far demonstrates that both income and life-style deprivation are closely related to perceived economic strain. The argument for the value of combining income and life-style information in constructing poverty indices has been set out elsewhere and the empirical procedures involved have been described in some detail (Callan, *et al.*, 1990). In general the procedures we have followed are rather similar to those proposed by Donnison (1988) but involve

(i) a more systematic analysis of types of deprivation;

and

(ii) a more explicit treatment of issues relating to the causes of poverty.

Here we will content ourselves with a statement of the concept underlying our measure and brief details on the manner in which it has been operationalised. Our concept of poverty is of a situation where people are excluded from a decent way of life, in the sense of being deprived of items or activities which have the status of being socially perceived necessities.

Our operational definition of poverty is as follows:

Enforced absence of at least one primary item, accompanied by an inability to save income regularly, possession of no more than two income related non-essential items and a household income which is less than 70 per cent of average household income.

Thus our measures are based on two fundamental criteria:

- (i) The absence of critical life-style items,
- (ii) A series of conditions, of which the respondent's own claim to be unable to afford the item is only one, to ensure that the absence is genuinely *enforced*

Obviously it would be possible to construct a variety of poverty lines employing the same principles. However, our present purpose is not to assess levels of poverty and our conclusions are largely unaffected by, for example, allowing the income condition to vary within reasonable limits.

In Figure 5.4 we show the impact of poverty on perceived economic strain. Almost three-quarters of the poor households indicate that they are having extreme difficulty in making ends meet compared with just over 1 in 5 of the non-poor.

#### *Poverty and Unemployment*

The relationship between poverty and unemployment is illustrated in Figure 5.5 where the situation for the unemployed and employees is compared; while roughly 1 in 13 of employees fall below the poverty line this is true of almost two-fifths of the unemployed. Length of unemployment also bears a close relationship to risk of poverty, as we can see from Table 5.11; close to 3 out of 10 of those unemployed for less than one year can be classified as living in poor households, rising gradually to 6 out of 10 for those who have been unemployed for more than five years. It must be noted that this result makes our previous finding regarding the relatively low levels of distress displayed by the latter group even more perplexing. This finding tends to undermine an explanation of the "deviant" result in terms of participation in the "black economy". An alternative explanation could be offered in terms of coping adjustments. Warr and Jackson (1985, p. 805) identify two particularly important mechanisms of adaptation to a new role and reduced commitment to finding a new job. This interpretation takes into account that fact that the initial period of unemployment may be a particularly traumatic time. Gradually adaptation may take place.

Daily and weekly routines become established, expenditure limits become clarified and behaviour may be shaped to avoid threats from new situations or other people (Jackson and Warr, 1985, p. 805).

Figure 5.4:

**PERCENTAGE OF HOUSEHOLDS EXPERIENCING EXTREME DIFFICULTY IN MAKING ENDS MEET BY WHETHER OR NOT THE HOUSEHOLD IS POOR**

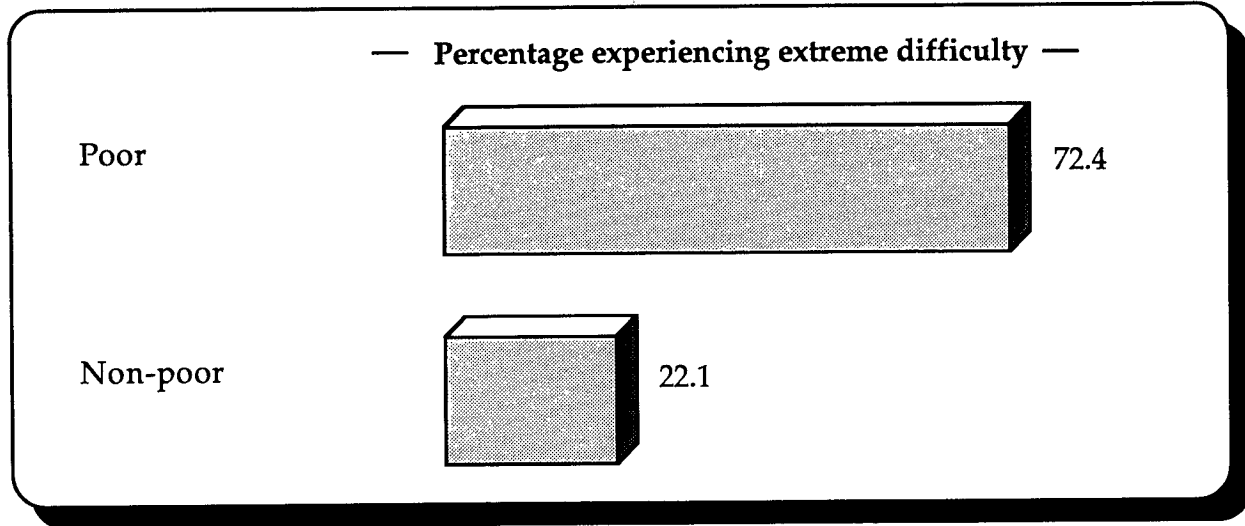


Figure 5.5:

**PERCENTAGE BELOW COMBINED INCOME/LIFE-STYLE  
70 PER CENT POVERTY LINE: A COMPARISON OF THE  
UNEMPLOYED AND EMPLOYEES**

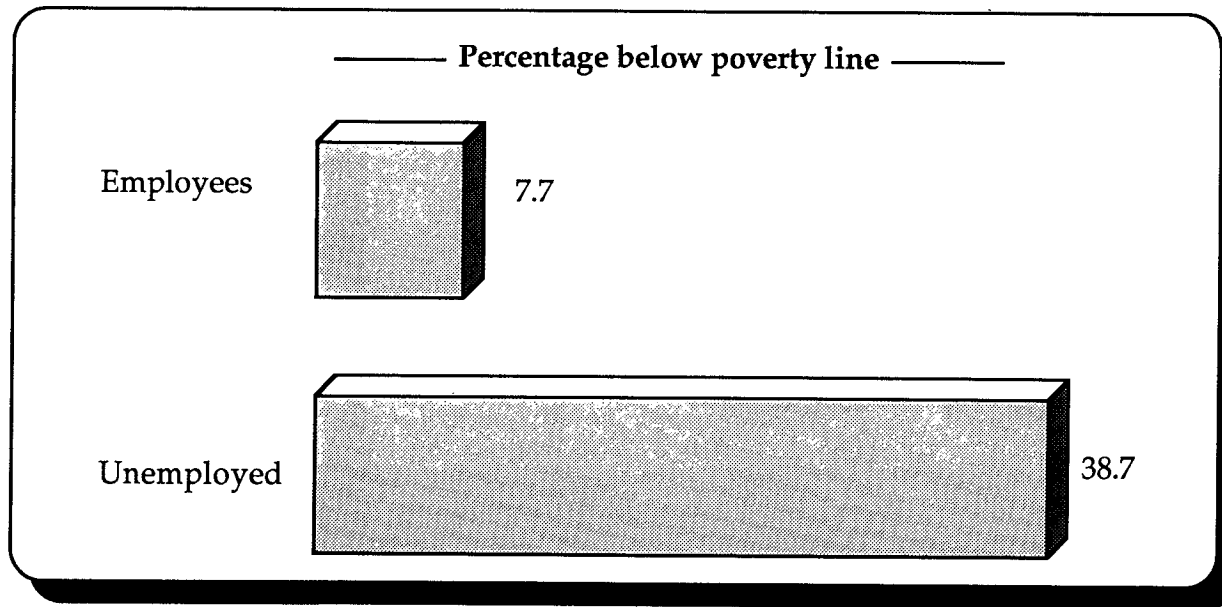


Table 5.11: *Percentage Below Combined Income/Life-Style Poverty Line*

	<i>Percentage below Poverty Line</i>
Less than 1 year	29.0
1 – 2 years	37.9
2 – 3 years	43.6
3 – 4 years	44.1
More than 4 years	59.1

A further adjustment arises from the calculation that the probability of obtaining paid work is low with a consequent reduction in employment commitment and job seeking.

Set against such possibilities is the increased probability of poverty. It seems doubtful to us, in view of the latter, that such coping strategies could account for the results we have observed. It is necessary therefore to consider a further possibility raised by Warr and Jackson (1985, p. 806) that the type of response alternative employed in our measure of psychological distress may lead to an underestimation of levels of distress of those in long-term unemployment. Earlier we had noted the possibility that the GHQ, because it asks respondents for an assessment of symptoms in terms of "more or less than usual", may miss chronic problems. It is possible that it is the long-term unemployed who are least able to cling to a concept of their "usual self" as being without symptoms.

It is not possible to choose between these competing explanations on the basis of the present data. This is an issue which requires further investigation, ideally with alternative measures of distress. One obvious implication of this finding is that it increase the possibility that our estimate on the impact of unemployment on psychological distress is likely to be a conservative one.

### *Conclusions*

In this chapter we have set out the relationship between income, life-style deprivation, poverty and economic strain. In the chapter that follows we will focus our attention on the impact of these variables on psychological distress.

At this point we have contented ourselves with describing the economic measures and spelling out the manner in which they are related to each other. We have shown the relationship of income, and indeed poverty

defined in relative income terms, to perceived economic strain is somewhat less clear-cut than might have been anticipated. This appears somewhat less surprising, than might otherwise have been the case, when we take into account the fact that the relationship of income to life-style deprivation is a great deal less than perfect, while the latter is an extremely good predictor of perceived economic strain.

We have directed attention to the two recurring themes which arise in discussion of indices of deprivation:

- (i) necessity;
- (ii) the structure of deprivation.

The latter issue was tackled by an analysis of the dimensions of life-style deprivation. Among these dimensions, that which we have labelled "primary deprivation", because the kind of deprivation implied is of a very basic nature, bears a particularly striking relationship to feelings of economic strain.

Finally we have combined income and life-style information in order to construct a measure of poverty and have illustrated the dramatic contrast between poor and non-poor households in the degree of economic strain which they experience.



## Chapter 6

### *UNEMPLOYMENT, POVERTY AND PSYCHOLOGICAL DISTRESS*

#### *Income and Psychological Distress*

As we pointed out in the previous chapter the literature dealing with the impact of unemployment on psychological distress has paid relatively little attention to the mediating role of poverty. In this chapter we will try to develop our concern with the manner in which acute and chronic stresses converge to produce an impact on emotional well-being which stems from hardship in basic enduring economic and social circumstances, and the experience of what has been described, as "economic brinkmanship" (Pearlin *et al.*, 1981).

We commence our analysis of this issue by looking at the relationship of income to psychological distress, as set out in Figure 6.1. The pattern is rather similar to that involving income and perceived economic strain in that, while a clear relationship exists, it is somewhat weaker than might be expected and, in particular, there is very little variation across the bottom three deciles. The number above the threshold varies from 1 in 10 of those in the top decile to 1 in 4 in the bottom decile. This is perhaps not entirely surprising in view of the evidence we have presented earlier relating to the relationship of income to perceived economic strain. In fact the contrast between those in households experiencing extreme difficulty in making ends meet, who make up almost 1 in 3 respondents, and all others shown in Figure 6.2 is greater than that between the occupants of the top and bottom deciles. Again the limitations of a purely income based measure of deprivation are illustrated in Figure 6.3 which shows a breakdown of the probability of coming above the psychiatric morbidity threshold by the 40, 50 and 60 per cent relative poverty lines. The degree of differentiation is a great deal less than one would expect on *a priori* grounds employing the most restrictive definition of relative poverty although the situation improves as poverty is defined more generously.

#### *Life-Style Deprivation and Psychological Distress*

The relationship of primary life-style deprivation to perceived economic strain would lead us to expect that it would play a major role in determining levels of psychological distress and Figure 6.3 provides a resounding

Figure 6.1:

PERCENTAGE ABOVE GENERAL HEALTH QUESTIONNAIRE THRESHOLD BY TOTAL EQUIVALENT HOUSEHOLD INCOME DECILE

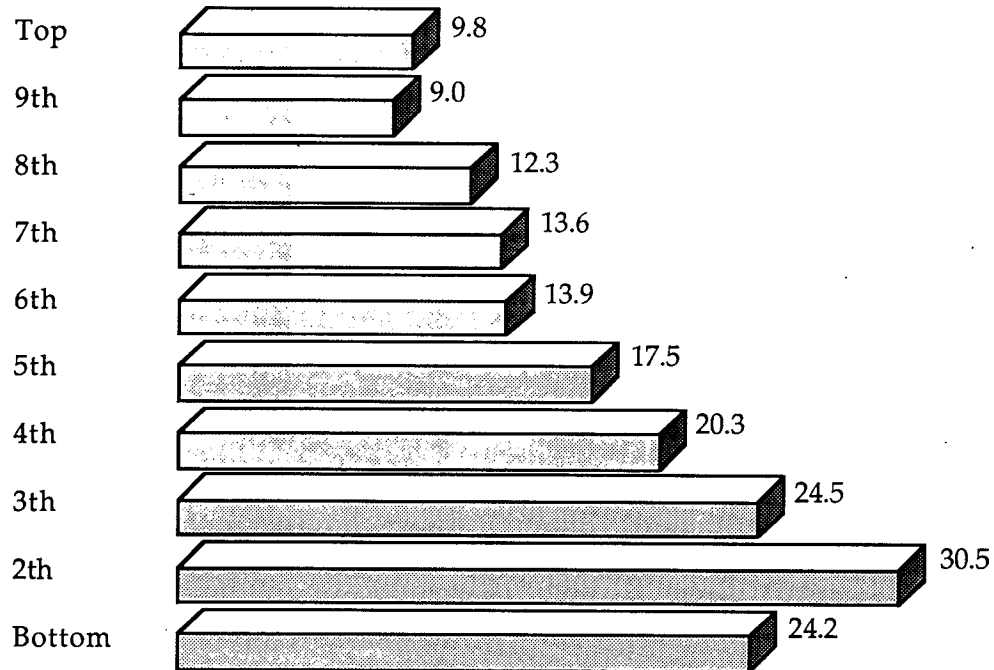


Figure 6.2:

**PERCENTAGE ABOVE GENERAL HEALTH QUESTIONNAIRE THRESHOLD  
BY WHETHER THE HOUSEHOLD IS EXPERIENCING "EXTREME  
DIFFICULTY IN MAKING ENDS MEET"**

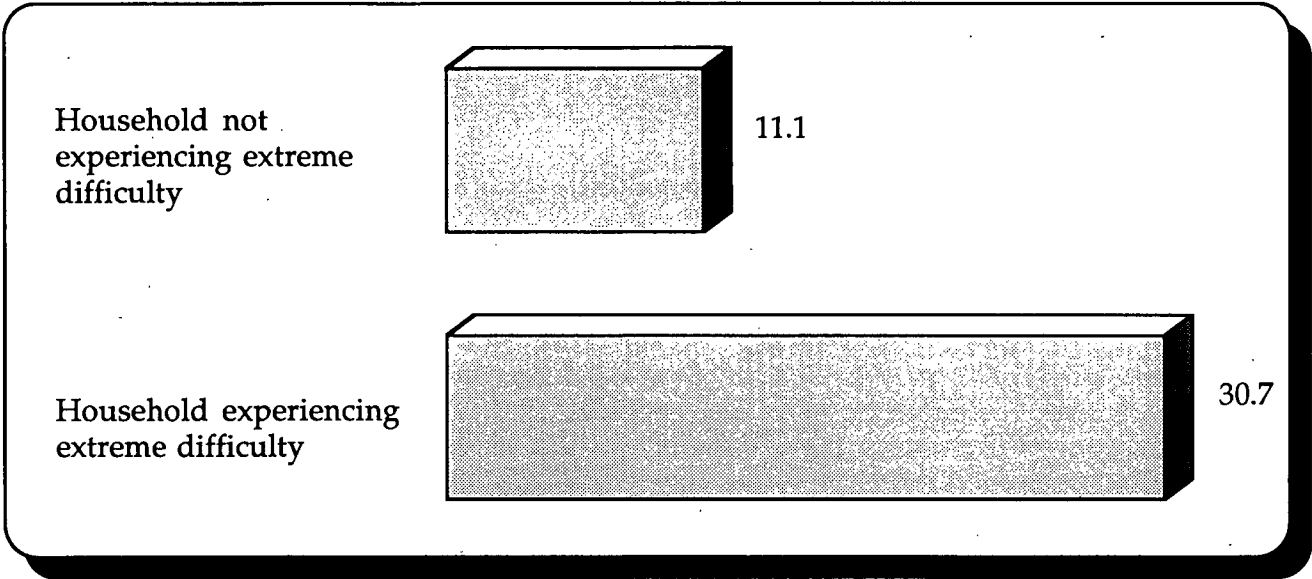


Figure 6.3:

PERCENTAGE ABOVE GENERAL HEALTH QUESTIONNAIRE  
THRESHOLD BY PRIMARY LIFE-STYLE DEPRIVATION

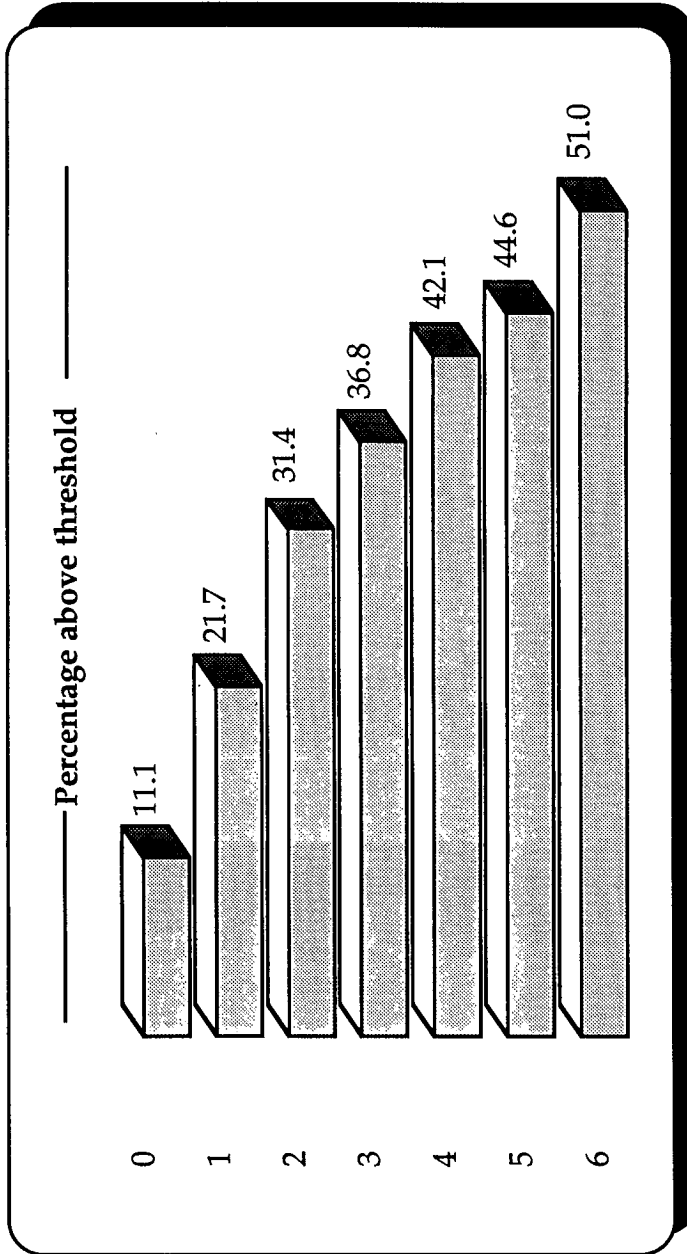


Table 6.1: *Semi-Partial Correlations of Life-Style Deprivation Dimensions with the General Health Questionnaire Score*

	<i>Correlation</i>
Primary Deprivation	.31
Secondary Deprivation	.11
Housing Deprivation	.01

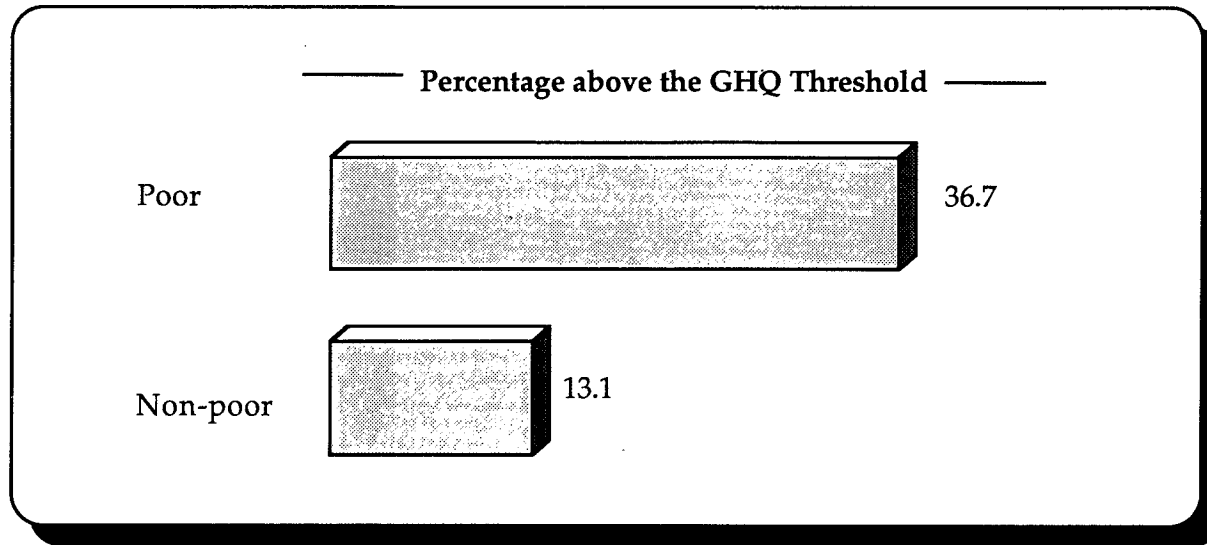
confirmation of this hypothesis with just over 1 in 10, of those lacking none of the primary items, scoring above the GHQ threshold. This jumps to 1 in 5 for those lacking one item and rises gradually to over one-half for those lacking six or more items. The impact of primary deprivation on mental health is striking by any standards. In Table 6.1 we use the semi-partial correlation procedure once again to look at the impact of a range of life-style deprivation dimensions. The primary deprivation dimension has a zero-order correlation with the GHQ of .31 which, when we correct for attenuation of the correlation due to the fact that neither of the variables is measured with perfect reliability, rises to .41. The semi-partial correlation for secondary deprivation is .11; while the housing deprivation dimension has no effect when the impact of the other factors has been taken into account. Once again we have tested whether evaluation of necessity in relation to the secondary items plays any role and have found no evidence for an effect. It is particularly interesting to note the difference in the relative importance of the primary deprivation and secondary deprivation variable, as indicated by the correlation coefficients, in comparison with the situation pertaining to perceived economic strain. In this latter case the ratio of the coefficients was of the order of 2:1, while for psychological distress it reaches almost 3:1. Thus it is deprivation of a rather fundamental sort which is the critical life-style factor in affecting mental health. The enforced absence of items outside the category of socially defined necessities plays a much more modest role.

#### *Poverty and Psychological Distress*

In Figure 6.4 we set out the relationship between poverty and psychological distress. Poverty is defined as enforced absence of at least one primary item accompanied by an inability to save income regularly, possession of no more than two income related non-essential items and a level of household income which is below 70 per cent of average household income. The results show that over 1 in 3 of those in poor households are above the GHQ threshold compared with just less than 1 in 8 of those in non-poor households.

Figure 6.4:

PERCENTAGE ABOVE THE GHQ THRESHOLD BY WHETHER  
OR NOT THE HOUSEHOLD IS IN POVERTY



*The Role of Unemployment, Life-Style Deprivation and Poverty in Determining Psychological Distress*

The issue of the relative importance of unemployment and life-style deprivation in determining psychological distress must be, to some extent, an artificial one since unemployment is one of the major causes of poverty and any assessment of the magnitude of its impact must include such an indirect effect. In the chapter that follows we will look at such issues from a multivariate perspective. For the moment we can see from Table 6.2 that there is a very close relationship between unemployment and poverty. The fact that it is current employment status which is critical in determining poverty is consistent with our previous finding, that although the impact of previous unemployment experience is not negligible, it is the current episode of unemployment which determines the level of psychological distress.

In Table 6.3 we look at the impact of unemployment while controlling for primary life-style deprivation. If we compare those respondents who are unemployed with those at work or retired, at matching levels of deprivation,

Table 6.2: *Impact of Unemployment on Probability of Being Poor*

	<i>Percentage Poor</i>
Employee never unemployed	4.9
Employee unemployed at some stage	6.7
Employee unemployed in previous twelve months	13.0
Unemployed	38.7

Table 6.3: *Percentage Above the General Health Questionnaire Threshold Score by Primary Life-Style Deprivation: A Comparison of those Unemployed and those at Work or Retired*

Primary Life-Style Deprivation	<i>At Work or Retired</i> <i>Percentage Above</i> <i>the GHQ Threshold Score</i>	<i>Unemployed</i> <i>Percentage Above</i> <i>the GHQ Threshold Score</i>
	0	6.8
1	15.9	29.8
2	19.4	36.5
3+	21.9	47.7

it is transparent that being unemployed substantially increases one's probability of coming above the morbidity threshold, even when allowance has been made for the level of deprivation. On average, there is a difference of 20 percentage points, between those unemployed and those at work. While unemployment is strongly related to primary life-style deprivation, this association by no means provides the total explanation of the impact of unemployment on mental health.

Similarly, it is clear that primary deprivation has an independent effect on psychological distress when one controls for work status. Among those at work or retired the percentage above the GHQ threshold rises from 7 per cent for those with a score of zero on the primary dimension to over 20 per cent for those lacking three or more items. For the unemployed the level of morbidity rises from just over 1 in 4 at the lowest level of deprivation to almost 1 in 2 at the highest. The difference between those at the extreme end of the combined employment status and deprivation situation is over 40 percentage points.

In Table 6.4 we set out the corresponding analysis using our poverty measure. Unemployment can be seen to have a substantial and broadly similar effect among those in poor and non-poor households with a 20 point percentage difference existing between those unemployed and at work for both groups. Once again the effects are cumulative with less than 1 in 12 of those at work and in non-poor households coming above the threshold compared to over 2 out of 5 of those who are unemployed and in poor households.

Table 6.4: *Percentage Above the General Health Questionnaire Threshold Score by Whether or not the Household is in Poverty Controlling for Work Status*

	<i>At Work or Retired</i>	<i>Unemployed</i>
Poor	22.5	41.7
Non-Poor	8.2	29.1

A great deal of previous work on the impact of unemployment would suggest that such a substantial impact for unemployment even when controlling for deprivation is much less likely to be observed among manual workers.

The idea that people who value their jobs or careers highly will be most seriously affected by job loss is a familiar one in the field. It has often been raised in relation to the difference between the experience of professional workers versus those on weekly wages performing more routine jobs (Fryer and Payne, 1986, p. 256).



The manual/white collar distinction is usually seen as crucial in explaining variations in employment commitment. The major contrast between such groups is usually taken to be that white collar workers give priority to intrinsic factors (how interesting the work is, opportunities to use skills), while manual workers respond primarily in terms of extrinsic factors (wages, security, working conditions).

Kasl (1979, p. 196) goes beyond attempting to document the causal ordering of such influences to assert that for workers in low skill jobs adaptation to dull monotonous work may require greater adaptive resources than, for example, retirement. Others go further.

... especially for those with unpleasant unemployment, retirement can be a rewarding experience for what it does not entail. Failure to appreciate this factor may be a result of the relatively privileged positions of those who write about retirement (Foner and Schwab, 1983, p. 81).

One of the current authors has argued in a number of publications that it is necessary to develop a broader perspective on the meaning of employment than that adopted by authors such as Kasl. From both psychological (Jahoda, 1981; 1982) and sociological perspectives (Fox, 1976; Brown, 1984, 1985) authors have argued for the need to acknowledge the fact that employment and work have both manifest and latent functions. Jahoda argues that over and above the provision of financial rewards, employment serves a variety of latent functions by embedding the individual in a web of social relations. Employment provides psychological benefits by providing access to a variety of categories of experience. Jahoda draws on Freudian insights in arguing that employment need not be pleasurable to be beneficial if it provides links to reality which are crucial for psychological maturity and social functioning. This remains true, despite the fact that having a job may also involve costs associated with boredom, fatigue and physical and psychological strain. It is, however, possible to accept the main thrust of Jahoda's argument without adhering to the psychoanalytic theory of need fulfilment and without presuming that work serves the same function for every individual (Kelvin and Jarrett, 1985, pp. 53-59). Miles (1983, pp. 19-20) notes that the kind of psychological process covered in Freudian theory by the label "reality principle" can be found in attribution theory and social comparison theory conceptualised in terms of

... the role of social feedback and other external standards of reference as sources of information on oneself, important both for maintenance of self-esteem and for regulating one's activities.

Such perspectives are consistent with the stress laid by sociologists on that fact that human faculties, capacities and tastes are shaped by society.

Both the psychological and sociological perspectives concur in accepting that the full range of meanings of work goes beyond the dichotomy between work as a purely instrumental activity and work as a means of self-actualisation. Thus, work may provide less opportunity for manual workers, and in particular unskilled manual workers, to relate to society through their work contributions, to find satisfaction through achievement, or to contribute to some cause. Nevertheless, it may still be extremely important in terms of enhancement of self-esteem, opportunities for sociability and provision of a routine and distraction from personal problems (Fox, 1976, p. 38). Warr (1982), in a study of non-financial employment commitment, found that some 69 per cent of full-time British male employees and 65 per cent of female full-time employees reported that they would continue in employment even if this was no longer financially necessary. These figures are broadly consistent with those reported in a number of American studies (Quinn and Staines, 1979; Vecchio, 1980), although the American figures tend to be slightly higher. Whelan, (1980, p. 107) reports an even higher figure of 82 per cent for male full-time employees in Dublin. The figures ranged from 88 per cent for professional and managerial employees to 81 per cent of unskilled manual employees. In Britain the percentages reporting they would definitely never work again, ranged from 11 per cent of professional and managerial employees to 19 per cent of semi-skilled manual workers. Thus while class differences in employment commitment do exist, they are relatively modest.

Affirmative responses to questions regarding attitude to continuing work if it were financially unnecessary, have usually been interpreted as indicating a positive attachment to work. However, as Whelan (1980, p. 187) points out, they might just as easily reflect (a) difficulties respondents would anticipate at being involved in such a complete change in life style, (b) the respondents' perceptions of the resources which they possess to cope with such a change and to avail of the opportunities it would present, and (c) their perceptions of the likely reactions of significant others such as family and friends. Viewed in these terms, Whelan found that almost half of the semi-skilled and unskilled manual workers referred to what, in relation to work, are essentially negative reasons, such as "feeling useless if not working" and "not knowing what to do with their time". The corresponding figure for professional and managerial employees was 15 per cent.

To provide a differentiated measure of employment deprivation among a sample of retired employees (Whelan and Whelan, 1988, p. 44) asked them to express agreement or disagreement with the following set of statements.

I often miss being with other people at work;  
 I often miss the feeling of doing a good job;  
 I often miss the respect of others;  
 I often miss things happening around me;  
 I often miss the work itself;  
 I often worry about not having a job;  
 I often miss the feeling of being useful.

They found that almost three-quarters of manual workers missed people at work and the feeling of doing a good job. Two-thirds missed things happening and the work itself and almost half missed feeling useful and the respect of others.

In the light of such results, the findings set out in Table 6.5, where we show the impact of unemployment for manual workers controlling for life-style deprivation are hardly surprising. At each level of deprivation close to 20 per cent more of the unemployed are likely to come above the GHQ threshold. Even if we make allowance for the fact that we have not controlled for all resource factors, the scale of the observed differences is entirely consistent with the results from our earlier work and provides ample support for our rejection of the view which sees manual workers as motivated entirely by materialistic considerations.

The corresponding analysis involving a contrast between those in poor and non-poor households, set out in Table 6.6 confirms this conclusion. For the manual group there is a 20 point percentage difference between the unemployed and those at work for those in poor and non-poor households. There is no apparent difference in the pattern of results for manual and non-manual households.

Table 6.5: *Percentage Above the General Health Questionnaire Threshold by Primary Life-Style Deprivation: A Comparison of the Unemployed and Those at Work for Manual Workers*

Primary Life-Style Deprivation	<i>At Work or Retired</i>	<i>Unemployed</i>
	<i>Percentage above the GHQ Threshold</i>	<i>Percentage above the GHQ Threshold</i>
0	7.2	28.4
1	13.6	30.6
2	19.6	38.1
3	24.6	40.9
4+	22.4	59.0

Table 6.6: *Percentage Above the General Health Questionnaire Threshold Score by Whether or not the Household is in Poverty Controlling for Work Status and Class*

	<i>Manual</i>		<i>Non-Manual</i>	
	<i>At work or retired</i>	<i>Unemployed</i>	<i>At work or retired</i>	<i>Unemployed</i>
	<i>Percentage above the GHQ Threshold</i>	<i>Percentage above the GHQ Threshold</i>	<i>Percentage above the GHQ Threshold</i>	<i>Percentage above the GHQ Threshold</i>
Poor	23.6	44.0	19.1	47.1
Non-Poor	8.5	31.1	7.9	24.7

*The Impact of Husband's Unemployment and Life-Style Deprivation and Poverty*

It is clear that while the risk of poverty which is associated with unemployment is one of the important ways in which job loss is translated into psychological distress, a great deal more is involved. Unemployment involves exclusion from a range of experiences and associated psychological benefits, and exposure to the potentially stressful demands of the new role of being unemployed. For the wives of unemployed men the situation is rather different. While their husbands' altered role can clearly have implications for their pattern of activities, any alterations in their own roles are likely to be marginal in comparison with those to which their husbands must accommodate. In view of this we might expect that the role of economic factors might loom large. In Table 6.7 we provide details of the impact of husband's work status while taking into account the impact of life-style deprivation. Husband's unemployment has no clear independent effect when allowance is made for level of deprivation. The analysis in Table 6.8 which compares those in poor and non-poor households, provides a further illustration of this point. Where a husband's unemployment does not result in the household being pushed into poverty it does not appear to have any impact on the wife's level of psychological distress. These results do not necessarily imply that a wife's response to her husband's unemployment takes an entirely economic form. However, whatever the emotional aspects of her response are they do not seem to involve a heightened probability of psychiatric morbidity. Our findings in this regard are consistent with a body of research that has argued that male unemployment may carry a heavy managerial role for wives (Pahl, 1980; 1983). A recent study of the impact of unemployment on the family and marital relations observed

... it was often the wives who had to live on their wits, variously hunting down bargains, devising new "economic" meals, locating borrowing sources, placating hungry children, refusing children spending money or treats, patching and mending clothes, going without food or taking less nutritional meals themselves and sometimes dealing with creditors (McKee and Bell, 1985, p. 395).

Table 6.7: *Percentage of Married Women Above the General Health Questionnaire by Primary Deprivation Controlling for Husband's Work Status*

	<i>Husband at Work or Retired</i>	<i>Husband Unemployed</i>
Primary Deprivation		
0	10.6	11.0
1	21.1	17.8
2	20.7	37.5
3+	44.6	46.9

Table 6.8: *Percentage of Married Women Above the General Health Questionnaire Threshold by Whether Household is in Poverty Controlling for Husband's Work Status*

	<i>Husband at Work</i>	<i>Husband Unemployed</i>
Poor	26.4	39.8
Non-Poor	12.9	14.8

### *Conclusions*

In this chapter we have sought to look at the effects of unemployment, life-style deprivation and poverty on psychological distress. Our analysis brings out the fact that it is necessary to go beyond income *per se* and take a broader view of deprivation and resources. This is illustrated with particular force by the dramatic impact which "primary deprivation" has on psychological distress. It is deprivation of the rather basic sort which we have labelled "primary deprivation" which involves the enforced absence of socially defined necessities which has the decisive impact. The absence of secondary or non-essential items plays a more modest role while housing

deprivation has no significant impact. A further illustration of the consequences of extreme deprivation is provided by the fact that those in poor households are three times more likely to score above the GHQ threshold.

Despite the scale of impact of such deprivation, unemployment has a very substantial effect even when allowance is made for life-style situation. The effects of unemployment and life-style deprivation on poverty are cumulative with the unemployed in poor households being five times more likely to fall above the morbidity threshold than those at work or retired and living in non-poor households.

The foregoing conclusions are equally true for manual and non-manual workers despite a number of suggestions in the literature which would lead us to expect unemployment to play a significantly less powerful independent role for the former group.

On the other hand, this is precisely the situation we find for married women where husband's unemployment has no impact on psychological distress among those in non-poor households.

## Chapter 7

### *EXPLAINING PSYCHOLOGICAL DISTRESS: THE ROLE OF ECONOMIC STRESS AND VULNERABILITY*

#### *Introduction*

In our analysis to date we have set out the impact of socio-demographic factors such as social class, sex, marital status and urban-rural location on psychological distress. The question to which we wish to direct our attention at this point is the extent to which such differences can be accounted for in stress and vulnerability terms. We are also anxious to assess the extent to which the latter factors exert an influence independently of social background.

Our attention will be focused on economic stress and we will make use of our measures of income, and primary and secondary life-style deprivation. The issue of vulnerability will be addressed by examining differential response to

- (i) Unemployment, and work status more generally, by socio-demographic background;
- (ii) Primary life-style deprivation by perceived availability of social support.

#### *Stress, Vulnerability and Social Selection*

The essential aspects of the debate in this area are best illustrated, perhaps, by considering the impact of social class on psychological distress. A variety of research exists showing that lower class people are exposed to greater levels of stress. In the last decade, however, a number of authors have argued that while differential exposure plays a significant role, it nevertheless accounts for only a minor part of the status/distress relationship. A far more central role is played by differences in responsiveness to stress (Kessler and Cleary, 1980; McLeod and Kessler, 1990). Thus a number of studies have demonstrated that lower class people are particularly responsive to stress (Brown, *et al.*, 1975; 1978). The individual's environment is seen as affecting not only levels of stress but ability to cope.

The environment shapes the individual's intrapsychic resources and social resources. The former can include feelings of self-worth and control

over the environment. The latter covers access to supportive relationships. While we have implied that it is the working class environment that produces such differences, this is not necessarily so. Kessler and Cleary (1980, p. 465) note that both social selection and social causation perspectives have been applied to the issue of social differences in levels of psychological distress.

The former argues that people with psychological disabilities are more common in the lower socio-economic strata because of natural competitive conditions that distribute people across the class structure according to their abilities. The social causation argument by comparison holds that the life conditions to which lower class people are subjected lead to comparatively high levels of emotional disaster (Kessler and Cleary, 1980, p. 465).

The socio-selection argument is neutral as regards the nature-nurture argument but it does assume that selection takes place on the basis of psychological frailties which may be learned and those with least resources drift into the lower class. Similarly competent copers would be selected out.

The bulk of the analysis concerned with this issue has focused on the differential impact of life events. Our interest, however, is primarily on the impact of chronic strain and we have therefore chosen to look at variations in the impact of poverty on psychological distress by mobility experience across the manual-non-manual line, as set out in Table 7.1. From this table we can see that there is very little evidence that poverty has a substantially greater effect on psychological distress among those who have been downwardly mobile from non-manual origins. For this group the percentage of those in households in poverty above the GHQ is 37 per cent compared with 12 per cent for those not in poverty. The corresponding figures for

Table 7.1: *The Impact of Poverty on Psychological Distress By Mobility Between Manual and Non-Manual Groups*

	<i>Non-Mobile Percentage Above GHQ Threshold</i>	<i>Upwardly Mobile</i>	<i>Downwardly Mobile</i>
Non-Poor	15.2	11.4	11.5
Poor	36.7	29.5	36.8



the upwardly mobile group are 30 per cent and 11 per cent. In Table 7.2 we provide a more explicit test of this hypothesis by means of multiple regression where we can see that the coefficient of the interaction between

Table 7.2: *Multiple Regression Illustrating The Interaction of Primary Deprivation With Class Origins and Destination and Downward Mobility in its Effect on General Health Questionnaire Scores*

Current Class Non-Manual	-.23***
Father's Class Non-Manual	-.12***
Primary Deprivation	.45***
Downwardly Mobile	-.08***
Current Class Non-Manual x Primary Deprivation	-.03***
Father's Class Non-Manual x Primary Deprivation	.15
Downwardly Mobile x Primary Deprivation	-.16
Constant	.90
R <sup>2</sup>	.105
F	92.9
N	5,523
***	p < .001

downward mobility and psychological distress is negative, rather than positive as the hypothesis could suggest. In Table 7.3 we present the coefficients of primary deprivation for each combination of destination and origins, which indicate that the strongest impact for primary deprivation occurs among those with non-manual origins and destinations. Thus there is no support for the self-selection argument. We should stress that this group is actually least likely to be deprived but where such deprivation occurs its impact is greatest.

*Socio-Demographic Variations in Psychological Distress: The Role of Unemployment and Economic Stress*

In Table 7.4 we present a set of equations relating to the determinants of psychological stress. Those respondents who have a labour force status of being ill or disabled have been excluded from the analysis. Equation (i) provides a summary of some of our results to date in that it shows that psychological distress is associated with physical illness, lower social class, an

urban location, being female and a marital status other than being married but in particular being divorced/separated.

Table 7.3: *Regression Coefficient for Impact of Primary Deprivation on General Health Questionnaire Score by Class Origins and Destination*

<i>Father's Class</i>	<i>Manual</i>	<i>Non-Manual</i>
Manual	.45	.42
Non-Manual	.38	.57

Table 7.4: *Multiple Regression of the Determinants of Psychological Distress: The Impact of Socio-Demographic Variables, Work Status, Economic Stress and Social Stress*

	(i)	(ii)	(iii)	(iv)
Physical Illness	1.05***	1.05***	1.00***	.99***
Rural Location	-.24***	-.19***	-.20***	-.21***
Single	-.20***	.11	.10	.13*
Separated/Divorced	1.49***	1.44***	.99***	.95***
Widowed/Widower	.26*	.30**	.33**	.36**
Social Class	-.17***	-.10***	.01	.01
Gender	.19***	.99***	.72***	.73***
At Work or Retired		-.36***	-.16***	-.17
At Work or Retired x Gender	-1.22***	-.98***	-.99***	.99***
Income Decile			.02*	-.02
Primary Deprivation			.36***	.33***
Secondary Deprivation			.09***	.08***
Absence of Instrumental Support				.18*
Absence of Instrumental Support x Primary Deprivation				.07
Constant	1.45	1.38	0.83	0.78
R <sup>2</sup>	.073	.115	.171	.173
F	61.1	78.2	93.2	81.3
N	5,453	5,453	5,453	5,453
	*** p < .001			
	** p < .01			
	* p < .1			

In equation (ii) we introduce the impact of being at work or retired and the interaction of this variable with gender. We have chosen to use this variable in our analysis of the overall sample excluding the ill/disabled; our earlier analysis indicated that the use of the unemployment variable would not be particularly informative as it would result in unemployed married women being contrasted with those at work and those in home duties. We will introduce the unemployment variable into our analysis where the sample excludes those in home duties.

From equation (ii) we can see that the introduction of the work status variable, and its interaction with gender, leads to a substantial reduction in the size of the coefficients for social class, for being single rather than being married, and some reduction for urban location, but has little impact on the other marital status categories. The most striking finding, however, relates to the nature of the interaction between work status and gender. In Table 7.5 we summarise the outcome of this interaction. Taking women who are not at work or retired as the reference category we show how the other groups differ from this category and, by implication, from each other. It must be stressed that we are concentrating on *relativities* rather than absolute scores. The most deprived group is men who are neither at work or retired; the least deprived group is men at work or retired and the largest difference with a score of 1.58 occurs between these groups. Women who are at work or retired also enjoy an advantage over those who are not, but the difference in scores is reduced to 0.36. In order to decide whether men or women have the most favourable mental health situation it is necessary to specify work status.

Table 7.5: *Interaction Effect of Being at Work or Retired with Gender with Women Not at Work or Retired as the Reference Category*

	<i>Controlling for Socio-Demographic Background Variables</i>	<i>Controlling for Socio-Demographic Background Variables and Economic Strain Variables</i>
Women not at work or retired	0.0	0.0
Men not at work or retired	0.99	0.72
Women at work or retired	-0.36	-0.16
Men at work or retired	-0.59	-0.42

In equation (iii) we introduce a number of indicators of economic stress, namely income, primary life-style deprivation and secondary life-style deprivation. With the introduction of these variables the impact of social class becomes insignificant and the consequences of being separated/divorced are ameliorated. Once again we can note that the effect of income is modest in comparison with life-style deprivation. In the first part of Table 7.5 we display the outcome of the interaction between work status and gender while controlling first for relevant socio-demographic variables. In the second part of the table, controls for economic strain variables are added. The shift in the pattern of the coefficients is, broadly, as before, with a reduction in the size of all the coefficients but with the relative size of the reduction being somewhat greater for women. This finding suggested that for females as opposed to males, the impact of being at work is, to a somewhat greater extent, a consequence of a reduction in economic stress.

Overall the introduction of the socio-demographic variables produces relatively little change in the relationship of physical illness or urban location to psychological distress. On the other hand, the impact of social class is totally accounted for and a significant reduction in the size of the coefficients for being single or separated/divorced is observed; although in the last case a significant independent effect persists.

We have also conducted an analysis using unemployment as the key labour force status variable and restricting the sample to those who are unemployed or at work or retired. The full details of the analysis are set out in Appendix Table 7.1. Here we will concentrate on the additional relevant information which it affords us and, in particular, on the three way interaction between unemployment, gender and marital status. The observed pattern of results is displayed in Table 7.6. The largest effect for unemployment, not surprisingly, occurs among married men; with the

Table 7.6: *Interaction Effect of Being Unemployed by Gender and Marital Status with Married Women, at Work or Retired, Serving as the Reference Category*

	<i>Controlling for Socio-Demographic Variable</i>			
	<i>Unemployed</i>		<i>At work or retired</i>	
	<i>Single</i>	<i>Married</i>	<i>Single</i>	<i>Married</i>
Male	1.37	1.70	-.11	-.23
Female	1.60	.80	.12	.00

unemployed having GHQ scores 1.93 units higher than for those at work or retired, even when we control for physical illness, social class and urban/rural location. The difference for single men and women is about half of a unit smaller and for married women it drops to .8 of a unit.

In our final analysis of the impact of labour force status we restrict our attention to the married sub-sample and focus on the impact of their spouse's labour force status. The results are set out in Table 7.7. From equation (ii) we can see that for women the impact of their spouse being at work or retired, rather than unemployed is to reduce their GHQ score by .72 of a unit even when we control for socio-demographic background. For men on the other hand, the effect is as small as .04 of a unit. When we introduce controls for the economic stress factors in equation (iii) the impact of husband's work status declines sharply to .17 of a unit.

Table 7.7: *Multiple Regression of the Determinant of Psychological Distress: The Impact of Socio-Demographic Variables, Work Status, Economic Stress and Social Support Among Married Respondents*

	(i)	(ii)	(iii)	(iv)
Physical Illness	1.08***	1.10***	1.05***	.97***
Rural Location	-.27***	-.21***	-.21***	-.20***
Social Class	-.20***	-.09***	.01	.01*
Gender	-.10*	.77***	.74***	.86***
At Work or Retired		-.22*	-.10	-.10
At Work or Retired x Gender		-1.59***	-1.12***	-1.14***
Spouse at Work or Retired		-.72***	-.17***	-.11
Spouse at Work or Retired x Gender		.68***	.26***	.20***
Income Decile			.00	.00
Primary Deprivation			.42***	.32***
Secondary Deprivation			.10***	.10***
Absence of Instrumental Support				.18*
Absence of Emotional Support				.41***
Absence of Instrumental Support x Primary Deprivation				.12*
Absence of Emotional Support x Primary Deprivation				.14**
Constant	1.74	1.95	.89	.71
R <sup>2</sup>	.068	.127	.188	.204
F	70.3	69.7	80.5	65.4
N	3,854	3,854	3,854	3,854

Thus for both their spouse's work status and their own work status, controlling for economic stress variables explains a great deal of the original relationships observed for married women. The role of economic stress in mediating the impact of their spouse's or their own work status for married women becomes easily comprehensible when, as in Figure 7.1, we look at the impact of joint labour force status on the probability of the household falling below the 70 per cent poverty line. Well over half of those households, where neither spouse is at work or retired, fall below the poverty line. This drops dramatically to 1 in 8 of those households where the wife is working, and to 1 in 10 where the husband is working. Thus while economic stress plays an important role for women and men, it appears to be crucial for the former, while for the latter social values relating to factors such as the need to play the role of family provider, coupled with loss of valued aspects of the work role appear to have a substantial independent effect.

*The Role of Social Support in Mediating the Impact of Economic Stress*

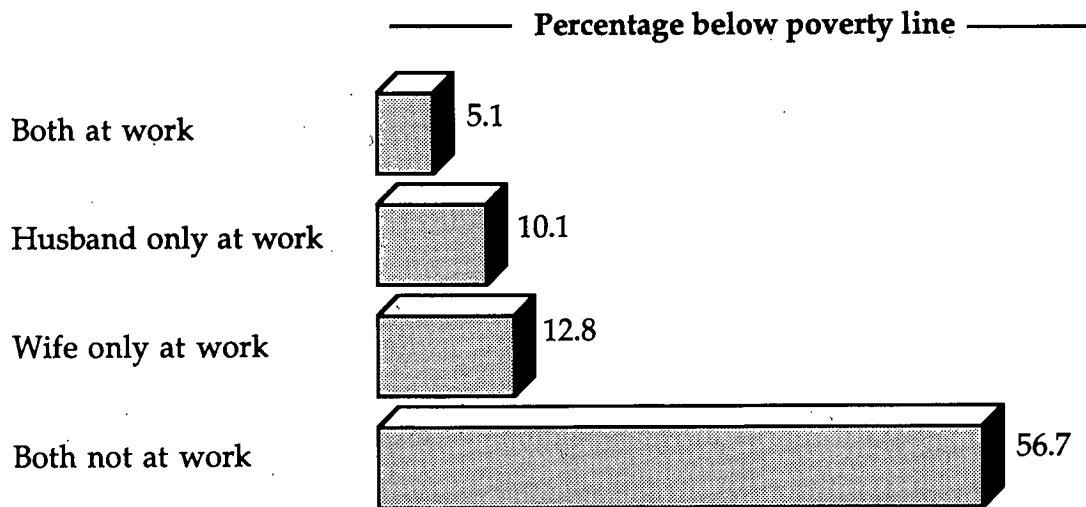
It is now generally accepted that the level of distress that people exhibit cannot be adequately predicted from the intensity of the sources of stress, whether the sources be life events or chronic role strains. Instead, people typically confront stress-provoking conditions with a variety of behaviours, perceptions and evaluations that are often capable of mediating the different conditions. Among the elements having a crucial place in the stress process, therefore, are those that can be invoked by people in their own defence. They are referred to collectively as "mediators". Here we are particularly concerned with the role of social support.

Social support means access to, and use of, individual groups or organisations in dealing with life's necessities. Pearlin, *et al.*, (1981, p. 340) noted that although a number of scholarly efforts have sought to bring some clarity to an area surrounded by considerable ambiguity, the term *social support* continues to reflect inconsistency in meaning and usage. Two general approaches have dominated the area.

- (i) Those looking at objective social conditions such as marital status, household composition, reported frequency of interaction with kin, friends and neighbours and membership of clubs and organisations.
- (ii) Those looking at the individual's sense of having fulfilling personal relationships.

Figure 7.1:

**PERCENTAGE OF HOUSEHOLDS FALLING BELOW THE  
COMBINED 70 PER CENT INCOME AND LIFE-STYLE POVERTY  
LINE BY JOINT WORK STATUS OF MARRIED COUPLES**



The first type are actually measures of social integration or social isolation rather than social support.

Presumably the structural density of a person's network, the number of relationships, and the frequency of contact, increase the probability of fulfilling personal relationships but they don't guarantee it." (Mirowsky and Ross, 1986, p. 33).

House and Kahn (1985, p. 89) note that data relating to the existence and quantity of social relationships to health are impressive in quality and volume. The existence of quantity of contact with friends and relatives has been found to produce lower rates of psychological and physical distress and mortality. Membership in voluntary organisations has also been shown to have positive effects.

In the Income Distribution, Poverty and Usage of State Services Survey the following set of items were answered by each respondent.

- (i) Frequency of contact including visits, phone calls, meeting in the street or in the club, etc., but excluding letters with
  - (a) relatives (children, parents, brothers, sisters, etc.) living outside the household;
  - (b) neighbours;
  - (c) friends.
- (ii) Whether the respondent was a member of any club, association or other organisation.

While such measures are clearly more accurately described as measures of social contact, they are often found to behave like measures of social support. Furthermore, social relationships must exist in some quantity before they can perform a supportive function. Isolated persons with few or no social relationships would appear to be particularly at risk.

This hypothesis suggests that the relationship between contact and psychological distress will not necessarily take a straightforward and linear form. Rather we would expect that lack of contact has an effect only when it goes beyond a certain point. Our own results are consistent with this hypothesis. From Table 7.8 we see that those who have contact with relatives, friends and neighbours less than once monthly are consistently more likely to have scores above the GHQ. However, given that the percentages having such infrequent contact are relatively small, 5 per cent for neighbours and friends and 8 per cent for relatives, the differences in levels of distress are relatively modest; 4 per cent for relatives, 8 per cent for friends and for neighbours.

We have also constructed an overall measure of contact which distinguishes between those who have contact with relatives, friends and neighbours twice yearly or less, and those who have more regular contact. As we



Table 7.8: *Distribution of General Health Questionnaire Scores by Contact with Relatives, Friends and Neighbours*

	<i>Relatives Percentage Above the GHQ Threshold</i>	<i>Friends Percentage Above the GHQ Threshold</i>	<i>Neighbours Percentage Above the GHQ Threshold</i>
Monthly or more frequent	15.9	15.8	15.8
Less than Monthly	19.4	24.7	24.1
N	6744	6744	6744
	Chi <sup>2</sup> = 5.04 p < .05	Chi <sup>2</sup> = 19.8 p < .0001	Chi <sup>2</sup> = 17.4 p < .001

can see from Table 7.9 more than 1 in 4 of the former came above the GHQ threshold compared with 1 in 6 of the latter. The results relating to club membership shown in this table also conform to this pattern with 13 per cent of club members scoring above the GHQ threshold compared with 20 per cent of non-members.

The second definition of social support to which we referred emphasises the functional content of relationships such as the degree to which they involve flows of affection, emotional concern or instrumental or tangible aid. Socio-emotional aid usually refers to assertions or demonstrations of love, caring, esteem, value, empathy, sympathy. Instrumental aid refers to the actions or materials provided by others that enable the fulfilment of obligations (Thoits, 1985, p. 53). Measures of instrumental support may assess the objective utilisation of support or the subjective perception that such aids are or could be available. It is the latter which appears most crucial.

In the Income Distribution, Poverty and Usage of State Services Survey, items were included which were relevant to both instrumental support and emotional support. The former was tapped by asking the head of household and the household manager:

If you were to get into financial difficulty do you think any of your relatives (outside the household) would help out?

With regard to emotional support, respondents were asked,

- (i) If you had very personal problems or worries, who would turn to first to talk about them?
- (ii) Who is the best person to talk to when you are really upset about things?

**Table 7.9:**

**PERCENTAGE WITH SCORES ABOVE THE GENERAL HEALTH QUESTIONNAIRE THRESHOLD BROKEN DOWN BY A NUMBER OF INDICATORS OF SOCIAL SUPPORT**

<b>Relatives would help out in case of financial difficulty</b>		<b>Spouse is the best person to talk to when really upset</b>	
No %	Yes %	No %	Yes %
24	16	26	14

<b>Frequency of contact with relatives, friends or neighbours living outside the household</b>		<b>Member of club, association or organisation</b>	
Twice yearly or less %	More often %	No %	Yes %
28	17	20	13

The information we obtained, from the head of household and household manager regarding instrumental support, was generalised to all household members; our measure thus becomes whether the individual is a member of a household where either of these informants indicates that it is improbable that relatives would help out in the event of economic difficulties. Our measure of emotional support is restricted to our married sample since, unfortunately, we do not have a comparable measure for non-married respondents available to us. Our respondents are scored as low on emotional support if they indicate that their spouse is not the person in whom they would choose to confide in relation to personal problems, or the best person to talk to when they are really upset. At this point it might be useful to draw attention to certain limitations in our measures of support. In particular, the literature on life-events has brought out the fact that feelings of attachment do not guarantee that it will be possible to mobilise support at a time of crisis and that lack of support from "core ties" at such a point may have particularly detrimental effects. Furthermore membership of a supportive network does not guarantee that the content of network communications will be supportive. The case of a working mother surrounded by "caring others" who deny the legitimacy of her job activity illustrates this point. (Ratcliff and Bogdan, 1988).

While acknowledging these limitations, we would point out that our objectives are rather different from that of the typical life-study project, and it is still a point of considerable interest to establish whether it is felt that social support mediates the impact of chronic stress. What is important, we will argue, is that, despite the limitations of our measurement procedures, the results which emerge still provide substantial support for the important role which social support plays.

Our analysis assumes that socio-economic conditions are causally prior to social support which in turn affects psychological distress. Given that our data are cross-sectional, we cannot use them to demonstrate the validity of these causal order assumptions. However, evidence from longitudinal data support the model and it is clearly possible for the data to fail to support our model, if given our assumptions, we fail to find effects (Ross and Mirowsky, 1989).

In Table 7.9 we show the impact of instrumental and social support on probability of being above the morbidity threshold. The perception that instrumental support would be forthcoming clearly has an effect. Sixteen per cent of those who think it would be forthcoming are above the threshold compared with 24 per cent who do not have such confidence. The impact of emotional support is equally clearcut. Thus, 1 in 7 of those who would confide in their spouses are above the threshold compared with a

quarter of those for whom this is not true. The result holds despite the fact that there is no evidence that women who do not confide in their husbands are less likely to have a close tie outside the house (O'Connor and Brown, 1984).

How do such effects operate? Thoits (1985, p. 56) argues that what we described as effects of emotional support are a by-product of regularised social interaction. It would seem to us that her argument can be generalised to cover emotional support and the expectation of instrumental support

Role identities, positive evaluations from role partners and comparatively successful role performance (or the lack or loss of these) affect perceptions of belonging and security, esteem and efficiency respectively which in turn are central indicators of psychological well-being or disturbance. Nowhere in this summary proposition does the term "emotional support" or the phrase "emotionally supportive" appear but they are implied throughout as they guided the search for the origins and mechanisms by which individuals can benefit from social relationships (Thoits, 1985, p. 65).

One of the major factors identified by Thoits as intervening between social support and psychological distress is the individual's sense of mastery and control and it is to this that we now turn our attention.

#### *Fatalism and Psychological Distress*

Powerlessness/fatalism, or alternatively mastery, has consistently been identified as the most important belief in affecting an individual's level of distress. Seeman defined powerlessness as "the expectancy or probability, held by the individual, that his own behaviour cannot determine the occurrence of the outcomes or reinforcements he seeks" (Seeman, 1959, p. 784). As Mirowsky and Ross (1986, p. 26) point out, the importance of powerlessness is recognised in a variety of social and behavioural sciences. Thus, in psychology the concept of powerlessness appears in a variety of forms, ranging from "learned helplessness" to "belief in external control".

The distinction between fatalism and psychological disorder follows a well established tradition which both distinguishes and assumes a causal relationship between fatalism-like concepts and disorder-like concepts (Wheaton, 1980; 1983). The model underlying this approach predicts that, for example, a lower class position will socialise individuals to be more fatalistic in their causal perceptions and that fatalism will increase one's vulnerability to psychological disorder primarily because it undermines persistence and effort in existing situations.

In measuring fatalism we have drawn on a set of items which have been fairly widely employed.

*Fatalism/Mastery Items*

- (i) I can do just about anything I set my mind to.
- (ii) I have little control over the things that happen to me.
- (iii) What happens in the future depends on me.
- (iv) I often feel helpless in dealing with the problems of life.
- (v) Sometimes I feel I am being pushed around in life.
- (vi) There is really no way I can solve some of the problems I have.

The alpha coefficient for this set of items is .68. The items are scored so that a high score indicates strong feelings of fatalism and a low score a strong feeling of mastery. The correlation between fatalism and the GHQ score is .40. When we correct for attenuation of the correlation due to measurement error, the correlation rises to .52. Thus an extremely strong relationship exists between these variables.

The results set out in Table 7.10 show that the absence of instrumental or social support is positively associated with fatalism. The issue of whether external attributions will always have detrimental consequences cannot be settled *a priori*. The balance of evidence, however, does suggest that a continuing emphasis on external attributions will, in the long run, be more pervasively harmful. Wheaton (1983) argues that instrumental coping leads to a search of the environment for potentially distressing conditions, to taking preventive steps, and to accumulating resources or developing skills or habits that will reduce the impact of the unavoidable. In contrast,

Table 7.10: *The Impact of Instrumental and Emotional Support on Fatalism*

	<i>Mean Fatalism Score</i>		<i>Mean Fatalism Score</i>
Absence of Instrumental Support	14.64	Absence of Emotional Support	14.43
Presence of Instrumental Support	13.95	Presence of Emotional Support	13.98
Total	14.09	Total	14.07
	Eta <sup>2</sup> .012		Eta <sup>2</sup> .006
	F 73.4		F 23.1
	N 5,956		N 3,990
	p < .001		p < .001

fatalism leads to ignoring problems until they actually happen. In consequence, there is a magnification of differences with the fatalists suffering an increasing number of problems which reinforce a feeling of lack of control, in turn producing passivity in the face of difficulties. Lower class subjects may then carry a triple burden. They have more problems to deal with: their personal histories are likely to have left them with a deep sense of powerlessness and that sense of powerlessness discourages them from marshalling whatever energy and resources they do have in order to solve their problems. The result for many is a multiplication of despair.

Of course, it is possible to argue that for many deprived respondents, feelings of fatalism are simply an accurate reflection of their environment. They might even be taken as simply reflecting an accurate understanding that their deprivation arises from wider structural factors over which they have no control. Fortunately, a number of items in the survey dealt with perceptions of the causes of poverty. Respondents were asked to indicate the extent of their agreement or disagreement with the following statements.

When people are poor it is usually their own fault.

By and large the reason people are poor is that society does not give them a chance.

Lack of ambition is the root cause of poverty.

Only by completely changing the way the country is run can we reduce the number of people in poverty.

If we score these items so that responses emphasising structural explanations are scored "1" and those attributing poverty to personal limitations are scored "0", we get a scale reflecting structural versus personal attributions of poverty ranging from 0 to 4. While we must enter the reservation that this scale has a rather low level of reliability, it still remains true that it bears no relationship to scores on the fatalism dimension. Thus while social class is strongly related to fatalism, the relationship to causal attribution of poverty is very weak: 78 per cent of non-manual workers give structural answers on two or more items while the corresponding figure for manual respondents is 84 per cent. These results suggest that it is possible to facilitate people in developing feelings of personal efficacy without encouraging the tendency to make scapegoats of the deprived.

#### *The Buffering Effect of Social Support*

One of the major debates relating to impact of social support on health has focused on whether support enhances health and well-being irrespective of level of stress or because social support buffers the effect of stressful experiences. The direct effect hypothesis argues that support enhances

mental health irrespective of level of stress. This could come about through the perception that others will provide aid in the event of stressful occurrences. As Thoits (1983; 1985) argues, regularised social interaction may contribute to feelings of self-esteem and mastery.

The buffering hypothesis argues that support exerts its beneficial effects by protecting people from the pathogenic effects of stress. Support may provide the resources which allow one to redefine the potential for harm posed by a situation and/or augment the ability to cope with increased demands (Cohen and Syme, 1985). One extreme example of such buffering is presented in the work of Brown and Harris (1978) in their development of a vulnerability model. The suggestion is that certain provoking agents such as severe life events or major difficulties bring about depression. The likelihood of such experiences bringing about depression is greatly influenced by the presence of vulnerability factors such as lack of social support.

A review of the literature by Kessler and McLeod (1985) found strong evidence for stress buffering. Evidence for a marginal effect of support under conditions of low stress was found in one-third of the studies where the buffering effect was significant. Almost all of the studies in which buffering was not observed demonstrated significant main effects. Kessler and McLeod note that while the traditional buffering hypothesis states that the impact of stress on mental health is stronger under conditions of low support than of high support, the alternative interpretation is that support and mental health are more strongly related under conditions of high stress than of low stress.

This alternative way of thinking of a buffer emphasizes that an assessment of a buffer effect inherently requires a comparison of support's predictive power across at least two different situations defined by the level of stress that characterises them (Kessler and McLeod, 1985, p. 232).

The general conclusion from Kessler and McLeod's review was that membership of affiliative networks does not have a buffering effect. Emotional support clearly does, and the evidence is mixed for perceived availability of support and instrumental support.

In testing the buffering hypothesis we have concentrated on the interaction between support and primary deprivation. Our choice of the economic stress variable was influenced by our wish to keep income and lifestyle measures separate in the equation and our desire to focus on chronic day-to-day stress. The impact of adding instrumental support and its interaction with primary deprivation for the overall sample is shown in equation (iv) in Table 7.4. The addition of these variables brings about little change

in the size of the coefficients for the socio-demographic variables or the economic stress variables other than primary deprivation. Thus differences in vulnerability arising from social support are not a major factor in explaining socio-demographic vulnerability. Instrumental support, however, does have a significant impact and its interaction with primary deprivation, although not statistically significant, is consistent with the buffering hypothesis.

The impact of social support can be most clearly illustrated for the married sample where we have measures of both instrumental and emotional support available. The results set out in equation (iv) Table 7.7 show that our conclusions relating to the mediation of the impact of socio – demographic variables also hold for the married sample. In this case, however, there are clear and significant interactions between primary life-style deprivation and both measures of support and it is essential to consider the impact of these variables jointly.

The significant interactions between primary life-style deprivation and instrumental and emotional support indicate that such deprivation has a strong effect at low levels of support. Of course, it is also true that social support has its strongest effects at higher levels of primary deprivation. The latter statement would not be true if following Brown, *et al.*, (1986) we conceived life-style deprivation as a provoking agent, and social support as a vulnerability factor. In this case our model would specify that while deprivation can affect distress when support is absent, lack of social support cannot provoke distress in the absence of an appropriate stressor. However, as Cleary and Kessler (1982, p. 166) emphasise, the distinction between provoking and vulnerability agents is a distinction better thought of as of a theoretical rather than empirical kind.

The reason why this is so is that the kind of conclusion which Brown *et al.*, wish to draw is meaningful only if we have great confidence in the zero points of our scales. Given the nature of social science data, we are seldom certain that the zero point of a scale is *the* correct one. Thus, in our case, respondents who we describe as lacking social support are probably best thought of as having low levels of social support rather than none. Similarly, a zero score on the deprivation scale represents a low score on an underlying deprivation measure which is theoretically continuous. Consequently, it is more appropriate to consider the reciprocal interaction between our variables.

In Table 7.11 we attempt to illustrate the pattern of effects of support and primary deprivation. The table documents the differences between respondents who are identical in all respects other than their situation in relation to primary deprivation, instrumental support and emotional sup-



port. It must be stressed once again that we are concentrating on *relativities* rather than absolute scores. The reference point for this analysis is those respondents with scores of 0 on the primary deprivation scale who have access to both instrumental and social support. We have chosen to compare those with scores of 0 to 4 on the deprivation measure. It is obvious that for both groups, as social support declines distress increases. The rate of increase is greater, however, at the higher level of deprivation. As we move from the most favourable to the least favourable situation in relation to support, the GHQ score rises by 0.59 at the lower level of deprivation and by 1.63 at the higher level. We can also observe that it is emotional support which has the strongest effect at both levels. While the impact of social support is clearly substantial, primary life-style deprivation continues to be the dominant influence. When all other factors are controlled for respondents who lack four primary items but have both instrumental and social support available have GHQ scores of .69 of a unit higher than those lacking both instrumental and emotional support but none of the primary items.

Table 7.11: *Illustration of the Impact of the Interaction of Primary Life-Style Deprivation and Social Support in Their Effect on Psychological Distress*

	<i>Primary Life-Style Deprivation Score 0</i>	<i>Primary Life-Style Deprivation Score 4</i>
Instrumental and Social Support Present	0.0	1.28
Instrumental Support Absent	0.18	1.94
Emotional Support Lacking	0.41	2.25
Instrumental Support and Emotional Support Absent	0.59	2.91

#### *A Note of Magnitude*

The percentage of variance in psychological distress explained by the final equation is 17 per cent for the overall sample and 20 per cent for the married sample. These figures clearly underestimate the degree of explanation achieved because, as we have explained, correction for the less than perfect reliabilities for the GHQ, life-style deprivation and fatalism measures leads to significantly improved prediction. In any event, the total

explained variance compares very favourably with the generality of the results in this area. Social scientists have come to accept that such a large range of factors are involved in explaining complex factors such as psychological deprivation, that we must “accept and appreciate modest gains in pushing back the frontier of unexplained variance” (Dooley and Catalano, 1984, p. 405).

The difficulty arises when the practical consequence of the level of effects we have reported are not fully appreciated. We have tried earlier to bring out this fact by looking at the cumulative effects of being unemployed, manual and urban for married men. At this point we wish to provide an illustration of the range of variation in GHQ scores introduced by the variables we have entered into our analysis. If we compare, as in Table 7.12, married men at different extremes of deprivation, social support, employment status and location and physical condition, the difference in GHQ scores is almost 7 points. Even if we control for physical illness it still reaches almost 6 points. Of course, we are comparing extremes. But a less extreme comparison, among married men, of those not at work and lacking four primary deprivation items and lacking support with those at work and having support available, produces a predicted difference of over 4 points.

Table 7.12: *General Health Questionnaire Scores for Contrasting Groups of Married Men*

Primary deprivation Score 5 Secondary Deprivation Score 7 Urban Location Lacks Instrumental Support Lacks Emotional Support Not at Work Physical Illness or Disability	vs.	Primary Deprivation Score 0 Secondary Deprivation Score 0 Rural Location Instrumental Support Available Emotional Support Available At Work or Retired No Physical Illness or Disability
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DIFFERENCE IN GHQ SCORES 6.7
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*Conclusions*

In this chapter we have focused on the role that economic stress and vulnerability to such stress play in increasing levels of psychological distress. We have found little evidence that vulnerability to chronic stress arising from social selection, as in the case of downward social mobility, plays a significant role. The addition of labour force status variables relating to the respondent's own situation, and that of spouse where relevant, not only significantly increases the proportion of variance explained but also accounts for some, though not all, of the impact of social class, marital status and urban location.

The most important conclusions, however, relate to the interaction of labour force status, gender and marital status. Overall the main gender differences appear to arise between those who are separated/divorced or widows/widowers which ultimately are not adequately accounted for by work status or stress variables. In fact the gender differences we observe in our data do not appear to allow for an explanation at a general level in terms of economic stress or vulnerability.

Instead it is necessary to take into account the joint effect of gender, marital status, work status and economic stress. The results can only be understood if we acknowledge the way in which the impact of the labour force situation is mediated by pre-existing gender differentiated notions regarding appropriate work and domestic roles. It is also necessary to take into account the varying impact of the work situation on life-style deprivation.

Unemployment has its greatest impact on mental health for married men but not for single women. Put another way men at work or retired have the lowest distress scores but men not at work or retired have the highest scores. The role of marital status is illustrated by the fact that there is no significant difference between single men and women. For married women we have stressed the need to take into account the fact that being unemployed has a rather different meaning than in the case of married men. Being at work does have a positive impact for married women but its effect, as with the case of their husbands being at work is, to a substantial extent, mediated by the impact of economic stress. For married men the loss of the employment role has a substantial effect which persists despite the introduction of controls for socio-demographic background, economic stress and social support.

Women at work have higher distress scores than men at work. It is not clear whether this arises from differences in their work situations or expectations relating to work and non-work roles. Overall women in home duties have particularly high distress scores. These are to some extent accounted

for by the fact that a number of women are separated/divorced or widowed while others have husbands who are out of work. However, even when we allow for such factors they continue to display lower levels of mental health than men or women at work. The results are consistent with interpretations which stress the negative aspects of housework such as its unending and repetitive character and the manner in which it can prevent women from pursuing avenues to self-development (Oakley, p. 1984). The introduction of the economic stress variables help to account entirely for the original social class relationship and for some part of the marital status effects. The most striking feature of the analysis, however, is the dominant role of primary life-style deprivation. Secondary deprivation has a statistically significant effect. Income, in turn, has no significant independent effect. Primary life-style deprivation, as we have stressed throughout, involves an enforced lack of rather basic consumer items. They are items which are possessed or engaged in by the vast bulk of the population and on which there exists a clear consensus regarding their necessity. The evidence is clear that it is exclusion from customary life-style, and the experience which has been called economic brinkmanship, which is the critical factor in the causation of psychological distress, rather than relative deprivation, in the sense of attempts to maintain a standard of living appropriate to one's status.

While income does not have a statistically significant independent effect, our analysis, employing joint poverty lines, suggests that extremes of income deprivation do play a role. In Table 7.13 it is clear that those below the 70 per cent relative income line have a consistently higher probability of being above the GHQ threshold even when we control for primary life-style deprivation.

Table 7.13: *Percentage Above the General Health Questionnaire Threshold by Primary Life-Style Deprivation and 70 Per Cent Relative Income Line*

	<i>Below 70 per cent Income Line</i>	<i>Above 70 per cent Income Line</i>
Primary Deprivation		
0	14.0	10.0
1	23.0	20.3
2	35.9	22.3
3	41.2	27.2
4 +	48.1	30.0

The absence of instrumental support varies across social groups. Thus manual workers are much more likely than non-manual to lack instrumental support. Similarly, married women are a good deal less likely than men to lack emotional support. These differences, however, are not a major factor in explaining socio-demographic variations. We have though found strong evidence for the buffering effects of both instrumental and emotional support.

Both support variables have substantial effects but to be understood they must be considered jointly with primary life-style deprivation. At low levels of deprivation those lacking support are more likely to be distressed but the strongest effects come when deprivation is high. Correspondingly, primary deprivation has a clear effect when support is present but is most damaging in situations where support is absent. While the pattern of interaction means that the effect of one factor is dependent on the other, overall primary life-style deprivation is clearly the most important factor, followed by emotional support and finally instrumental support.

Overall our explanatory variables suggest variations in GHQ scores that are on a very substantial scale. If we compare married men at different extremes of primary life-style deprivation, social support, employment status, and location, the difference in GHQ scores reaches almost 7 points.

As we have noted a central theme in the literature has been that social status differences are a consequence of differential response to stress rather than differences in levels of exposure. Our results suggest that this conclusion depends on a particular method of measuring stress and a particular approach to socio-economic differences. The result has been observed employing life-event measures of stress and using measures of occupational prestige but also more recently, income and education. The results have shown that lower status groups are slightly more likely to experience undesirable life events but that such differential exposure cannot explain the relationship of socio-economic status to psychological distress. Furthermore the impact of life events is mediated by not just income but by occupational prestige and education. Social support and fatalism have been prime candidates in explaining the origins of such lower status disadvantages but the evidence to date is extremely weak.

Our interest, as we have emphasised, has been in chronic stress rather than acute stress. From this perspective our results can be seen to demonstrate unequivocally that the major factor explaining variations in psychological distress by social class is exposure to unemployment and poverty rather than differential response. This finding does not exclude differential vulnerability by social class to other types of life events. Nor would we be surprised to find that factors related to social status or social class, other

than income, play a role in such a process. However, while it is perfectly plausible that

... socio-economic status differences in vulnerability to life events are not solely the result of constrained finances but reflect more pervasive disadvantages inherent in the lives of persons who occupy lower status positions ... (McLeod and Kessler 1990, p. 169)

it is our view that such a conclusion would have to be based on a measure of financial resources a great deal broader than income. It is at least a possibility that the findings for occupational prestige and education are, in part, a reflection of this reality.

In any event our own central conclusion remains that the major factor accounting for variations in psychological distress is exposure rather than vulnerability. Social support does play an important role in mediating psychological distress but it is not a major factor in accounting for class differences. With regard to fatalism our view has been that an examination of its role is valuable in developing our understanding of the psychological processes through which economic stress is translated into psychological distress. We have refrained, however, from including fatalism as an explanatory variable because unlike the American authors who have examined this issue, we are not entirely happy treating this variable simply as a personality characteristic. Levels of fatalism appear to be extremely responsive to current employment situation and socio-economic circumstances rather than being largely independent of such factors, as might be expected of an enduring personality disposition. Thus the common factors which help to account for the association between fatalism and psychological distress include the economic stress factors we have considered. Treating fatalism as a causal variable operating at the same level is likely to obscure the impact of economic circumstances.

At the risk of repeating ourselves the factor which dominates all others is the lack of basic and fundamental life-style items. The most important cause of psychological stress is not relative deprivation associated with status striving in an attempt to "keep up with Jones's" but the grinding experience of day-to-day poverty.

APPENDIX TABLE 7.1: *Multiple Regression of the Determinants of Psychological Distress: The Impact of Socio-Demographic Variables, Unemployment, Economic Stress and Social Support Among Those Unemployed or at Home or Retired*

	(i)	(ii)	(iii)	(iv)
Physical Illness	.88***	.88***	.83***	.83***
Urban-Rural Location	-.21***	-.12***	-.16**	-.17**
Single	.20***	.12*	.13*	.14*
Separated/Divorced	1.17***	1.14***	.81***	.83***
Widowed/Widower	.14	.35*	.37*	.38*
Social Class	-.15***	-.03	.05	.04
Gender	-.12*	-.23***	-.26***	-.26***
Unemployed		1.45***	1.19***	1.15***
Unemployed x Gender		-.35	-.29***	-.27
Unemployed x Single vs Married		-.68	-.67*	-.61
Unemployed x Gender x Single vs Married		1.49***	1.19***	1.16***
Income Decile			-.02*	-.02
Primary Deprivation			.32	.29
Secondary Deprivation			.07	.06***
Absence of Instrumental Support x Primary Deprivation				.13
Constant	1.32	.77	.58	.55
R <sup>2</sup>	.047	.130	.172	.174
F	25.7	50.2	54.7	48.4
N	3,698	3,698	3,698	3,698

## Chapter 8

### *HEALTH SERVICE UTILISATION AND PSYCHOLOGICAL DISTRESS*

#### *Introduction*

In this chapter it is our intention to focus on the impact of psychological distress on health service utilisation. In doing so it will be necessary to take into account not just physical illness but also the impact of socio-demographic factors that might affect utilisation and eligibility for free services and insurance provision.

#### *The Relationship between Physical Illness and Psychological Distress*

Clearly we would expect those suffering from physical illness or disability to have higher levels of psychological distress than those who are free of such problems. Consequently, we might anticipate that the relationship between psychological distress and health service usage would be affected by this shared relationship with physical illness. Our respondents were asked if they "had any major illness, physical disability or infirmity that has troubled you for at least the past year or that is likely to go on troubling you in the future". The average GHQ score for those with a continuing illness or disability is 2.2 which compares with a figure of .8 for those without such problems. Thus 34 per cent of the former are above the GHQ threshold compared with 13 per cent of the latter.

#### *Psychological Distress and Health Service Utilization*

While the evidence from the Survey of Income Distribution, Poverty and Usage of State Services on the extent of health service utilisation is broadly consistent with available external data there is some tendency towards underrepresentation of GP visits and prescriptions (Nolan, 1990). Overall, as we can see from Tables 8.1 and 8.2, there is a clear relationship between psychological distress and health service usage. For those above the GHQ threshold, their average number of visits to a GP in the previous year was 7.5 and the average number of prescriptions filled was 5.6. The corresponding figures for those below the GHQ threshold were 3.6 and 2.9. Thus those respondents above the threshold have 0.75 prescriptions filled per visit compared with 0.8 prescriptions for those below the threshold. This suggests at least some recognition by GPs of the role which factors other than physical illness are playing in influencing the visiting patterns of the former groups.



Table 8.1: *Visits to GP in the Past Twelve Months Broken Down by Whether the Respondent is Above the General Health Questionnaire Threshold Score or Not*

	<i>Number of Visits to GP</i>
Above the GHQ Threshold	7.5
Below the GHQ Threshold	3.6
Total	4.3
	Eta <sup>2</sup> .033
	F 209.9
	p < .001

Table 8.2: *Number of Prescriptions Filled in the Past Twelve Months Broken Down by Whether the Respondent is Above the General Health Questionnaire Threshold or Not*

	<i>Number of Prescriptions</i>
Above the GHQ Threshold	5.6
Below the GHQ Threshold	2.9
Total	3.3
	Eta <sup>2</sup> .028
	F 176.9
	p < .0001
	<.001

To allow for the fact that these differences may, at least in part, be accounted for by the higher incidence of physical illness, among those with higher General Health Questionnaire scores we have examined the relationship between psychological distress and health service usage separately for those with and without continuing illness or disability problems. Not surprisingly there are very substantial differences in both GP usage and number of prescriptions being filled for those with and without continuing illness problems. The respective figures for visits to GPs are 11.2 and 2.9, and for number of prescriptions filled 8.8 and 2.2.

The question which was put to our respondents regarding illness or disability was not restricted to physical illness or disability and among the responses included under that label are those categorised as "mental disorders" and "bad nerves". It is questionable whether we should control for such factors when assessing the impact of psychological distress. If we remove such disorders and simply control for physical illness or disability the results are as set out in Tables 8.3 and 8.4. As can be seen, the effects of psychological distress are significant even when we introduce this control.

Table 8.3:

**VISITS TO GP IN THE PAST TWELVE MONTHS BROKEN DOWN BY WHETHER RESPONDENT IS ABOVE OR BELOW THE GENERAL HEALTH QUESTIONNAIRE THRESHOLD CONTROLLING FOR CONTINUING PHYSICAL ILLNESS OR DISABILITY**

CONTINUING PHYSICAL ILLNESS OR DISABILITY			
YES		NO	
Above GHQ Threshold	Below GHQ Threshold	Above GHQ Threshold	Below GHQ Threshold
13.8	9.8	4.1	2.7

Table 8.4:

**NUMBER OF PRESCRIPTIONS FILLED IN THE PAST TWELVE MONTHS  
BROKEN DOWN BY WHETHER THE RESPONDENT IS ABOVE OR BELOW  
THE GENERAL HEALTH QUESTIONNAIRE THRESHOLD CONTROLLING  
FOR CONTINUING PHYSICAL ILLNESS OR DISABILITY**

CONTINUING PHYSICAL ILLNESS OR DISABILITY			
YES		NO	
Above GHQ Threshold	Below GHQ Threshold	Above GHQ Threshold	Below GHQ Threshold
9.6	8.2	3.3	2.1

Taking those who had physical difficulties we find that those above the GHQ threshold had made 13.8 visits to GPs and had 9.6 prescriptions filled. For those below the GHQ threshold the respective figures were 9.8 and 8.2. Those without such illness problems but whose scores were above the psychiatric morbidity threshold had an average of 4.1 visits to GPs and filled 3.4 prescriptions. Their counterparts below the threshold made 2.5 visits to GPs and filled 1.9 prescriptions.

These results are summarised in more formal fashion in the regression analysis set out in Tables 8.5 and 8.6. From Table 8.5 we can see that even when we control for continuing illness and disability, an increase of one unit in GHQ score brings about an increase of 0.56 visits to GPs on average. The corresponding figure for filling prescriptions is .38. There are, of course, a number of factors other than physical health which might affect health service utilisation. They include a number of socio-demographic variables such as gender, social class, urban-rural background and age. It is also necessary to take into account the consequences of the mix of public provision and insurance covering the cost of health provision in Ireland for economic incentives on utilisation. Of particular significance in this regard are the individual's entitlement to free or subsidised medical care and Voluntary Health Insurance coverage.

Table 8.5: *Multiple Regression Analysis of the Impact of Continuing Physical Illness and General Health Questionnaire Score on Number of Visits to GPs in the Previous Twelve Months*

Continuing Physical Illness	7.51***
GHQ Score	0.56***
Constant	2.45
	R <sup>2</sup> .167
	N 6,079
	*** p <.0001.

Table 8.6: *Multiple Regression Analysis of the Impact of Continuing Physical Illness and General Health Questionnaire Score on the Number of Prescriptions Filled in the Previous Twelve Months*

Continuing Physical Illness	5.93***
GHQ Score	0.38***
Constant	1.96
	R <sup>2</sup> .163
	N 6,079
	*** p <.0001

In a forthcoming ESRI publication Nolan (1990) provides a comprehensive analysis of the impact of these variables on utilisation. Our present purpose is the more modest one of establishing what effect controlling for such variables has on the impact of psychological distress on health. In fact, while the introduction of such controls, in addition to physical health status, does reduce the impact of psychological distress its effect is still substantial. For visits to GPs the regression coefficient drops from .56 to .45 and for the use of prescriptions from .38 to .25. Again these results imply that having taken account of physical health status an increase in GHQ score of one unit would *on average* lead to an additional .56 of a visit to a GP and an additional .38 of a prescription. When we take into account all of the factors related to health utilisation the figure for GP visits drops to .45 and that for extra prescriptions filled declines to .25.

If we choose to report our results in terms of the case threshold, even having controlled for physical health status, socio-demographic background, eligibility, category and Voluntary Health Insurance cover, we still find that our results suggest that those above the GHQ threshold made an average of 1.88 more visits to their GPs and filled 1.01 more prescriptions in the relevant twelve month period than those below the threshold.

These results are made more interesting by a further negative finding. A range of checks was conducted testing for interactions between psychological distress and socio-demographic background in their effect on health service utilisation. No significant effects were found however. Psychological distress has a similar impact on visits to GPs and number of prescriptions filled irrespective of social background.

It may be useful if we spell out the implications of the foregoing results in terms of aggregate numbers of visits to GPs and the number of prescriptions filled in a year. In order for us to provide population figures it is necessary to assume that the respondents who did not report information on health service usage and GHQ scores are not systematically different from those for whom we do possess such information. In Table 8.7 we show the total number of GP visits and the number of visits which are undertaken by respondents with GHQ scores above 0, 2 and 4 respectively. While those with GHQ scores above 0 comprise just over one-third of the total number of respondents they undertake half of the visits to GPs. Similarly those above the GHQ threshold make up one-sixth of our sample but are involved in 3 out of 10 of the visits. Finally, respondents with GHQ scores above 4 make up 9 per cent of our sample but undertake over twice as high a proportion of the visits. A similar pattern emerges in relation to prescriptions where those with GHQ scores above 0, 2 and 4, account for, respectively, one half, 3 out of 10 and 1 in 6 of the prescription filled.

Table 8.7: *Number and Percentage of GP Visits Undertaken by Distribution of General Health Questionnaire Scores*

	<i>Number of Visits to GPs</i>	<i>Percentage of Total Visits</i>	<i>Percentage of Total Respondents</i>
All Respondents	9,431,944	100.0	100.0
Respondents with GHQ scores greater than 0	4,740,792	50.3	34.8
Respondents with GHQ scores greater than the threshold score of 2	2,865,098	30.4	17.2
Respondents with GHQ scores greater than 4	1,785,180	18.9	9.0

Table 8.8: *Number and Percentage of Prescriptions Filled by Distribution of General Health Questionnaire Scores*

	<i>Number of Visits to GPs</i>	<i>Percentage of Total Visits</i>	<i>Percentage of Respondents</i>
All respondents	7,435,313	100.0	100.0
Respondents with GHQ scores greater than 0	3,684,469	49.6	34.8
Respondents with GHQ scores greater than the threshold score of 2	2,152,167	28.9	17.2
Respondents with GHQ scores greater than 4	1,287,228	17.3	9.0

Such figures are illuminating in that they indicate the extent to which GPs come into contact with patients displaying varying degrees of psychological distress. However, because of the operation of other variables they obviously cannot be taken as providing estimates of the extent to which psychological distress accounts for the utilisation of health services. In Table 8.9 we do provide estimates of the number of visits to GPs accounted for by

respondents with GHQ scores above 0, 2 and 4 respectively. By "accounted for" we mean that if we could create a situation where the only factors which were leading to GHQ scores above these levels were the socio-demographic background eligibility categories and Voluntary Health Insurance status factors, which have been controlled for in our estimate of the GHQ coefficient, then the number of GP visits would be reduced by this amount.

Table 8.9: *Number and Percentage of Visits to GP in the Previous Twelve Months Accounted for by the Distribution of General Health Questionnaire Scores Having Controlled for Socio-Demographic Background, Health Eligibility Category and Voluntary Health Insurance*

	<i>Number of Visits to GPs</i>	<i>Percentage of Total</i>
All Respondents	9,431,944	100
Respondents with GHQ score greater than 0	1,127,841	12
Respondents with GHQ score greater than the threshold score of 2	723,450	9.5
Respondents with GHQ score greater than 4	608,980	6.5

From Table 8.9 we can observe that

- (i) The total number of GP visits is  $9\frac{1}{2}$  million;
- (ii) The number of visits accounted for by respondents with GHQ scores greater than zero is well over 1 million and constitutes just under 1 in 8 of the total number;
- (iii) Respondents above the GHQ threshold score account for close to three-quarters of a million visits and almost 1 in 10 of the total;
- (iv) Those with GHQ scores greater than four account for over 600,000 visits and over 1 in 16 of the total.

Again to be clear about what our analysis implies, we have indicated that

- (i) GHQ scores are influenced by two broad kinds of factor;
  - (a) the socio-demographic characteristics, health eligibility status and Voluntary Health Insurance cover;

- (b) factors entirely unrelated to the above factors.
- (ii) we have given the factors detailed in (i) (a) above causal precedence over the GHQ. That is to the extent to which the effect of psychological distress on health service utilisation arises through the association with such variables. We have assumed that its impact is spurious. This procedure is undoubtedly somewhat extreme.

Thus we have controlled not simply for physical health but also for variables such as social class and health eligibility category which are undoubtedly to some extent indicators of the kind of poverty and deprivation factors which we have stressed as determinants of GHQ. It seems likely that we are actually removing some of the legitimate effects of GHQ on GP visits; by legitimate influence we mean causal influence consistent with a genuine causal sequence whereby deprivation affects psychological distress which, in turn, affects health service utilisation.

- (iii) Having estimated the non-spurious impact of psychological distress we have then asked what would the implication be of altering the distribution of GHQ scores to produce a situation whereby no one comes above a score of 0, 2 and 4. The results suggest that eliminating all GHQ scores above 2, arising from influences for which we have not controlled, would lead to a reduction in the number of GP visits of 10 per cent.

The results for number of prescriptions filled, which are set out in Table 8.10 are broadly similar although the impact of psychological distress is somewhat weaker;

- (i) The overall number of prescriptions filled was almost  $7\frac{1}{2}$  million;
- (ii) 700,000 of these or almost 1 in 10 of the total were accounted for by respondents with GHQ scores greater than 0;
- (iii) Those above the GHQ threshold score accounted for over half a million prescriptions making 1 in 14 of the total;
- (iv) Finally respondents with scores above 4 accounted for 379,040 prescriptions or 1 in 20 of the overall total.

Of course the procedure we have employed is somewhat artificial in that it is difficult to envisage a situation in which the impact of the variables we have controlled for on psychological distress and health service utilisation would remain unchanged while the influence of all other factors on psychological distress changed dramatically. Nevertheless, the procedure does



serve to illustrate the scale of the impact of psychological distress on health service utilisation even when stringent controls are applied for related influences.

Table 8.10: *Number and Percentage of Prescriptions Filled in the Previous Twelve Months Accounted for By the Distribution of General Health Questionnaire Scores Having Controlled for Socio-Demographic Background, Health Eligibility Category and Voluntary Health Insurance*

	<i>Number of Prescriptions Filled</i>	<i>Percentage of Total</i>
All Respondents	7,435,313	100
Respondents with GHQ score greater than 0	701,190	9.7
Respondents with GHQ score greater than the threshold score of 2	534,679	7.2
Respondents with GHQ score greater than 4	379,040	5.1

## Chapter 9

### CONCLUSIONS

#### *Purpose of the Study*

The primary objective of our study has been to turn

... personal troubles and concerns into social issues ... and problems open to reason (Miles, 1959, p. 186).

In order to do so it has been necessary to break down traditional disciplinary barriers. A national analysis of the consequences of unemployment is necessary, we have argued, because of the importance of the environment in which poverty takes place, for the consequences that follow.

#### *The Context of the Study*

Our concern with the impact of unemployment on psychological distress was connected to an interest in the more general issue of the mental consequences of acute and chronic stress. Our approach reflected the manner in which recent work on the consequences of unemployment has developed closer ties with some of the concerns of psychiatric epidemiology. This broader perspective directs attention to the nature of underlying mechanisms, highlights the impact of broader socio-economic conditions and facilitates the identification of vulnerable groups.

In locating our study in the context of the international literature we point to the conclusion that the impact of unemployment on physical health is most likely to arise from a cumulation of disadvantages over time, and that the broad dynamic of labour force participation is relevant to the psychological health of the society. This broader perspective is reflected in our concern to connect our analysis of the consequences of unemployment to the wider issue of the impact of poverty and, more generally, life-style deprivation.

#### *Measuring Psychological Distress*

The measure of psychological distress which we have employed is one whose validity has been established on an international basis. Our own analysis demonstrates that the scale is highly reliable. Given our desire to explain the relationship between economic and psychological problems, the content of the items is particularly appropriate dealing, as they do, with

inability to cope with problems and to deal with social difficulties. The GHQ score we have noted can be conceptualised in two ways. It can be thought of as providing estimates of degree of psychiatric disturbance. Alternatively choosing an appropriate threshold, it can be seen as permitting an estimate of the proportion of the population who would be thought to have a clinically significant psychiatric disturbance if they were interviewed by a clinical psychiatrist.

Viewed in terms of the latter conceptualisation 17.1 per cent of our sample had scores that exceeded the threshold where the probability that an individual will be thought to be a case exceeds 0.5. This estimate is likely, if anything, to be on the conservative side.

#### *The Impact of Social Background and Unemployment on Psychological Distress*

Our findings relating to gender and marital status were consistent with those available from a variety of international studies. The major difference between males and females was for those separated/divorced and widowed. Clear effects were also found for social class and urban background.

Employment provides a variety of benefits both manifest and latent. Thus it is hardly surprising that unemployment has profound mental health implications. An analysis of variations in psychological distress by labour force status shows that the major contrast is between those at work or retired and all others. The favourable situation of the retired confirms the impression from earlier work. On the other hand, those in home duties have a 1 in 5 chance of coming above the GHQ threshold. This initial figure is influenced, however, by the separated/divorced and widowed female heads of households.

Focusing specifically on unemployment, we find that the unemployed are five times more likely than employees to be located above the threshold. There are some notable variations in that those seeking their first job are somewhat less likely to be distressed, while those on state schemes have levels of mental health comparable with employees. The impact of unemployment remains substantial even when we control for physical illness or disability.

#### *Vulnerability to the Impact of Unemployment*

In circumstances of large scale unemployment the issue of differential vulnerability arises. A variety of factors mediate the impact of unemployment. Its effect is particularly strong for middle-aged married men. These results can be interpreted in the context of employment commitment, financial obligations and ideological notions relating to appropriate gender roles.

Our results differ from those reported in earlier studies in showing a clear effect of being in employment for married women. One part of the explanation for this finding relates to the high level of unemployment in Ireland; employment has a particularly positive effect for women where their husbands are not at work.

More generally, it is necessary to take into account the joint effect of gender, marital status and employment status. The results we have observed can only be understood if we take into account the manner in which pre-existing notions relating to appropriate gender roles with regard to family and domestic duties, mediate the impact of labour force situation.

Unemployment has its greatest impact on the mental health of married men. But for women its effect is strongest for those who are single. Men at work or retired have the lowest distress scores, but men not at work or retired are most disadvantaged in terms of mental health. For married women we need to take account of the fact that being unemployed has a rather different meaning than in the case of married men.

Women at work have higher distress scores than men at work. It is not clear whether this arises from differences in their work situations or expectations relating to work and non-work roles. Overall women in home duties have particularly high distress scores. These are to some extent accounted for by the fact that a number of women are separated/divorced or widowed while others have husbands who are out of work. However, even when we allow for such factors they continue to display lower levels of mental health than men or women at work. The results are consistent with arguments which stress the negative aspects of housework such as its unending and repetitive character, and the manner in which it can prevent women from pursuing avenues to self-development.

Our findings on the variations in the impact on social class are broadly consistent with those emerging from previous studies. Once again the level of unemployment is crucial here. Our results suggest that the poorer mental health of manual workers is strongly related to their higher probability of being unemployed, rather than to the existence of differential consequences of being employed or unemployed for blue-collar and white-collar workers.

Length of unemployment is positively associated with psychological distress; with the puzzling exception of those who have been unemployed for more than four years. It is unemployment *per se*, however, rather than length of unemployment or previous employment experience, which is the critical factor. The process thus seems rather different than that which has been suggested as most plausible in the case of physical illness.

An illustration of the cumulative effect of unemployment and socio-demographic variation is provided by the fact that among married men, urban, manual, unemployed respondents are almost ten times more likely to score above the GHQ threshold than rural, non-manual men who are at work.

When we turn to the impact of unemployment on other family members it is clear that for married women a husband's unemployment is likely to lead to a substantial increase in levels of psychological distress. Indeed the major divide in relation to mental health is between those at work or retired or those whose husbands enjoy this status and all others.

*Poverty, Unemployment and Psychological Distress*

The relationships between unemployment, poverty, financial strain and psychological distress have been the subject of surprisingly little empirical research. Our own initial analysis of the relationship between income, relative poverty lines and psychological distress showed clear effects in the expected direction but on a scale that was relatively modest in the light of *a priori* expectations. These results seem somewhat less surprising than might otherwise be the case when we take into account that the fact that the relationship of income to life-style deprivation is far from perfect.

In explaining these results we have stressed the need to take a more comprehensive and long-term view of resources. We have directed attention to the two recurring themes which arise in discussion of indices of deprivation:

- (i) necessity;
- (ii) the structure of deprivation.

The latter issue was tackled by an analysis of the dimensions of life-style deprivation. Among these dimensions, that which we have labelled "primary deprivation" (because the kinds of deprivation implied are of a very basic nature), bears a particularly striking relationship to feelings of economic strain. Finally we have combined income and life-style information in order to construct a measure of poverty, and have illustrated the dramatic contrast between poor and non-poor households in the degree of economic strain which they experience.

Our analysis demonstrates conclusively that it is primary deprivation, which involves the enforced absence of socially defined necessities, which has the decisive impact on mental health. The absence of secondary or non-essential items plays a more modest role. A further illustration of the psychological consequences of extreme deprivation is provided by the fact that those who fall below our combined income/life-style poverty line have more than 1 chance in 3 of being located above the case threshold.

When we attempt to assess the impact of unemployment and poverty, it is important to remember that the separation of effects is somewhat artificial, since unemployment is a major cause of poverty. Once again it is primarily current employment status rather than previous unemployment experience which is critical. The risk of poverty does rise gradually with length of unemployment. This finding makes any explanation of the unexpectedly low levels of psychological distress found among those unemployed four year or more in terms of participation in the black economy less than plausible. Two possibilities remain, the gradual emergence of coping mechanisms or, as we are more inclined to believe, a tendency for our method of measurement to lead to a underestimation of the level of psychological distress experienced by this group.

Despite the scale of impact of primary life-style deprivation unemployment has a striking effect even when we control for such deprivation. The effects of unemployment and poverty are cumulative with the unemployed in poor households being five times more likely to be located above the psychiatric morbidity threshold than those at home or retired and living in non-poor households.

The foregoing conclusions are equally true for manual and non-manual workers, despite a number of suggestions in the literature which would lead us to expect unemployment to play a significantly less powerful independent role for the former group.

The introduction of variables measuring degree of economic stress to the analysis, on the other hand, does help to account entirely for the original relationship of social class to psychological distress and for some part of the marital status effects. Furthermore, for both their spouse's work status and their own work status, controlling for economic stress variables explains a great deal of the original relationship observed for married women. Thus being at work does have a positive impact for married women but the effect is mediated, to a substantial extent, by the role of employment in reducing economic strain. For married men, on the other hand, the loss of the employment role has a substantial effect which persists despite the introduction of controls for socio-demographic background, and economic stress and social support. Similarly, a husband's unemployment has no impact on mental health for those women in non-poor households. Thus while economic factors play an important role for men and women, they are crucial for the former, while for the latter other factors such as the need to play the role of family provider and loss of valued non-material aspects of the employment role have persistent independent effects.

### *The Role of Social Support*

Throughout this report we have focused on the role of economic stress in increasing levels of psychological distress. We have found no evidence that vulnerability to chronic stress arising from social selection, as in the case of downward social mobility, plays a significant role.

Levels of social support vary across social groups. Such differences, however, are not crucial to explaining socio-demographic variations in psychological distress. We have, though, found clear evidence of the capacity of social support to buffer people, to at least some extent, from the pathogenic effects of stress. The impact of economic stress on mental health is stronger under conditions of low support than of high support.

### *Psychological Distress and Health Service Utilisation*

Our results confirm that almost 30 per cent of visits to GPs are made by people who are located above the psychiatric morbidity threshold and the same group is associated with 30 per cent of the prescriptions filled by the population covered by our study.

Even when we control for physical health, health eligibility category, Voluntary Health Insurance and socio-demographic background, respondents with scores above the GHQ threshold account for 1 in 10 of visits to GPs and 1 in 14 prescriptions filled.

### *Policy Implications*

Our study has shown the extremely substantial effect of unemployment and poverty on psychological distress. The extent to which the impact of unemployment is mediated by economic stress and deprivation varies by group. Economic factors are important for all groups but for married women their own unemployment, and that of their spouses, has its major effect on their mental health through the grinding consequences of poverty. For others such effects are added to by the damage to their self-esteem brought about by the fact that they are denied the opportunity to undertake roles which are deemed appropriate by society, and are excluded from valued categories of experience which are associated with employment.

Psychological distress arises from the loss of the employment role and/or the experience of a level of deprivation which by any reasonable standards must be judged to be extreme. The evidence clearly shows that a great deal of psychological distress could be ameliorated, in principle, by remedial action arising from social policy. Those who experience re-employment or are removed from poverty will regain their mental health. There is a great deal to be said for stressing, as Jahoda (1988, pp. 20-21)

does, that what is involved is "mental health" rather than "mental illness" in the sense that remedial action must take the form of changing the social circumstances of those affected rather than the provision of individual treatment or therapy.

The fact that high levels of unemployment are likely to persist for the foreseeable future has led to the view that what is

... at issue is the economic and social health of societies over a run of years ... (OECD, 1987, p.7).

and to the perception that there is

... a strong need not only for the highest possible rate of job-creating growth, but also for a rapid development of new forms of unemployment and for a strengthening of the social fabric by providing as many citizens as possible with an active role in society, both as a means of income and of self-identity (OECD, 1987, p.7).

Increasingly attention is being focused on the need to devise systems of income support which would allow recipients the possibility of perceiving themselves and being perceived as making a useful contribution to economic and social life. Recent examples of moves in that direction in Ireland include schemes allowing certain categories of unemployed people to take up a paid part-time job for under 24 hours a week and continue to receive an income supplement; pre-retirement allowances for the long-term unemployed aged 60 and over, and a scheme to encourage the unemployed to take an active part in voluntary and community work.

It is necessary to understand that the problems are national although they obviously have local manifestations. In future work we would like to explore the issue of whether the patterns of concentration of poverty and unemployment produce effects over and above those arising from individual and household characteristics. For the moment though, it is more important to emphasize that the problems we are dealing with are not confined to particular areas, nor indeed are they even primarily urban. Over half those below our combined income/life-style poverty line are located in rural areas. The same is true of just under half those scoring above the GHQ threshold.

While the role of factors other than poverty and unemployment is clearly secondary, our results do support the view that social support can play an important buffering role. Furthermore, the evidence on the relationship of social support to feelings of mastery suggests the possibility of intervention which could ameliorate psychological distress through increasing self-esteem and altering fatalistic attitudes. Our findings also suggest that this could be achieved without the need to impose on the participants an oversimplified view of their situation.



Kane (1987, p. 405) notes that there has been a reluctance to discuss possible motivational deficits among the poor out of fear of becoming involved in blaming the victim. The battle lines have been drawn so that restricted opportunities and attitudes and values have been seen as competing rather than complementary explanations. It is possible, however, to view motivation as the outcome of a complex set of interactions in which restricted opportunity plays a central role. Psychological theory predicts that when faced with uncontrollable circumstances people ultimately respond with learned helplessness. Kane (1987, p. 416) suggests that there are such basic messages to be derived from such an analysis.

First any motivational deficit observed among the persistent poor should not be thought of as an immutable personal pathology. Second, at the same time, someone who has been conditioned with a lack of control will not necessarily respond immediately to any new opportunities for control. Third, government can play a role, first in making real options available - in the way of jobs and education - and just as important in making voluntarism salient as an opportunity for control.

This analysis is consistent with the view that while local action cannot in itself solve problems of poverty and disadvantage it can make a significant *contribution* to strategies to combat disadvantage (Chanan and Vos, 1990, p. 31). The difficulties of successful intervention, however, must not be underestimated and can be illustrated by a consideration of the potential role of social support.

While our results show that social support can play an important buffering role, even spatial or social concentration of problems do not necessarily encourage collective rather than individual solutions to problems. For many unemployed people, unemployment is perceived as a transitory state and "The Unemployed" may be seen as a reference group in which membership is both unwilling and temporary. The unemployed are defined by what they are not

... unemployment does not provide the psychological basis for making "The Unemployed" a group with which one identifies, even when the label fits, and when one uses it to describe oneself ... (Kelvin and Jarrett, 1985, p. 126).

thus mobilising the unemployed, in a manner which allows them to provide support for each other, is no easy task.

More generally it is important that social support does not come to be seen as a panacea. In the first place, as we noted in the case of married women in employment, not all networks are socially supportive. In other circumstances the costs involved in social support transactions may outweigh the benefits (Schilling, 1987, pp. 24-25). Furthermore, our

knowledge of which specific aspects of social support are crucial, and under what conditions, is restricted by the limited number of systematic evaluations of support interventions (Kessler and McLeod, 1985). Thus as Chanan and Vos (1990, p. 55) observe, important strategies of intervention such as Community Work have tended to focus on the process "to the point of excluding a proper concern with results".

Finally, it must be stressed that many supporting ties depend on adequate funding of basic social and income maintenance programmes (Schilling, 1987, p. 24). Social networks do not exist in a vacuum, they need resources (Dooley and Catalano, 1985). The balance of research findings suggests that the poor have weaker networks, than others. Reciprocity is a central factor in informal networks when exchange is perceived as being unequal, withdrawal tends to occur (Chanan and Vos, 1990, p. 39). Many aspects of communal life are linked to workplace characteristics and may exclude the unemployed. Most mutual aid and support appears to occur between households experiencing unemployment (Morris, 1987). Schilling (1987, pp. 25-26) concludes that while many current policy trends assume the existence of a vast reservoir of social support to

... emphasise the influence of social supports while ignoring their broader context is a political abuse of the positive findings on social support.

Despite such reservations it is worthwhile noting as Ronayne *et al.*, (1986) conclude in their review of locally-based responses to unemployment;

- (i) most employment schemes achieve little in terms of reduction of unemployment;
- (ii) many initiatives are not job creation oriented but are, in fact, responses to a broader range of social needs in areas which carry multiple burdens.

There would appear to be value in an explicit recognition of this reality, and in encouraging community development responses which recognise the relevance of resource and support issues, and which have the potential to give the unemployed access to categories of experience previously denied to them. This approach recognises that

... people in poor conditions tend to be overwhelmed and isolated by the weight of their problems. They are often diminished by their conditions and need a period of encouragement, confidence and practice in order to realise their own untapped talents" (Chanan and Vos, 1990, p. 52).

The cost of financing such interventions must be set against the costs currently associated with the consequences of unemployment and poverty,

not just in terms of the scale of human misery generated but also of the extent of utilisation of health services.

Finally despite the potential value of local initiatives it is necessary, at the risk of repeating ourselves, to stress that the major factors involved in raising levels of psychological distress are the absence of jobs and a minimally acceptable standard of living; the issues involved are clearly national rather than local. The most effective ways to increase self-esteem and feelings of mastery, and improve mental health are to create jobs and remove people from poverty.

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