Social factors in the occurrence of depression, and allied disorders, ~~in unemployed men~~

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Abstract

A retrospective study was conducted in a sample of 80 unemployed men selected from an unemployment benefit office in London. Psychiatric state was assessed using reliable, clinically-oriented, criteria for the diagnosis of affective disorders (depressive and anxiety states), and the date of onset of any disorder ascertained. Feelings of shame over unemployment were rated using explicit criteria, and information on life events and difficulties, and a variety of other social factors, collected using established procedures.

Among men who were well at the time of job loss, one in seven subsequently developed a relatively severe ("case") affective disorder, and one in three a severe or a mild ("borderline case") disorder. Most of these were depressive states and had arisen in close proximity to the event of job loss. Factors found to increase the risk of onset of a disorder following job loss were (1) the lack of an intimate relationship with a wife or girlfriend (for the more severe disorders only) ; (2) economic difficulties antedating the present spell of unemployment (pre-existing money difficulties or a past history of insecure employment) and (3) the personality trait of shyness (each for the more severe and the milder disorders).

Feelings of shame were reported by one in four men, and these were also associated with previous economic difficulties and with trait shyness. Shame was strongly associated with the onset of an affective disorder following job loss, and analysis indicated that the most likely explanation for this was that shame and affective disorder were both related to a common mediating factor, which it was suggested may have been chronically low or acutely damaged self-esteem.

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Chapter 1 : Introduction

During the period over which the present study was conducted, the male unemployment rate in Britain stood at around 13%. In conditions of large-scale unemployment, the size of the problem in aggregate is matched at the individual level by prospects of re-employment which are often limited, and the likelihood of a lengthy period out of work, with a prolonged reduction in living standards and exclusion from many normal activities. The effects these may have on emotional well-being are not the least of their possible consequences. "Despair" and "humiliation" are often referred to in popular discussions of unemployment. It is with consequences of this kind that the present study is concerned : in particular, emotional disturbances classified in psychiatry as affective disorders, such as depressive illnesses or anxiety states ; their frequency amongst unemployed men, and some of the factors which influence the likelihood of their occurrence.

The concentration on this particular range of consequences restricts the present study in one direction and enlarges it in another. Limited attention is given to more common but less severe disturbances involving worrying, tension, or mild changes in mood. Moreover, a variety of psychological effects of unemployment which have been suggested or reported by previous authors remain unexamined in the present study, where their relevance to emotional well-being is unclear. On the other hand, much detailed research has been conducted in a more general context into the role of social factors in the aetiology of depression and related disorders, and in dealing with the latter, the present research can be brought into connection with a wider field of study. In this the present treatment differs from many previous studies, where the psychological consequences of unemployment have often been discussed and studied in relative isolation from the broader context of the social epidemiology of minor psychiatric disorders.

Various aspects of this broader field will be discussed where appropriate in later chapters ; here, by way of introduction, some previous research dealing specifically with unemployment will be reviewed. Where possible, results for men alone are considered. Whilst there may be important (and increasing) similarities in the implications of unemployment for men and women, differences in social expectations and in the personal significance of paid employment probably remain sufficiently general to make it desirable at present to consider them separately. We shall also restrict ourselves to individual-level studies, and pass over research using aggregate indicators such as that of Brenner (1969, 1973) and others dealing with variation in mental hospital admission rates in relation to macroeconomic changes. The methodological issues involved in this research, and the processes likely to be important in relationships of this kind (of which the incidence of psychiatric disorder in unemployed men is only one), are in each case so numerous and diverse that an adequate discussion would take us too far afield.

Research into the consequences of unemployment conducted during the 1930s has largely been omitted from the following account (much of this work is reviewed by Eisenberg & Lazarsfeld (1938)). This is partly because social changes which have occurred since that period shed some doubt on their relevance to an understanding of unemployment in present-day Britain, but more importantly, because they were generally qualitative (and often anecdotal) in nature, and the comparability of their findings with those emerging in more recent research, using rigorous measurement procedures, is often impossible to assess.

Previous studies of psychiatric disturbance amongst unemployed men

(i) Some preliminary methodological considerations.

In most previous studies, psychiatric disturbance in unemployed men has been measured by means of self-administered questionnaires, overall scores derived from the sum of individual items being used as the dependent variable. Studies employing a more comprehensive psychiatric interview, with the classification of subjects into clinical diagnostic categories, are much less numerous. There are considerable differences between these two approaches, and it is necessary to discuss them briefly here, as the methods used are likely to influence the results achieved. Some aspects of the measurement of psychiatric disorder are discussed in greater detail in Chapter 3.

In this context, psychiatric assessment by means of a detailed clinical interview involves, as a first stage, the collection of information on a defined range of psychiatric symptoms. It is necessary to ensure that the precise meaning given to each specific symptom has been adequately translated into the subject's own frame of reference for describing his inner state, and that sufficient information has been provided to permit a rating decision by the investigator according to precise and detailed criteria. One widely-used semi-structured interview of this type is the Present State Examination (PSE ; Wing, Cooper & Sartorius, 1974).

On the basis of the particular constellation of symptoms reported, subjects may be classified into categories related to those in clinical use by reference to explicit diagnostic criteria. A variety of procedures are available for reliably transforming ratings for an array of symptoms into clinical-type categories, including the CATEGO/ID system (Wing, Cooper & Sartorius, 1974 ; Wing, 1976), the Research Diagnostic Criteria (Spitzer, Endicott & Robins, 1978) and the Bedford College criteria (Finlay-Jones et al., 1980). Whilst differing in detail (for a comparison see Dean et al., 1983), these various criteria share the broad intention to distinguish not only between different types of disturbance, but also between syndromes resembling those found in clinical populations, and which would be regarded by most psychiatrists as psychiatric disorders ("cases"), from milder states, which although sharing some of the same features would not be so regarded.

Depression may serve as an illustration. "Depressed mood" itself implies a mood of an intensity and persistence sufficient to colour an individual's entire outlook on the world, and exerting a global influence on thought and activity. It does not refer to transient low spirits, or to chagrin over a particular distressing circumstance which is not generalized to other areas of life. But a diagnosis of depression implies much more than a report of depressed mood ; even among the milder depressive disorders, it would imply the presence of a variety of accompanying phenomena such as alterations in concentration and interest in familiar activities, changes in appetite, weight, and sexual behaviour, retardation of activity, and sleep disturbance - amongst others. The tendency for a set of disparate features such as these to occur together as a distinct syndrome (albeit of variable composition) forms the basis for recognizing it as a psychiatric disorder which may have specific natural properties, even where, as here, it may in certain respects resemble (and perhaps be related to) more everyday phenomena.

All of the criteria mentioned above were initially established on the basis of the judgements of experienced psychiatrists in Britain or the United States, and in the case of affective disorders, the thresholds embodied in the various criteria fall within a fairly narrow band in relation to the entire spectrum of possible disturbance. Those falling above such thresholds are referred to below as "cases" or "clinical disorders". (Where reference is made to ID criteria, "caseness" refers to the commonly used criterion of level 5 or higher, i.e. including both "threshold" and "definite" disorders).

Commonly-used questionnaires include such instruments as the General Health Questionnaire (GHQ ; Goldberg, 1972), the Langner scale (Langner, 1962), and some measures concerned with more specific psychiatric symptoms, such as the Beck Depression Inventory (BDI ; Beck et al., 1961).

In epidemiological studies they have been used in one of two ways : (1) the scores are used directly as indicators of the general frequency of symptoms within a sample, without any necessary relationship to the presence of clinical psychiatric disorder being postulated or assumed ; (2) under certain circumstances, they may serve as simplified and indirect indicators of "probable" psychiatric disorder.

(1) The respondent-based nature of these measures renders them unsuitable (or at least of doubtful utility) for the reliable and accurate measurement of specific symptoms, because it cannot be guaranteed that all respondents will ascribe the same or similar meanings to a questionnaire item, either in terms of the range of phenomena to which the item refers, or the degree of severity regarded as significant (cf. Horn, 1950). Some questionnaires include items appearing deliberately vague and in which the scope for idiosyncracy in interpretation is particularly large (e.g. "Do you feel you are playing a useful part in things ?" and "Have you found everything getting on top of you ?", both taken from the GHQ). On general grounds (cf. Brown & Rutter, 1966), vague questions are likely to be particularly susceptible to selective interpretation, and questionnaires using such items may perhaps be regarded as making productive use of bias in response : any systematic bias in the interpretation and response to these items is likely to be related to aspects of the respondent's mental state, such as mood, which are of direct interest in view of the

purposes of the instrument, and taken as a whole a set of questionnaire items may provide a useful indication of the general level of impairment perceived by the respondent. In view of this, and because it is unlikely that many of the items discriminate meaningfully between different symptoms, it is reasonable to use a simple overall score in which the individual items are all treated in an equivalent manner.

A potentially important contribution may be made to the overall score by responses related to minor and non-specific symptoms, such as tension and worrying, or mild and intermittent disturbances of mood, which in the absence of other features would be disregarded as variation within the "normal" category by a clinically-oriented approach. For this reason, some investigators (e.g. Warr, 1984) refer to these measures as concerned with "psychological distress" as distinct from clinical affective disorders (Weissman & Myers (1978) make a similar distinction between "depressive symptoms" and "depressive disorder"). The processes underlying the development of non-specific symptoms such as these may not be the same as those involved in more clearly defined clinical syndromes such as depressive illnesses or anxiety states. For this reason, although a mean score derived from questionnaire responses will generally bear some relation to the frequency of clinical disorders within a particular group of subjects - and the finding of an association between an independent variable and the mean score on a questionnaire-based scale may therefore be suggestive of a similar relationship with the occurrence of clinical disorder - such evidence is indirect and open to doubt.

Milder states of emotional distress and unhappiness are of importance in their own right, quite apart from any association they may have with the occurrence of clinical disorders. They are a legitimate object of scientific interest and of social concern, which has been addressed by a substantial research tradition (e.g. Bradburn & Caplovitz, 1965 ; Bradburn, 1969 ; Warr, 1978). However, they do not form the object of the present study, and research based on these measures is reviewed below solely because the findings may also be of relevance to clinical disorders.

(2) Serious attempts to view these instruments as indicators of "probable psychiatric disorder" require that the actual relationship be determined between scores on the instrument and diagnostic ratings made in a more detailed clinical interview. It may be possible to select a particular threshold score which discriminates usefully between those likely or unlikely to be "cases" on more detailed inquiry ; some of the issues involved in the choice of such threshold points are discussed by Goldberg (1981). An alternative approach is to estimate a parametric model linking scores on a screening instrument with the probability of caseness (Henderson et al., 1979). Where the validity of "probable case" ratings can be established in a population similar to that from which a

research sample is drawn, (and in particular where it is based on the research sample itself), this form of assessment may in some respects combine the economy and ease of administration of a questionnaire-based measure with the accuracy and clinical relevance of a more detailed interview. However, although good estimates of the prevalence of clinical disorders may be produced by such an approach, certain types of information which are available in the context of a more detailed and historically-oriented clinical interview - such as the dating of onset, or the occurrence of specific clusters of symptoms - will not be available for all members of the sample. Moreover, while scores on these instruments may "on average" be related to the prevalence of disorder in a <u>group</u>, discrepancies between the questionnaire score and the clinical diagnosis in <u>individual subjects</u> may be highly important where the relationship between an aetiological factor and the presence of disorder is examined using individual-level data.

It cannot be assumed that the results of one such validation exercise can necessarily be transferred to another population, as the precise relationship between scores on a screening instrument and the probability of caseness as assessed in a more detailed interview will depend on the frequency and distribution of symptoms within the group as a whole. This is particularly important in the present context, because as in any group selected for exposure to adversity, the frequency of non-specific symptoms such as tension and worrying is likely to be higher in groups of unemployed men than it would be amongst randomly selected members of the community, even amongst those who would not meet clinically-based caseness criteria. For this reason, where the prediction of caseness from scores on the instrument is based on data external to the study population - for example, from a general population sample - the position is very similar to that arising from the use of raw scores : the findings may be suggestive with regard to clinical disorders, but the margin of doubt is unknown.

It is also necessary to consider briefly what is actually meant by unemployment. In common with most social categories, while a substantial central core of individuals would by general consensus be regarded as "unemployed", the boundaries of the category are not distinct. Strict divisions between those who are and those who are not to be regarded as unemployed are imposed by administrative or scientific fiat in the light of particular purposes ; thus in some circumstances, those who are retired, housewives, the severely disabled, and a variety of other groups might be regarded as "unemployed" in some sense. In the present study, the term is applied more narrowly and refers to the "core" of involuntary unemployment mentioned above, which roughly speaking includes those lacking paid employment whilst of an age, sex, physical and intellectual capacity, and social position, which renders it customary in normative terms and desirable or necessary in instrumental terms, in the light of current social arrangements. Those who are "unemployed" under State criteria, and thus eligible for unemployment-related benefits, form the majority of this group. This perspective is shared by most previous studies specifically concerned with unemployment. In particular, where unemployed subjects have been compared with matched groups of employed individuals, the question of problematic middle groups is generally avoided through the design of the study, in that a "core" unemployed group is compared with a "core" employed group.

The same cannot be said of surveys of the general population. While the criteria under which employment status is measured are commonly left unstated, in many instances it appears that those classified as "unemployed" include not only the narrower group referred to above, but a certain proportion who, for whatever reasons, neither expect nor desire paid employment. For this reason, the results of such surveys may be less relevant to the specific issues dealt with here, and the evidence potentially less reliable ; indeed, as discussed below, some striking inconsistencies in previous research findings probably arise from differences in the composition of groups classified as "unemployed".

(ii) Studies using questionnaire-based measures

Cross-sectional studies concerned specifically with unemployment have fairly consistently found elevated scores on questionnaire-based measures amongst those who are unemployed. Studies of teenagers (male and female) using the GHQ (Stafford et al., 1980 ; Banks & Jackson, 1982 ; Donovan & Oddy, 1982) and the BDI (Feather, 1982) have shown higher scores amongst unemployed subjects than amongst those in regular employment or further education. In studies of men in their main working years in Northern England, Hepworth (1980) and Jackson & Warr (1984) found mean GHQ scores in unemployed groups considerably higher than those found in earlier studies of employed men in the same region. Similarly, Estes & Wilensky (1978) found higher scores on a 37-item measure based on the Langner scale in a group of unemployed professionals in the United States compared with a matched group of employed men.

Similar relationships between employment status and level of symptoms have emerged in several epidemiological studies of the general population, such as those by Cochrane & Stopes-Roe (1980), using the Langner scale in a survey conducted in urban areas of England, and by Radloff (1975) in the United States. In both of these cases an association was found in men but not in women.

Contrary results have been produced by a few studies. Tischler et al. (1975), in a general population survey (male and female) in the United States, defined a group with high levels of symptoms by dichotomizing scores on a symptom questionnaire in such a way that 16% of the sample were classified as "impaired". The proportion of the "impaired" who were unemployed was not significantly different from that in the non-impaired group. Unemployment was much more common in a consecutive series of those attending the local mental health services who were investigated concurrently, and this was interpreted as showing that those who were unemployed over-utilized the mental health services in relation to their true rate of illness, compared with other members of the community. However, a further study in the same community (Weissman & Myers, 1978) gave directly opposite results. Here items specifically relevant to depression were selected from the same scale, and scores again dichotomized to produce a "moderately depressed" group (the threshold score was chosen to minimize the misclassification of those with or without "depressive disorders", but the criteria under which the latter diagnoses were reached are not stated). On this basis, those who were unemployed were significantly more likely to be depressed than were other subjects, and inquiries about health service utilization failed to show the difference suggested by the previous study. It was suggested that the discrepancies between the two studies had arisen from the different measures of psychiatric disturbance used. This appears reasonable and is a good example of how apparently minor differences in the definition of the dependent variable may affect the results produced.

Cross-sectional associations such as these are open to a variety of interpretations, but the suggestion that distress arising as a consequence of unemployment is a major element is supported by a number of longitudinal studies. In a study of teenagers, Banks & Jackson (1982) found that those moving into unemployment on leaving school showed an increase in GHQ scores at re-interview after 6 and 12 months, whereas those moving into employment or government training programmes showed a decrease. GHQ scores were not predictive of subsequent employment status. Bolton & Oatley (1985) re-interviewed a group of recently unemployed men (aged 20-50) and a matched employed group after six months, finding an increase in BDI scores among those who had remained unemployed, and a decrease in those who, having been unemployed at first interview, had regained employment. The latter group actually had slightly higher scores at initial interview, indicating that the presence of depressive symptoms here did not retard re-employment. There was no change in the group employed continuously through the period.

In contrast, Cobb & Kasl (1977 ; see also Kasl & Cobb, 1979), who followed up men made redundant following the closure of two factories in the United States, found generally small and non-significant changes in scores on a depression scale and concluded that the evidence for an important effect of unemployment on this and a variety of other mental health indices was not strong. They point out that the first (pre-unemployment) series of measurements was carried out after the forthcoming closures had been announced, and that the baseline levels against which many of the comparisons were made may have been high due to an anticipatory reaction. It may also be relevant that employment prospects were generally good when the study was performed, many men finding new jobs relatively quickly, and contextual factors such as this may have coloured their appraisal of the circumstances.

Notwithstanding a small number of inconsistent results, the general trend of this evidence indicates that in most circumstances mean scores on questionnaire-based scales of psychological distress are higher in unemployed than in employed groups, and that this probably reflects in large part a causal effect of unemployment, or circumstances associated with it, on psychological well-being. A selective process whereby psychiatric symptoms themselves increase the likelihood of unemployment is likely to play a minor role, particularly where the general unemployment rate is high. Explanations in terms of third variables are difficult to rule out entirely in non-experimental research, but in several of the studies mentioned above groups were matched on the major demographic and occupational variables known to influence the likelihood of unemployment. These include social class, which is often found to be associated with higher levels of distress (Kessler & Cleary, 1980). Another possible source of spuriousness is considered in the following section.

It therefore appears unlikely that the findings of studies using symptom questionnaires can be explained solely by one or other of these theoretical sources of error. However, research of this type leaves indefinite the question of whether unemployment leads to any significant increase in the frequency of affective disorders at a "case" level of severity in a clinically-oriented classification - although, for the reasons previously given, this is likely - and, if so, to what extent. In principle it is possible that the findings mentioned above might arise from the very general occurrence of minor symptoms of tension, worrying, or other non-specific symptoms, with no increase in the prevalence of more severe states. To provide some information on this it is necessary to turn to studies which have relied in whole or in part on the measurement of psychiatric status using clinically-oriented criteria.

(iii) Studies using clinical diagnostic criteria

In a general population survey conducted in London, Bebbington et al. (1981) found a prevalence rate for psychiatric disorder in the month preceding interview (under ID criteria) of 13.6% amongst unemployed men, compared with 5.5% amongst employed men. Most of the psychiatric disorders detected in the sample as a whole were affective disorders. As with the cross-sectional research reviewed earlier, the appropriate interpretation of this finding is uncertain, and in particular where attention is focussed upon more severe disturbances, instances where psychiatric disorder is itself responsible for unemployment are likely to be more common.

Henderson et al. (1979) used the same criteria in an Australian general population sample. While the overall prevalence rate was very similar to that found in London, there was no association between employment status and psychiatric disorder. It appears likely that this negative finding is attributable in some way to the measurement of employment status (for the reasons mentioned earlier), as particularly high rates were found in the same community in a group who were actually claiming State unemployment benefits. In this study (Finlay-Jones & Eckhardt, 1981), members of a random sample of unemployed young people (aged 16-24) completed the GHQ, and more detailed interviews were conducted in a subsample. As in the study of Henderson et al., estimated prevalence rates for the whole sample were based on the relationship between GHQ scores and caseness (under ID criteria) in the interviewed subsample. In all, an estimated 49% of the sample were "cases", almost all affective disorders (75% depression, 23% anxiety). This should be compared with rates in the region of 6-7% for men and 11-15% for women where similar criteria have been applied in the general population in Britain and in Australia (Wing, 1976 ; Henderson et al., 1979 ; Bebbington et al., 1981). Thirty percent of the case disorders identified had developed at some time <u>before</u> the individual had become unemployed, and in this sense could not be attributed to unemployment ; however, this group remains a minority, and even if it is discounted, the prevalence rate remains considerably higher than that to be found in the general community. If it is assumed that the proportion of disorders arising before job loss can be generalized to the whole sample, it would imply that 40% of those at risk of developing a disorder at the time of job loss (i.e. who were normal at that time) subsequently did so.

The sample included both men and women, and estimated prevalence rates separated by sex are not reported. However, women were 1.36 times as likely as men to meet a "probable case" threshold score on the GHQ, and generalizing this result to the PSE/ID prevalence estimate (which is probably roughly correct) suggests rates of approximately 44% and 59% for men and women respectively. A similar correction would give a figure of 36% for the frequency of disorder among men who were normal at the time of job loss. Even confining attention to men by making this adjustment, the prevalence of psychiatric disorder found in this study is high, being over three times the rate for unemployed men in the study of Bebbington et al. in which similar caseness criteria were used. The reason for this is uncertain, but again it probably relates to the difference between a "core" unemployed group claiming benefits and those classified as unemployed in a general population survey. The restriction of the sample to a younger age group does not appear a likely explanation, as evidence reviewed in the following section suggests that those in this group who are unemployed have if anything a <u>lower</u> prevalence of psychiatric disorder than do those in their middle years. It is also possible that the group actually attending for the more detailed interview (in which the response rate was somewhat low) was unrepresentative, and the estimated prevalence rates may have been subject to bias, although this seems unlikely to explain such a large relationship.

Although it appears from this study that pre-existing affective disorders account for a minority of the total among unemployed men, a further possibility is that those who are particularly liable to affective disorder, for whatever reason, are more likely to become unemployed, even where they are not ill at the time of job loss. However, several studies (Markowe et al., 1955 ; Rutter, 1976) have found that previous neurotic (including depressive) illness is not associated with a greater likelihood of subsequent unemployment (cf. Harrington, 1962). It therefore appears that although selection of subjects already suffering from affective disorders (particularly acute disturbances) into the unemployed population probably occurs to some extent, this alone is unlikely to account for the elevated prevalence rates in the studies mentioned above.

Other outcome variables of possible relevance to psychiatric disturbance among unemployed men

At this point, it is convenient to mention briefly some literature dealing with certain other suggested adverse psychological consequences of unemployment, which may be related to the occurrence of psychiatric disturbance.

Low self-esteem

Much of the qualitative research conducted during the 1930s referred to "low morale" or, in some instances, "low self-esteem" as a consequence of unemployment (e.g. Bakke, 1933 ; Eisenberg & Lazarsfeld, 1938). A number of recent quantitative studies have addressed this issue. Feather (1982) utilized Rosenberg's (1965) self-esteem scale in a comparison of employed and unemployed young people, and found lower levels of self-esteem among those who were unemployed. A similar result was found by Donovan & Oddy (1982), although negative findings have also been reported (Gurney, 1980). Warr & Jackson (1983) distinguished between "negative" and "positive" items from Rosenberg's scale, and found lower self-esteem based on "negative" items in unemployed than in employed young people, but no difference in scores on the "positive" items. A different measurement procedure was used by Hartley (1980), who compared groups of employed and unemployed managers on a measure of the discrepancy between "actual self" and "ideal self". There was no difference between the two groups (and no longitudinal changes were found in the unemployed group when they were re-interviewed after an interval of 6-10 weeks).

These results are not entirely consistent, but there is at least some suggestion of lower self-esteem among unemployed groups, when compared with members of the employed population. The negative findings in some instances may arise from the manner in which samples were selected (for example, Hartley's unemployed group was drawn from men applying for a Manpower Services Commission scheme ; men applying for places on programmes such as these may be unrepresentative of unemployed managers more generally). The distinction drawn by Warr & Jackson (1983) between "negative" and "positive" items may also be relevant. Finally, it may be important (as Hartley suggests) to distinguish at the level of meaurement between long-term self-evaluative tendencies ("trait" self-esteem) and shorter-term changes in feelings of self-worth arising in connection with altered life circumstances. A measure primarily addressing the former may be relatively insensitive to changes occurring in response to unemployment.

The implications are unclear, however, even for those studies which have found lower levels of self-esteem among unemployed groups ; negative self-evaluation is a common accompaniment of depressive syndromes (e.g. Lewinsohn et al., 1981) and these findings may merely reflect a greater prevalence of depressive syndromes in these groups.

We shall return to several of issues in Chapter 10, in discussing the findings of the present study.

Feelings of shame

Another issue prominent in some discussions of unemployment in the earlier literature was the occurrence of shame. The following account is taken from a collection of self-reported material assembled by Zawadski & Lazarsfeld (1935) :

"How hard and humiliating it is to bear the name of an unemployed man. When I go out, I cast down my eyes ... When I go along the street, it seems to me that I can't be compared with an average citizen, that everybody is pointing at me with his finger. I instinctively avoid meeting anyone. Former friends and acquaintances of better times are no longer so cordial. They greet me indifferently when we meet. They no longer offer me a cigarette and their eyes seem to say, 'You're not worth it, you don't work'."

Similar observations were made by George Orwell in The Road to Wigan Pier (1962 [1937], p. 76 ff.). This is surely an important matter to consider in any discussion of the personal consequences of unemployment. However, although "shame" and "humiliation" have often been referred to incidentally in more recent discussions (e.g. Kaufman, 1982), and some relevant qualitative material has been presented (e.g. Fineman, 1983), the field has largely lain fallow. There are no studies - from any period - which provide satisfactory information on the frequency of feelings of this kind among unemployed men, or their relationship to the occurrence of psychiatric disturbance.

Individual variation in response to unemployment

The limited evidence reviewed earlier suggested that unemployment is associated with an increased prevalence of affective disorder ; the one study employing reliable diagnostic criteria in a "core" unemployed group found a prevalence over 5 times higher than that in the general population, and it is likely that rates in these groups are higher than in the more heterogeneous groups classified as "unemployed" in surveys of the general population. Retrospective material suggests that at least some and probably most of the association is attributable to an increased incidence of disorder in previously healthy individuals following unemployment. Clinical disorders probably account for some (but not necessarily all) of the increased prevalence of psychiatric symptoms found in the more numerous studies using questionnaire-based measures of psychiatric disturbance, where longitudinal evidence also suggested a substantial causal role for unemployment.

Clearly, not all men become depressed after becoming unemployed ; on the basis of the studies discussed above, typical frequencies appear to lie in the interval between 13% or less up to about 36% at the most. In all studies, only a minority of subjects are affected. The explanation of this individual variation in outcome - variation within unemployed groups, rather than between unemployed and employed groups - is particularly important, not only in the identification of groups at particularly high or low risk, which may be of practical significance, but also theoretically, in the light which this may cast on the processes underlying the development of affective disorders in unemployed men. Factors differentiating between groups of unemployed men at high or low risk may also go some way towards explaining variation in the findings of studies which have compared employed and unemployed groups, as much of this (and the occurrence of negative findings in some instances) may be explicable on the basis of differences between the samples interviewed.

There is a considerable volume of research dealing with individual variation in the response to unemployment. Unfortunately, this is entirely based on the assessment of psychiatric symptoms by questionnaire. The findings of this research provide an indication of the types of relationship which may be important, although, as before, the extent to which these findings apply in the case of more severe affective disorders remains uncertain.

<u>Age and life-stage</u>

During the main working years, age does not appear to be an important influence on the response to unemployment. Jackson & Warr (1984), using the GHQ, found no significant variation with age in men aged 20-59, although there was a small tendency for the mean scores to rise to a peak in the decade 40-49, and to fall thereafter. Similarly, Hepworth (1980) found that although scores on the GHQ were highest amongst those aged 35-44, variation with age during the main working years was not significant.

However, some studies indicate that men at the extremes of their working lives have lower levels of symptoms than do other unemployed men. Jackson & Warr (1984), for example, found that subjects aged 16-19 and those aged 60-64 both had significantly lower mean scores on the GHQ (although neverthless substantially greater than the level to be expected amongst general community samples) than those aged 20-59. Men at the extremes of their working lives differ in several respects from those of intermediate age. At the younger extreme they have not fully entered the period during which paid employment - for financial or non-financial reasons - forms a central focus of activity and of social evaluation. Moreover, as Jackson & Warr point out, the financial difference between working and not working may not be very large for many young people, and patterns of leisure and social activity established before entering the labour market may continue with little change. Those at the older extreme are already in the process of leaving the customary period of employment and may be prepared to view themselves as essentially retired.

A difference in the general significance of employment at different points in the life-cycle is not the only reason why the response to unemployment might be expected to vary with age. Economic requirements vary according to life stage, in particular as the age and number of children varies through the family cycle. Income levels do not generally vary contemporaneously, and there is a tendency (at least amongst certain groups) for financial pressures to be greater during the growth of young families than at other times of life (Rowntree, 1901 ; Ashley, 1983 ; Wilensky, 1961). This variation in the occurrence of financial difficulty through the family cycle appears to be most pronounced where family economic circumstances are poorest, and probably does not occur at all amongst more privileged groups (Oppenheimer, 1974 ; Estes & Wilensky, 1978) ; it occurs amongst the long-term unemployed in Britain, despite benefit allowances made for the number of dependants (Marshall, 1972 ; Daniel, 1974 ; Clark, 1978). Although similar findings may apply to the financial implications of unemployment in the shorter term, this is likely to be less general because severe financial hardship is also less general than it is among the long-term unemployed.

Estes & Wilensky (1978) found that in a sample of unemployed professionals in the United States, higher levels of symptoms were reported by those supporting families, but that this applied only to the subgroup of the sample in the worst financial circumstances. Jackson & Warr (1984) found a small but significant relationship between the <u>number</u> of dependants and scores on the GHQ, which was independent of age and of the degree of income change since unemployment. There is therefore a limited amount of evidence that life stage is related to the response to unemployment, those with families to support reporting more symptoms, perhaps because they are subject to greater financial pressures. This is a further possible reason for the generally lower levels of distress found in men at the extremes of their working lives.

Social class

Class differences in response to unemployment might be expected for a number of reasons. It is generally recognized that financial hardship during unemployment (particularly in the short term) is likely to be greater in absolute terms for working-class than for middle-class subjects, although the relative reduction in income experienced may sometimes be greater amongst the latter. On the other hand, some authors (e.g. Kaufman, 1982) have suggested that those from middle-class occupations (in particular in the course of professional careers) are likely to be more highly involved in their work, and that unemployment might be expected to have a greater impact amongst these subjects.

In the United States, Cohn (1978) reported a decline in "satisfaction with self" following unemployment in working-class but not in middle-class men, but some studies (e.g. Goodchilds & Smith, 1965) have suggested worse outcomes in middle-class men ; in both of these the measurement of outcome was somewhat cursory, and the evidence from two recent studies in Britain is more pertinent in the present context. Hepworth (1980) found significantly higher GHQ scores in men from unskilled or semi-skilled manual occupations than among those from occupations of higher status. In contrast, Payne et al. (1984) found no difference in GHQ scores between middle-class and working-class (unskilled/semi-skilled) groups in a large survey of young married men who had been unemployed for 6-11 months, levels of distress being similarly high in both groups. As a result of the sampling criteria most respondents in this sample had young children, and although there were differences on a number of financial indices, relatively severe financial strains were common in both groups.

Taken together, these two studies suggest that where the threat to accustomed living standards is high in both groups, class differences fail to emerge, whereas in unselected groups, which may include a higher proportion of middle-class subjects who are financially protected in some way, outcomes are generally worse in working-class groups. This appears plausible as several authors who have studied unemployment in middle-class groups have found a relatively high proportion of subjects reporting no distress, and in some cases positive responses, following unemployment (Little, 1976 ; Estes & Wilensky, 1978 ; Fineman, 1983). It is also possible that a (variable) balance between a number of different factors acting together - more severe financial stresses among working-class men, and career disappointments in middle-class men - may account for the findings.

Financial factors and duration of unemployment

Unemployment, in particular long-term unemployment, is a major cause of poverty in Britain (Townsend, 1979 ; Layard et al., 1978 ; Ashley, 1983 ; Marshall, 1972 ; Daniel, 1974 ; Clark, 1978). Even in the shorter term, it is generally associated with a reduction in income (Davies et al., 1982) which may necessitate difficult financial adjustments in spite of unemployment insurance benefits. Major money difficulties, and severely threatening events which may occur in connection with such difficulties are provoking causes of affective disorders in the general population (e.g. Brown & Harris, 1978), and there is no reason to suppose that this does not also apply to those who are unemployed.

A fairly representative finding in this area is that of Estes & Wilensky (1978), who found a higher level of symptoms amongst unemployed professionals in the United States reporting "heavy financial stress" (a single yes/no question) than in those reporting no such stress. The latter did not differ from an employed comparison group. A more objective index of financial difficulty, based on reported deprivation, the level of savings, the nature and severity of losses of income and savings, debt, and dependence on welfare benefits, was related to the level of symptoms in a similar way. A number of other studies have produced similar results in unemployed groups, using a variety of indices of economic deprivation and of mental health (Little, 1976 ; Jackson & Warr, 1984 ; Cobb & Kasl, 1977), and there is therefore fairly consistent evidence for an association between greater financial problems and a worse outcome in terms of questionnaire-based symptom measures.

In this context it is also relevant to consider variation in psychiatric state in relation to duration of unemployment. Many economies which can be made in the face of reduced income in the short term cannot be sustained over longer periods, and depletion in savings or other prior resources, wear to household items, and the exhaustion of unemployment insurance benefits (with transfer to supplementary benefits generally at a lower level) all combine to exacerbate financial problems as the length of time out of work increases. Naturally other deprivations associated with unemployment, repeated failure to find work, and other factors may also be relevant.

A number of authors have incidentally examined symptom levels in relation to duration of unemployment, usually with negative findings (e.g. Feather & Barber, 1983 ; Feather & Davenport, 1981 ; Little, 1976 ; Warr et al, 1982). However, many of these studies have been confined to young people. In a recent study in England, Jackson & Warr (1984) examined the cross-sectional relationship between duration of unemployment and GHQ scores in different age groups, and found that in men in their main working years (20-59), the mean scores of groups unemployed for differing lengths of time rose progressively to reach a plateau at around six months. The authors considered this an effect of "cumulative stress", increasing as the duration of unemployment increased.

The interpretation of results such as these is complicated by the fact that psychiatric syndromes persist over time, and the prevalence of symptomatology at one point in time will include not only syndromes arising at that point but also the cumulation of (unrecovered) syndromes arising at earlier points in time. A progressive rise in prevalence is perfectly consistent with a rising, falling or invariant rate of incidence, and the inferences drawn may be quite different in these different cases. This finding is discussed further in Chapter 5, in connection with the results of the present study.

<u>"Employment commitment"</u>

Commitment to employment for non-financial reasons is generally defined by exclusion (e.g. Morse & Weiss, 1955 ; Warr, Cook & Wall, 1979) and although it is sometimes discussed as if it formed a natural unity, it may involve a wide variety of motivations and attitudes to employment. Such "commitment" might arise because of a wish to engage in purposeful and useful social activity, and to be recognized within the community as doing so ; because work is seen as a moral duty ; because it confers, under favourable circumstances, status or a sense of personal identity or efficacy ; or because it is found intrinsically satisfying for some other reason. In general terms, it would be surprising if men who regarded employment as particularly important for any of these reasons were not liable to suffer more greatly from its absence.

Several studies have found the expected cross-sectional relationship with psychological distress in unemployed groups (e.g. Stafford et al., 1980). However, a strong commitment to re-employment may be a consequence rather than a cause of distress over unemployment ; contamination in measurement between employment commitment and psychological distress is also not unlikely in some instances. For example, one may assume that subjects consult their current feelings when responding to items such as "I don't feel right when I'm out of work" or "I don't like being out of work" - both of which have been used in scales of employment commitment used in unemployed men.

If employment commitment is to be taken seriously as an independent explanatory factor, it would be necessary to show that it exhibited some degree of stability in employed individuals, and secondly that it is predictive of the response to unemployment in a prospective study. One prospective study of teenagers found that those scoring more highly on a scale of employment commitment experienced larger increases in GHQ scores after unemployment than did those with lower employment commitment (Jackson et al., 1983). These results have not yet been confirmed in older men.

Purposeful activity

In an influential early study, Jahoda, Lazarsfeld & Zeisel (1933) reported the occurrence of a general "loss of time structure" in some men following unemployment, routines concerned with everyday life becoming disorganized and eventually lost. General inactivity and boredom may also occur after unemployment. Jahoda (1982) has recently re-iterated the view that inactivity and the disruption or loss of routines are common amongst those who are unemployed, and that both result primarily from the absence of external constraints necessitating activity and the adoption of regular habits. It is implied that this may have important emotional consequences.

Inactivity is not an inevitable consequence of unemployment, and a variety of other factors is likely to be important, quite apart from the lack of external constraints enforcing activity : financial considerations, which govern the opportunity for various activities ; prior personal characteristics and habits in non-work activities ; long-term features of personality and also shorter-term changes in mood (see below). Purposeful activity amongst those who are unemployed is often assumed to be related to education. Payne et al. (1984) found that unskilled and semi-skilled working-class respondents reported more problems in remaining active, filling time, and staving off boredom, than did middle-class respondents ; however, there may have been greater financial limitations on leisure activity in these subjects.

Some authors (e.g Warr, 1984) have seen inactivity as itself a possible cause of psychological ill-health, and several studies have found correlations between the general level of activity in unemployed men and indices of mental health. Warr & Payne (1983) found that GHQ scores were related to the extent to which passive forms of behaviour such as watching television, sitting around in the home, etc., had increased after unemployment. In a similar vein, Hepworth (1980) found a substantial relationship between scores on the GHQ and (negative) responses to a question concerning whether the respondent's time was "fully occupied" ; this was actually the largest correlation of any found in the study.

Due to the likelihood of contamination in measurement, cross-sectional findings such as these are of limited value. Apathy and inactivity are common (although not universal) in all depressive states, regardless of the particular external circumstances under which they may have arisen ; inactivity is not for this reason generally viewed as a likely cause of depression, nor, on the basis of findings of this kind, does it appear any more reasonable to view it in these terms in the particular case of unemployed men.

This problem does not arise in prospective studies. Bolton & Oatley (1985) examined a number of aspects of "time management" measured around the time of job loss in relation to depressive symptoms six months later. In general, the measures referred to relatively long-term patterns of behaviour and were thus considered as fairly stable personal attributes rather than shorter-term measures of the level of activity. Two of these variables were related to subsequent depression, one concerned with "self-motivation", and another with the regularity of rising in the morning. However, the results suggested that these were not related directly to depressive symptoms, but that those who were more "self-motivated" and who rose more punctually were more likely to regain employment - presumably because they were more resourceful and energetic in seeking work - and as a consequence of this to be less depressed at second interview.

Where, as here, attention is shifted from inactivity per se to longer-term individual attributes which may exert an independent influence on levels of purposeful activity after unemployment, it is necessary to consider their relationship to other personality factors which are related more generally to the risk of affective disorder. Bolton & Oatley, for example, suggest that "self-motivation" is likely to be related to self-esteem, and this may also be the case for the similar concept of "proactivity" discussed by some authors (Fryer & Payne, 1982). A relationship between self-esteem and the level of purposeful activity was found by Feather & Bond (1983) in both employed and unemployed Australian university graduates. Added to the problem of contamination, research in this area therefore also faces an important possibility of spuriousness. No study has produced positive results whilst overcoming these problems, and at present the evidence that these factors are an important influence on the response to unemployment is weak.

Social support

Research into the general role of social support in protecting against the occurrence of affective disorders is discussed in Chapter 6. Here we shall confine attention to those studies dealing with social support specifically in relation to unemployment.

Gore (1978) reported findings which formed part of the wider study of reactions to factory closure by Cobb & Kasl (1977). It will be remembered that the results of this study were atypical, in that there was no change in the frequency of depressive symptoms following unemployment, and most men in the study were unemployed for relatively short periods. The findings reported by Gore are complex and not entirely consistent ; one interpretation, suggested by Kasl & Cobb (1979), is that men who were both lacking in social support (a global measure involving perceived help from family members and friends) and had "characteristically high levels" of depression experienced greater difficulty in finding work than other subjects.

Some aspects of social support were examined prospectively by Bolton & Oatley (1985). The measures included the amount of "predictable social interaction" outside working hours in the month before interview ; the total amount of material or practical assistance received from friends or relatives in the month before interview ; and one measure concerned with the presence of relationships perceived as helpful either to the subject or to the other party. Only the first of these was significantly related to depressive symptoms six months later : amongst those who remained unemployed, a lower total quantity of social interaction around the time of job loss was linked with higher depression scores at re-interview. The men in whom the greatest increase in depression scores occurred in the follow-up period were described a having "few or no friends, and a narrow range of social contacts confined almost exclusively to the family". The presence of a particular relationship perceived as supportive was not related to depressive symptoms at follow-up.

These results contrast with those found in most studies of the general population, where close relationships have generally been shown to be important whereas diffuse social ties have not (see Chapter 6). The negative finding for particular supportive relationships in this study may reflect a genuine difference from earlier studies of close relationships conducted mainly in women in the general population, but differences in measurement appear more likely. The scale used (over the validity of which the authors themselves express some doubt) differs in several respects from measures of close relationships used in previous studies, and in particular it is unclear whether steps were taken to confine the questioning to relationships which may be described as close in terms of intimacy (confiding), frequency of contact, or other features of the relationship . The precise way in which psychiatric disorder is measured also has an important bearing on the results in this area (see Chapter 6) and this is another possible reason for this finding.

Research into the consequences of unemployment considered in a broader perspective

There is no reason to suppose that there is a fundamental difference between affective disorders occurring in unemployed men and those arising in individuals facing adversity in other spheres of life, and it is profitable to discuss some of the findings reviewed above within the wider framework of findings concerned with the role of social factors more generally in the aetiology of affective disorders. A particularly influential model in this field has been developed by Brown & Harris (1978). Sometimes referred to as the "vulnerability model", it is analogous to a wider class of "stress-diathesis" models which distinguish between factors with a short-term effect on the risk of illness ("stress", "provocation"), usually of environmental origin, and those contributing to a more continuous (although not necessarily invariant) and generally latent predisposition to the illness in question ("diathesis", "vulnerability"). In many instances the latter have been construed solely in terms of genetic or constitutional factors, and models of this kind have been proposed in the context of numerous psychiatric and other illnesses in a speculative attempt to articulate the relationship between environmental and genetic aetiological factors. However, this particular partitioning of variables is not essential to the general notion, and an important aspect of the model of Brown & Harris is the consideration of features of the past and present social environment as possible determinants of vulnerability. Amongst models of this general kind, the vulnerability model is unusual in the extent to which it is empirically grounded, and many of the findings mentioned below have been confirmed in subsequent research (see Chapters 5 and 6).

The most important provoking agents identified by Brown & Harris are life events with severely threatening long-term implications towards valued elements of an individual's life-world ; for the most part these are major losses, disappointments and failures. As discussed in a later chapter, the long-term threat of an event can be measured reliably and objectively in the light of individual circumstances. Events in which the long-term threat exceeds a certain threshold have been termed <u>severe events</u> and can be shown to confer a short-term elevation in the risk of developing an affective disorder, extending for a certain period of time after the event. The magnitude of this elevation in risk is typically found to be in the region of a 5- to 7-fold increase, and estimates of the duration of the causal period vary between 3 and 9 months (Brown & Harris, 1978 ; Paykel, 1978 ; Bebbington et al., 1984) ; these are both dependent on the particular methods of analysis used as the risk of disorder probably falls gradually to baseline levels.

The other class of provoking agent identified comprises longer-term difficulties over such matters as housing, money, or marital relationships. Those of a certain degree of severity and lasting for two years or more (<u>major</u>

difficulties) account for most cases of affective disorder in the community arising in the absence of a severe event. The temporal specificity of provocation by life events (i.e. a discrete event followed by a bounded period in which the risk of disorder is elevated) is less apparent in this case, but many disorders provoked by major difficulties alone appear to develop in the wake of minor events or incidents which serve to emphasize the nature, consequences, and likely persistence of the difficulty, and in this sense the dynamics of the processes involved are probably not very different.

A high proportion of affective disorders in the community arising in previously healthy individuals do so in connection with a provoking agent in one of the above two senses. However, only a minority of those experiencing a provoking agent actually go on to develop an affective disorder. Attention has therefore been turned to the longer-term factors mentioned above in terms of vulnerability. In women in an urban population who had experienced a provoking agent, Brown & Harris identified a variety of factors predictive of the development of a disorder, including lack of intimacy with a spouse or boyfriend, the presence of three or more children under 14 in the home, and loss of mother before the age of 11. These therefore included both biographical circumstances which may be assumed to have had long-term psychological effects, and current features of the social environment. It was suggested that they may all have been related to low self-esteem, and that this may be a major factor underlying individual vulnerability to affective disorder. The importance of low self-esteem has been confirmed in subsequent studies (Brown et al., 1985).

In much previous research the response to unemployment, and the factors influencing it, have been viewed in isolation from this more general area of research. To what extent can the findings discussed earlier be accommodated within this wider framework of findings ?

Firstly, it should be noted that the findings of Brown & Harris are dependent on clinical-type categorical ratings of psychiatric disorder, and in particular on the distinction between relatively severe ("cases") and less severe syndromes ("borderline cases"). The latter occur more commonly in the absence of an identifiable provoking agent than do the former. Similarly, intimacy with a spouse or boyfriend has been found to be protective against case disorders but not (or to a much lesser extent) against borderline case disorders. There may well be factors which are protective against affective disturbances of all grades of severity, but instances such as this indicate that the discrimination between them may be crucial. In the present context this may be important as most of the research reviewed earlier was based on continuously scaled psychiatric measures in which these distinctions are not made ; not only may this give rise to relationships which, while important in milder states of tension or distress, do not apply to the more severe disorders, but it may also obscure others (i.e. by diluting an effect which applies only to the more severe disturbances). Complete consistency with the framework outlined above is therefore unlikely.

There is little doubt that in the context of a high unemployment rate, the threat attached to unemployment (except in the shortest term and where there is certainty over early re-employment) is likely to be severe for most men. Employment, and the financial well-being of themselves and their families which usually depends on it, are central concerns of most men, and those who have secure and adequate alternative sources of income, and to whom employment is not important for any other reason, are probably uncommon in the unemployed population as a whole. For this reason, the events surrounding job loss would for most men be classified as provoking agents, and variation within unemployed samples would be expected to depend principally on differences in vulnerability. Variables concerned directly with the primary stresses involved would be expected to play a limited role, except in samples where the proportion of subjects for whom unemployment was not or only mildly threatening were relatively large (e.g. particularly affluent groups).

This is fairly consistent with the evidence reviewed earlier. The chief factor which has been shown to be related to outcome after unemployment in methodologically satisfactory studies is financial strain. Many of the studies which have shown a strong role for financial strains have been confined to middle-class groups with a high proportion of financially protected subjects (e.g.

Estes & Wilensky, 1978 ; Little, 1976), and those authors who have placed greatest emphasis on individual variability and in particular on the frequency of positive responses to unemployment have studied exclusively more affluent groups (e.g. Little, 1976 ; Fineman, 1983). Conversely, Payne et al. (1984) found no class differential in scores on the GHQ in a sample in which, due to family commitments, most men would have been expected to find unemployment severely threatening, despite some financial differences between the two groups.

As a consequence of the preoccupation of much previous research with features peculiar to unemployment, factors of potential importance in influencing the response to life stresses more generally have seldom been examined, and in this sense the question of vulnerability has seldom been addressed. This is not to say that there may not be factors which, rather than conferring a globally enhanced vulnerability to affective disorder in the face of adversity, are more specific to particular classes of provoking agent. More recent research in the broader field has emphasized the need to examine the articulation between particular types of vulnerability factor and particular features of the provoking agent (Brown et al., 1985). An example discussed earlier would be the suggestion (Bolton & Oatley, 1985) of "self-motivation" as a factor which might be particularly important where externally imposed life structures are lost. On this argument, it would be relevant to a range of life changes of this type, including not only unemployment, but also other circumstances such as retirement. In this particular case, the evidence for a direct relationship with the occurrence of affective disorder was weak, but the general notion is plausible. Unemployment might also be assimilated to various other classes of event ; for example, failure, perceptions of altered status, stigma and shame form a group of issues which may be relevant to unemployment and to a particular range of other life stresses.

These matters of "specific vulnerability" are particularly liable to arise in studies focussed on a particular type of adversity ; in research concerned with unemployment, attention to specific aspects in which it differs from many other life stresses is both natural and desirable. However, there is no conflict between this approach and one which considers affective disturbances in unemployed men as instances, in a particular context, of processes of more general significance. They are complementary. While findings and theories developed in a wider framework may be useful in understanding the response to unemployment, specific issues arising in a more restricted context may exemplify principles of wider practical or theoretical importance which emerge with less clarity in more general studies.

Conclusions

What implications for useful further research in this area emerge from the literature reviewed in this chapter ?

Firstly, there is a clear need for investigation of the frequency of affective disorders among unemployed men using clinically-based diagnostic criteria. As we have seen, there is only one study in which criteria of this kind have been applied in a "core" unemployed group, and in this case the sample was restricted to young people. Reliable information on the frequency of such disorders among unemployed men in their main working years is lacking.

Secondly, there is a need for research into background factors predisposing to the occurrence of clinical affective disorders following unemployment. The earlier discussion of individual variation in the response to unemployment was obliged to concentrate on research using questionnaire-based outcome measures, purely because the corresponding material for clinical affective disorders is unavailable. In investigating such factors, it will be necessary take into account the possibility that some of these background factors may be quite specific to the risk of affective disorder following unemployment, while others may be factors influencing the risk of affective disorder in the face of a wide range of life stresses.

Thirdly, it is of considerable interest to investigate the relationship between clinical affective disorders and other, possibly related, emotional disturbances - in particular, feelings of shame - which hitherto have received remarkably little research attention. Whilst anecdotal reports of shame in connection with unemployment abound, methodologically satisfactory research has never been carried out. Knowledge in this area would not only contribute to an appreciation of the personal consequences of unemployment in present-day Britain, but might be of some importance to the understanding of affective disorders more generally.

The following chapter defines the objectives of the present study and describes certain broad features of the design, the composition of the sample, and the general principles observed in data collection, measurement, and analysis ; a more detailed account of the measurement procedures for specific variables is deferred until later chapters, where they can be discussed in connection with the results emerging. Chapters 3 and 4 describe the measurement procedures for the two sets of outcome measures - affective disorders and feelings of shame - and the frequency with which they occurred in the present sample. Chapter 5 is concerned with the measurement of life events, and their role in the explanation of affective disorders (in particular their timing) in the present sample. The next three chapters provide measurement details and results for three sets of factors which emerged as important influences on the risk of affective disorder in the wake of job loss. In Chapters 9 and 10, attention is turned to shame : the independent variables influencing its occurrence, and its relationship to the onset of affective disorder. The processes likely to underlie the observed findings are discussed in some detail.

Within the limits imposed by the design of the study, an attempt is made in Chapter 11 to assess the degree to which the earlier findings and interpretations - emerging in connection with job loss - may apply more generally to the occurrence of affective disorder following other types of event. The principal findings are summarized in Chapter 12, and certain issues discussed in a broader context.

Chapter 2 : Design

The chief objectives of the study were defined as follows :

(1) To determine the frequency of affective disorders within a representative group of unemployed men using reliable diagnostic procedures, and to examine the timing of onset in relation to unemployment in order to distinguish between pre-existing and onset affective disorders.

(2) To investigate variation in outcome following unemployment among men who were normal at the time of job loss, in relation to life events and a range of other factors.

(3) To attempt to measure feelings of shame in unemployed men and to investigate their relationship with the occurrence of affective disorders and with a variety of antecedent factors.

These are broad objectives, as is in keeping with a primarily exploratory study. Certain hypotheses arising from the framework discussed in the previous chapter - concerning, for example, the likely importance of severe events in determining the timing of onset, and of supportive close relationships in influencing the outcome following such events - could be stated in advance. At the present time, however, knowledge about factors relevant to vulnerability in men is limited, and in these circumstances there are advantages in combining the examination of specific possibilities with a more flexible exploratory approach.

Interviewing a comparison group would not have been useful for the above purposes, and for practical reasons would have limited the size of the group upon which interest was primarily focussed. The design chosen was therefore of an "event-only" type.

This decision precluded the investigation of unemployment in men as itself a putative vulnerability factor. There is some evidence that in certain circumstances women lacking paid employment outside the home are more likely to become depressed in the face of a provoking agent than are other women (Brown & Harris, 1978), and a similar role is possible in men. In order to investigate this, it would obviously be necessary to compare groups of unemployed and employed men who in each case had experienced a provoking agent. In fact there would be considerable methodological difficulties attached to this. It would be necessary to consider the effect of unemployment as a possible vulnerability factor <u>after</u> the end of the causal period of the job loss event itself ; the problem which then arises is that men at risk of developing a disorder at such a time (i.e. who are normal at the end of this period), and thus available for comparison with employed men, will themselves be a selected group who have survived the period of early unemployment intact, and whom there is therefore reason to regard as <u>less</u> vulnerable (for whatever reason). It would be difficult to justify comparing such a group with an unselected group of employed men.

The design was retrospective. Clearly, simple cross-sectional (present-state) investigation is ruled out for any approach which seeks to explain the occurrence of psychiatric disorder by reference to particular events and circumstances antecedent to the development of the disorder. A good case for a causal interpretation can often be made on the basis of carefully-collected retrospective material, particularly where data relevant to rival explanations are available, and provided due attention is given to potential methodological pitfalls, retrospective studies are generally more efficient in exploratory research than are those of prospective design ; in the present study, for example, the necessity for repeated interviews would have limited the size of the group studied. While prospective research may be essential in order to exclude specific sources of invalidity in causal inference, for example to establish causal priority definitively, it is equally susceptible to the possibility of spurious findings arising due to the effects of extrinsic variables, and prospective studies are not without their own specific problems ; for example, where a subject's status on an important explanatory variable alters between the time of initial assessment and that of a follow-up interview, the predictive use of the initial measurement may simply be inappropriate. Even where rigour demands a prospective approach, it may therefore be important to combine it with retrospective inquiry.

A major problem of retrospective research relates to the validity of data referring to previous points in time. Not only is there a question of accurate recall, but the possibility that a subject's view of previous events and circumstances may have become systematically coloured or distorted in some way is particularly important where the dependent variable refers to his mental state. This is especially likely to occur where data are based directly on general opinions or evaluations provided by the respondent. Both the accuracy and the validity of retrospective reports are enhanced where an individual is questioned in detail about specific aspects of the object concerned, with descriptions of concrete situations, rather than being asked to provide a summary response to a more general question (Brown & Rutter, 1966). On the basis of a corpus of specific information of this kind, the investigator will be well positioned to come to a decision himself, in accordance with the purposes of a particular measure and criteria which can applied consistently across different individuals.

For example, the quality of a marital relationship may be assessed in some detail by reference to specific aspects of the behaviour of each party, and descriptions of the content and frequency of particular types of interaction. An argument may involve sharp words, shouting, verbal abuse, or violence of varying degrees, it may extend for minutes or hours, and it may be followed by a rapid restoration of harmony or by the parties not speaking to one another for hours or days. Reports of specific features such as these are much less likely to be subject to distorted appraisal by the respondent than are responses to questions as to whether an argument was "bad" or "serious". Similar comments apply to reports of the actual frequency of types of interaction, rather than judgements of "often", "a lot", or "seldom".

Procedures such as this may go a long way to ensure the validity of retrospective material. There is good evidence, for example, that the quality of data on the occurrence and characteristics of life events collected in the course of a detailed and sensitive interview is perfectly adequate for scientific purposes (Brown & Harris, 1978 ; Nielson & Brown, 1984).

Sample

The sample was drawn from men attending a single unemployment benefit office in south-east London. Although geographically limited, the area in which the study was conducted is of diverse social composition, and is not dissimilar to many other urban areas of England. The target population was composed of men aged between 25 and

56 who had been unemployed for at least four weeks and were claiming unemployment benefit or supplementary benefit ; individuals of West Indian or Asian origin were excluded, as were individuals suffering from schizophrenia or alcoholism (whether this came to light at initial screening or subsequently), and those of no fixed abode.

These selection criteria are fairly straightforward. The age criterion confined the sample to men in their main working years. During piloting it was apparent that whilst members of the West Indian and Indian communities were quite prepared to answer a small number of questions at the benefit office, they were in general much less likely to agree to an interview in their own homes than were other subjects. This was also the case for the few individuals who had lost their jobs because of long-term drinking problems. Including subjects from these groups would have reduced the response rate for the sample as a whole and the typicality of those amongst them who did agree to be interviewed would have been doubtful.

Practical difficulties would have arisen in attempting to conduct lengthy interviews of a personal nature with men who were homeless.

During the period of the study, men claiming benefit were required to attend the benefit office every four weeks to register as unemployed. An appointments system had recently been introduced which allocated days and times in alphabetical order and which had largely eliminated the long queues which had previously occurred at the office. Periods at which sampling was carried out, generally for an hour or so on each occasion, were spread over the whole range of times at which the office was open, with the exception of the period each week which was set aside for those who collected their benefit entitlement directly from the office, instead of receiving it postally. These were mainly men without a postal address, who were in any case excluded under the selection criteria.

Men were approached when leaving the benefit office after signing on and were requested to answer a few simple questions on the spot (age, marital status, usual occupation, duration of unemployment, and consultation of their general practitioner during the previous month). This served to identify those who met the selection criteria, to provide at least some information on those who met the criteria but who subsequently refused an interview at home, and also to allow the men some opportunity to assess the investigator and thus provide some basis for a decision to agree to a more detailed interview. It was made immediately obvious that these questions would be very brief and straightforward and this probably accounts for the fact that only three percent of those approached refused to answer any questions at this time. The investigator introduced himself as a doctor and it is conceivable that this influenced the willingness to answer questions both in this context and subsequently (see also below).

Individuals who were not excluded under the selection criteria were asked if they would be willing to assist in a more detailed interview in their own homes concerned with their health and with their experiences since they had become unemployed. Although a few men refused subsequent interview immediately, it was more common for various objections or questions about the interview to be raised, and in many cases agreement was eventually secured after supplying more detailed information or justification. The response rate would have been much lower, had considerable efforts not been made to persuade many men to participate.

One hundred and nineteen men who were eligible for inclusion were approached, and the breakdown of this group in terms of the completion of full interviews is shown in Table 1. The overall response rate of nearly 70% leaves something to be desired for scientific purposes, but compares favourably with many of the studies reviewed in the previous chapter. It appears unlikely to the author that a great improvement over this level is possible for a target population of this kind. Some evidence concerning the representative nature of the men for whom full interviews were completed is available from the data collected at the initial screening contact. These are summarized in Table 2.

It will be noted that those of lower occupational status were somewhat more likely to refuse interview, although this trend was not significant. The only significant difference between the groups was in the proportion

Table 1. Completion of full interviews among men eligible for inclusion in sample

Total	119
Refused to answer screening questions	4 (3%)
Refused subsequent interview	22 (18%)
Accepted interview but subsequently unable to contact	13 (11%)
Accepted interview and full interview completed	80 (67%)

Table 2. Comparison of men for whom full interviews were completed with men refusing interview/unable to contact

	Respondents (N=80)	Non-respondents (N=35)
Mean age (years)	40	38
Marital status :		
% married	72	65
% divorced	7	11
% single	20	22
Occupational status in last job : (Hope-Goldthorpe 36-category scale)		
% 1-22	51	37
% 23-36	48	62
Duration unemployed :		
% under 12 months	53	45
% 12-24 months	21	25
% over 24 months	25	28
Consultation of GP in previous 4 weeks : (excluding visits on behalf of other people)		
%	26	8

reporting that they had consulted their family doctor in the previous 4 weeks ; respondents were over three times more likely to have done so than non-respondents ($p<.05$). This is a striking difference and potentially damaging to certain aspects of the study. In particular, if the difference were due solely to a greater likelihood of recent consultation amongst those with affective disorders (whether over the affective disorder itself, or over psychosomatic complaints), a prima facie case would be present for regarding the respondent group as heavily biased towards the inclusion of such subjects and the prevalence rates thereby inflated.

Some information derived from the subsequent interviews amongst the respondent group is relevant in this context. Sixty-four percent of those with a chronic affective disorder (here defined as having begun over two years before interview, see Chapter 3) reported having recently consulted their family doctor, compared with 19% of those with an onset affective disorder and 21% of those who were psychiatrically normal. (As might have been expected, amongst those with onset disorders the rate was somewhat higher for those at <u>case</u> level (31%)).

Thus a substantial difference between the respondent and non-respondent groups remains even when those with affective disorders are excluded. There are several likely reasons for this. The interview was presented as concerning matters of general health. Those who had visited their doctors recently, or who were accustomed to do so with some regularity, may have been more inclined to view the interview as relevant and interesting. It is also reasonable to suppose that a willingness to consult the doctor over minor ailments is related to positive attitudes towards situations with a broadly medical significance and that where this is the case an interview of the present kind is more likely to be regarded favourably. It is also possible that non-respondents under-reported recent consultations in order not to arouse further interest in themselves where they were already keen to bring the encounter to an end. This appears particularly likely as many men who refused interview went to some lengths to provide reasons why it would be impossible or irrelevant.

It is important that this matter be kept in perspective in the light of the principal aims of the study. In terms of the raw frequencies, it appears possible that the sample interviewed contained a relative excess of those with chronic affective disorders. While alternative explanations appear likely, it is also <u>possible</u> that this applies, albeit more weakly, to those with onset disorders at case level. However, many of the issues addressed in the following chapters concern causal relationships between variables and involve comparisons between those who did and those who did not suffer an onset affective disorder. The explanation of these findings in terms of bias at the point of sampling would require the postulation of relationships which are often more complex and abstruse than those which emerge if it is assumed that bias was not an important factor.

Data Collection

Information on a range of social and psychiatric measures was collected in the home interviews. These were tape recorded and generally lasted between one and two hours. Standard demographic material was collected at the beginning of the interview. The remainder of the interview was structured around two well-established research instruments : the shortened version of the Present State Examination (Wing, Cooper & Sartorius, 1974 ; Cooper et al., 1977) and the Life Events and Difficulties Schedule developed at Bedford College (Brown & Harris, 1978). With the exception of demographic material, all of the data used were abstracted from the tape recordings soon after the interview.

Both the Present State Examination (PSE) and the Life Events and Difficulties Schedule (LEDS) are semi-structured interviews for the collection of information on a specified set of items and providing a basis for their reliable measurement. In the case of the shortened version of the PSE, this involves the identification and rating of a set of psychiatric symptoms which covers quite comprehensively the range of symptoms of importance in non-psychotic psychiatric disorders ; and, as used in the present study, the dating of onset of any syndrome which had arisen during the period of inquiry. In the case of LEDS, it applies to the identification (according to certain inclusion criteria) of discrete life events and longer-term difficulties, the dating of their occurrence, and the collection of detailed contextual material permitting the subsequent rating of particular aspects of each event or difficulty so identified (see Chapters 3 and 5).

Identification of a subject's close ties forms an integral element of LEDS, in order to specify the range of other persons covered by the questions. Simple data concerning supportive close relationships were collected in this context, basically in a similar form to that used by Brown & Harris (1978), although the range of relationships was extended slightly (see Chapter 6).

In addition, various new measures were developed which, as discussed earlier, were of particular interest in the present study. These included investigator-based ratings of feelings of shame and of various aspects of the past employment history. In general the relevant questions were integrated into the existing schedules for the PSE or LEDS in the sections with which they were most naturally linked. The data collection and measurement procedures for these variables are described in later chapters.

The interviews dealt with a two year period up to the time of interview. For those who had been unemployed for less than two years, the period covered by the interview therefore included a certain length of time before the subject had become unemployed. In instances where onset of an affective disorder had occurred, the 12 weeks prior to onset were always covered, and where it had occurred shortly after the beginning of the period of inquiry, the latter was therefore extended, up to a maximum of 27 months (cf. Brown & Harris, 1978, p.53).

The PSE was originally designed to collect information concerning the month before interview. Its extension to cover periods of twelve months is now fairly well established (Brown & Harris, 1978 ; Brown, Craig & Harris, 1985). Although in the present study this was further extended to cover a two-year period, very few subjects with an onset affective disorder recovered during the period of inquiry, and any doubt over the validity of this material therefore applies chiefly to the dating of onset. For this reason, external corroboration of the reported dating of onset was always obtained where the onset was over twelve months before interview (usually from the wife, in one case from hospital records). This was also the case for the dating of events occurring in proximity to any such onset. In several instances (none of which, as it happens, are relevant to the results reported in subsequent chapters) minor discepancies were resolved following discussion between a man and his wife and in these the dates recorded were those arrived at as a result of such negotiations.

Evidence has been presented by Nielson & Brown (1984), using the same procedures as those used in the present study, that there is no fall-off in the reporting of <u>severe</u> life events over periods of as much as 5 years, although under-reporting of minor events does occur with increasing remoteness from the time of interview. As the later results are concerned solely with severe events, this supports the validity of the life events material collected here.

Certain common features run through most of the measurement procedures used, and, correspondingly, through the methods used in the collection of data. These were mentioned earlier in connection with the use of retrospective data ; whilst particularly important in this case because doubts are often expressed, sometimes with justification, over the validity of retrospective data, they do not apply solely to data of this kind.

In general, reliance was placed on descriptions of specific aspects of phenomena of interest (in many instances subject to secondary aggregation), rather than global statements about general properties. In comparison with a general statement as to the negative implications of a particular event, for example, a report about its consequences in terms of specific implications, and its impingement on particular plans or areas of life, is anchored more firmly in objective criteria which can be dealt with in a comparable way for different individuals with different life circumstances, and recall (particularly where the event is somewhat remote in time) is likely to be more accurate than would be the case with more impressionistic accounts, and less liable to be coloured by subsequent experiences and attitudes extrinsic to the particular item in question.

A general emphasis on investigator-based measurement is in part a corollary of this. Where rating decisions rest on a relatively complex aggregation of a set of more elementary, specific items reported directly by the respondent, it is important for the reliability of the procedure that such decisions are made consistently across different individuals according to detailed, explicit criteria. In general it is difficult to ensure this where such secondary aggregation is performed by the respondent.

A further corollary relates to the general nature or style of interviewing. In many instances, spontaneous descriptions of phenomena by the respondent will provide much, and sometimes all, of the relevant information required on a particular topic ; however, intelligent probing by the interviewer and the detailed clarification of accounts may often be necessary to ensure that relevant material has been covered and communicated adequately.

These general points about data collection and measurement are perhaps somewhat abstract. In the present study they apply equally, for example, to the measurement of psychiatric symptoms, life events, shame, and the quality of close relationships, and will be illustrated in later chapters.

Data analysis : general principles

All of the data produced in the survey were categorical, and relationships were examined using parametric and non-parametric statistical procedures. In general, results of simple chi-squared tests have been cited ; throughout the following chapters, reported chi-square values refer to the likelihood-ratio chi-square statistic. This was preferable to the more commonly used Pearson chi-square firstly because recourse is frequently made (largely for illustrative purposes) to partitioning of the chi-square value, and secondly because it is a more natural measure to use in the context of models based on maximum likelihood estimation (cf. Bishop et al., 1975, Chapter 4) including the log-linear models which were used for multivariate analysis. In view of the comparatively small numbers involved in certain comparisons, Fisher's exact test was also frequently used ; all of the results cited for Fisher's test give the one-tailed probability for the observed result or a more extreme result, conditional on the observed marginal distributions.

The 5% level of significance has been used as a rule of thumb throughout, as this is a conventional, if somewhat arbitrary, criterion. In certain cases, trends falling short of this level have been pointed out, and possible interpretations suggested, particularly where a substantial trend suggests a relationship between two variables which is consistent with other features of the data, for which firmer statistical evidence is present.

The comparatively small numbers impose some limitations on the possibility of multivariate analysis, but where relevant cross-tabulations involving three or more variables were inspected, and for the purposes of statistical assessment, analysed using log-linear models, in general according to the methods set out in Bishop et al. (1975).

As mentioned earlier, certain relationships were expectable in the light of the findings of previous research. In these instances it is possible to regard the analysis as taking the classical form of the testing of prior hypotheses.

Attention was also given to analysis of a more exploratory nature, in an attempt to discern patterns in the data which had not necessarily been foreseen. Approaches of this kind are often subject to criticism, at times justified, in particular where they take the form of an indiscriminate and undisciplined search for "significant" relationships, guided only by the results of statistical tests which have, in the context of such an approach, a somewhat dubious justification. In particular, where a very large number of relationships are inspected, such a procedure runs the risk of giving undue emphasis to irregularities in the data which may have arisen through random variation, as a definite proportion of the relationships (corresponding to the significance level) examined would in theory be expected to satisfy a significance test purely by chance. Serious qualifications must therefore be imposed upon the conclusions drawn from such analyses.

Whilst the meaning of a significance test in the context of exploratory analysis is certainly different from the simpler meaning attached to it in a hypothesis-testing context, similar tests may serve as useful benchmarks of likely relationships, particularly where the size of the groups compared is small, and they are used in this way in the present study. Whilst there will remain some doubt over the reliability of the results arising from such an analysis, the likelihood of capitalizing on chance fluctuations in the data is limited by concentration on relationships which are theoretically meaningful, and in particular where a number of such relationships together form a mutually coherent set of findings. While (taking a 5% significance level) one in 20 relationships examined would be expected to meet a significance criterion by chance, the probability of a number of these forming an integrated and coherent set will clearly be much less. Despite the fact that such "coherence" cannot be given a rigorous basis, it is reasonable to suggest that where a mutually coherent set of relationships emerges in an exploratory analysis, the findings as a whole carry more weight than would a rag-bag of isolated relationships detected by an exhaustive inspection of the data.

Summary

The research was designed as a retrospective study of a sample of 80 unemployed men, covering a two-year period up to the time of interview. On a number of grounds, it is suggested that detailed and sensitive interviewing, with particular attention to measurement, can provide valid retrospective material, and that the latter can form a useful basis for the formation and testing of aetiological hypotheses.

Chapter 3 : Measurement and frequency of affective disorders

The studies into the response to unemployment reviewed earlier considered a wide range of emotional disturbances, varying greatly in severity and in their degree of resemblance to clinical affective disorders. There is little doubt that variation across this spectrum of affective disturbance, ranging from states of mild and intermittent low mood accompanied only by non-specific symptoms such as those of tension and worry, to the more well-defined affective syndromes, is continuous in terms of the nature, range and severity of reported symptoms. The recognition of such continuity, however, does not necessarily imply that a single set of aetiological factors is important across the whole range, nor, correspondingly, that for this reason a continuously scaled severity rating is the most appropriate dependent measure in aetiological studies, as is apparently assumed by some authors (e.g. Banks & Jackson, 1982). The processes leading to the occurrence of a depressive syndrome (for example) are undoubtedly complex, and the identification of its underlying basis in a single continuously varying process appears a somewhat remote possibility. It is partly for this reason that the relevance of research findings derived from studies of psychiatric symptoms in the general population to the understanding of disorders occurring in clinical practice has often been viewed with some skepticism, where the relationship (and the comparability) of such untreated syndromes to clinical disorders has not been clarified (Lancet Editorial, 1984). Factors relevant in the explanation of very mild syndromes may be of little or no importance in more severe disorders ; and factors may be important in the aetiology of more severe disorders which have no role in the development of milder states. At the same time, the recognition that "quantitative" differences may be associated with some degree of qualitative divergence in the underlying causal processes should not obscure the possibility that the processes involved, and the aetiological factors of importance, may overlap to a substantial extent across different strata of severity.

As discussed earlier, the present study concentrated upon affective disturbances which, within the context of the type of affective disorder considered here, are of moderate or severe degree : which are typical of, and comparable with, those disorders occurring amongst patients with symptoms of this kind attending general practice surgeries, or psychiatric out-patient clinics. The reference here to a medical setting is not fundamental. The threshold of severity above which (under certain circumstances) it is not uncommon for the disturbance to be perceived as an illness, in need of medical attention, by the subject himself (and by others) does, however, serve to delimit in rough and preliminary terms these states from milder disturbances of mood which are generally regarded as falling within the range of normal variation.

Measurement of psychiatric disorder

The shortened version of the Present State Examination (PSE) was used to provide ratings for the array of psychiatric symptoms listed in Table 3. Detailed criteria concerning the definition of these symptoms and thresholds for their rating are available (Wing, Cooper & Sartorius, 1974). However, it is necessary to supplement these by practical training and experience in the use of the instrument. This applies both to rating decisions made on the basis of information supplied during the interview, and to the nature and required detail of questioning conducted during the interview, in clarification of responses made to the questions around which the interview is structured. The investigator was trained and supervised in the use of the instrument by a research psychiatrist experienced in its use (Dr. Tom Craig). The reliability of the PSE, when used by trained interviewers, has been demonstrated in several studies of community samples (Cooper et al., 1977 ; Wing et al., 1977).

Affective disorders in a clinical sense involve numerous symptoms which have generally arisen contemporaneously to form a syndrome which may be characterized in terms of the date at which it began (and of any subsequent changes, including recovery), the recognized diagnostic category or categories within which it falls, and its severity.

Where clusters of symptoms are reported during the

Table 3. Symptoms routinely rated in the shortened version of the Present State Examination

Worrying
Subject's evaluation of physical health
Tension pains
Muscular tension
Restlessness
Subjective feeling of "nervous tension"
Free-floating autonomic anxiety
Anxious foreboding with autonomic accompaniments
Panic attacks with autonomic symptoms
Situational autonomic anxiety
Autonomic anxiety on meeting people
Specific phobias
Avoidance of anxiety-provoking situations
Subjectively inefficient thinking
Poor concentration
Neglect due to brooding
Loss of interest
Depressed mood
Hopelessness
Suicidal plans or acts
Morning depression (diurnal variation in mood)
Social withdrawal
Self-depreciation
Lack of self-confidence with other people
Simple ideas of reference
Guilty ideas of reference
Pathological guilt
Loss of weight due to poor appetite
Delayed sleep
Subjective anergia and retardation
Early waking
Loss of libido
Irritability
Expansive mood
Subjective ideomotor pressure
Obsessional checking and repeating
Obsessional cleanliness and similar rituals
Obsessional ideas and rumination
Derealisation
Depersonalisation

interview, it is possible to determine if these are of recent onset, arising during the period of inquiry, or of longer standing. In the former case it is usually possible to ascertain the date of onset by direct questioning ; the majority of severe affective disturbances arising de novo in the community develop relatively acutely and an onset can generally be dated to within a one or two week period. Brown & Harris (1978, p. 35f.) provide some evidence for the validity of dating of onset performed in this way. This retrospective element was not an integral part of the original design of the PSE, but its use for this purpose is now well established. It is particularly important here because aetiological factors influencing the risk of onset of a disorder in a previously healthy individual may not be the same as factors perpetuating an established disorder. For this reason it is necessary to distinguish between the incidence (onset) of disorders, as distinct from their prevalence, and in the present study we shall chiefly be concerned with the former.

The measurement of psychiatric disorder at the syndromal level rests on the secondary aggregation of data concerning particular symptoms. In the present study the criteria utilized for the rating of psychiatric caseness were those developed at Bedford College, in conjunction with clinicians from the Institute of Psychiatry, in connection with the studies of social factors in the aetiology of depressive disorders reported by Brown & Harris (1978). These criteria were initially developed on the basis of clinical judgements by experienced psychiatrists, with the establishment of precedents and anchoring examples, and they have since been on put on more formal basis. They have been described in detail elsewhere (Brown & Harris, 1978 ; Finlay-Jones et al., 1980). Subjects are allocated to the levels "case", "borderline case" or not a case, for each of a number of recognized diagnostic categories, the most important of which in the present context are those of depression and anxiety.

Although these rating procedures have continued to be based on anchoring examples, Finlay-Jones et al. (1980) have provided two methods of reproducing the caseness ratings more directly from the individual PSE items. Both of these were derived from the inspection of a large number of ratings made previously, the first utilizing a checklist of core symptoms, and simple classification rules for producing caseness ratings from these, and the second involving the application of classification coefficients derived from a discriminant function analysis (these methods both gave the same results for all subjects in the present study). The "checklist" criteria are shown in Table 4. It should be remembered that these are minimal criteria concerned solely with core symptoms, and that subjects with a disorder either at case or at borderline case level generally report a large number of other symptoms in addition to those mentioned in the criteria themselves (see Table 6).

In contrast with certain other diagnostic systems (including customary clinical practice), diagnostic categories are not subsumed one within another in order

Table 4. Checklist criteria for rating of caseness in syndromes of depression and anxiety
(From Finlay-Jones et al., 1980)

Depression

CASE	BORDERLINE CASE
Both (A) Depressed mood	Both (A) Depressed mood
And (B) 4 or more of the symptoms listed below	And (B) 1-3 of the symptoms listed below

Hopelessness
Suicidal ideas or actions
Weight loss due to poor appetite
Early waking
Delayed sleep
Poor concentration
Neglect due to brooding
Loss of interest
Self-depreciation
Subjective anergia/retardation

Anxiety

CASE	BORDERLINE CASE
Either	Either
(A) Free-floating anxiety or panic attacks rated "2"	(A) Free-floating anxiety rated "1"
Or	Or
(B) Free-floating anxiety rated "1" and panic attacks rated "1"	(B) Panic attacks rated "1"
Or	Or
(C) Situational anxiety or social anxiety rated "1" or "2" and avoidance of the feared situation rated "2"	(C) Situational anxiety or social anxiety rated "1" or "2" (without marked avoidance)

to give a single overall diagnosis in an individual case, although an <u>overall</u> caseness rating is also made, and in principle where an individual has symptoms referable to more than one diagnostic category, this may be higher than the rating on any individual category. In fact all subjects with both borderline case anxiety and borderline case depression were rated borderline cases overall in the present study. The retention of individual diagnostic categories is potentially useful if they are differentially influenced by particular aetiological factors (Finlay-Jones & Brown, 1981 ; see also Chapter 11 below), but it is not unreasonable for some purposes to treat anxiety and depression together as a single "affective disorder" category, as they have a strong tendency to occur together (Downing & Rickels, 1974 ; Prusoff & Klerman, 1974).

As noted above, these criteria were originally based on clinical judgement, and the severity of disorders rated as "cases" under these criteria is broadly similar to that found amongst patients with similar diagnoses attending psychiatric out-patient clinics (Brown & Harris, 1978 ; Brown, Craig & Harris, 1985) ; in other words, they generally fall towards the milder (although perhaps more numerous) end of the spectrum of affective disorders customarily treated by psychiatrists. It has been suggested that many of those who consult their general practitioners in connection with similar problems would fall into the present "borderline case" category (Brown & Harris, 1978, pp. 192-3), as would a certain proportion of those attending psychiatric out-patient clinics.

Disorders such as these which remain untreated in the community or are seen by general practitioners are commonly referred to as "minor affective disorders". "Minor" and "major" are somewhat tendentious terms, and unless given precise definition are subject to much variation in usage. For example, the criteria established by Spitzer, Endicott & Robins (1978) in classifying "major" and "minor" depressive disorders set the distinction between them at a lower level of severity than that between "case" and "borderline case" under the present criteria (Dean et al., 1983). Depressed subjects classified as <u>cases</u> under the present criteria, and a proportion of those classified as <u>borderline cases</u>, would generally be classified as "major depressive disorder" in Spitzer et al.'s classification ; and some subjects who would be classified as "minor depressive disorder" under such criteria are here classified as normal.

In the present context, the use of the term "minor affective disorder" is not entirely inappropriate, in that clinical features generally found only amongst the more severe affective disorders, such as depressive delusions or pathological guilt, are uncommon amongst untreated cases in the general population. However, if some distinction of this type were to be applied consistently, it would be necessary to recognize that many out-patients treated by psychiatrists would also be classifiable as suffering from "minor affective disorders".

Overall frequency of affective disorder

In all, 48% (38/80) of those interviewed had suffered from an affective disorder at case (28%) or borderline case (20%) level at some time during the two-year period of inquiry (Table 5). Of these, almost one-third (12/38) were chronic disorders, here defined as having begun more than two years before interview (and where the onset of the disorder had therefore occurred before the period of inquiry). As noted in the previous chapter, there is some suggestion that subjects with chronic disorders may have been over-represented in the sample. If these are excluded, and attention is restricted solely to men who were well at the beginning of the period of inquiry, 24% (16/68) of this group suffered an onset affective disorder at case level, and 15% (10/68) an onset at borderline case level, over the two year period.

The meaning of these frequencies is limited. They provide no information as to the relationship of these disorders to unemployment, and they are derived from a group in which different individuals were both unemployed and at risk of onset for widely differing lengths of time. More meaningful rates emerge in Chapter 5, where they are broken down in various ways, and they are presented here merely as an indication of the general frequency of disorder within the group studied.

The description of the remaining subjects as "normal" should be seen in the context of the measurement procedures described earlier. It does not necessarily

Table 5. Overall frequency of affective disorders in the sample

		%	
Onset disorders	Case	20.0	(16)
	Borderline case	12.5	(10)
Chronic disorders	Case	7.5	(6)
	Borderline case	7.5	(6)
Normal		52.5	(42)
		100	(80)

imply that these subjects were particularly cheerful, or that they were not prone to a variety of non-specific symptoms, chiefly those of tension and worry. The frequency of a broad selection of symptoms (in terms of ratable PSE items) amongst normal subjects, and amongst the other groups in the sample, is shown in Table 6. It can be seen that worrying, subjective feelings of physical ill-health, nervous tension, difficulty in getting to sleep, tiredness and irritability were all fairly common (although by no means ubiquitous) in those classified here as normal, as is perhaps to be expected in any group subject to significant adversity. Over half of the normal subjects had at least one of these symptoms, and one in four reported three or more (Table 7). In addition, it should be borne in mind that a certain minimal level of severity is required for these and other symptoms on the PSE to be rated as present, and that, for example, briefer, milder, or more occasional spells of low mood were more common than the figures in Table 6 would suggest. In view of its relative size, it is evident that variance within this group (especially in samples selected for exposure to adversity) may have an important influence on the results of studies utilizing continuously scaled dependent measures, particularly where the items cover tension and related symptoms in addition to core depressive features.

Table 6. Frequencies of selected symptoms within different groups of subjects
(PSE items rated "1" or higher)

Symptom	Normal (N=42) %	Onset B/line (N=10) %	Onset Case (N=16) %	Chronic B/line (N=6) %	Chronic Case (N=6) %
Worrying	33	90	100	50	83
Physical ill-health (subjective)	33	60	56	67	100
Tension pains	5	40	31	17	50
Tiredness	19	70	75	67	100
Muscular tension	0	20	44	0	67
Restlessness	12	20	31	17	67
Nervous tension	31	90	94	33	83
Irritability	29	90	88	67	50
Free-floating anxiety	0	20	56	17	100
Anxious foreboding	0	0	6	0	33
Panic attacks	0	10	13	0	67
Situational anxiety	0	40	31	17	33
Social anxiety	0	20	19	50	17
Avoidance	0	40	31	50	50
Subjectively inefficient thinking	7	40	44	17	67
Poor concentration	2	20	63	0	50
Loss of interest	0	30	69	0	33
Depressed mood	5	80	88	67	83
Hopelessness	10	50	88	67	83
Suicidal plans/acts	0	10	25	0	33
Weight loss due to poor appetite	2	10	75	17	33
Delayed sleep	24	70	88	83	83

Table 6. (cont.)

	Normal	Onset		Chronic	
		B/line	Case	B/line	Case
	(N=42)	(N=10)	(N=16)	(N=6)	(N=6)
Early waking	5	20	63	17	17
Subjective anergia/ retardation	0	0	69	0	50
Loss of libido	5	20	50	0	17
Social withdrawal	0	10	69	17	50
Self-depreciation	5	30	63	17	67
Lack of self-confidence with others	7	50	63	33	50
Simple ideas of reference	12	40	69	33	83
Pathological guilt	0	0	6	0	50
Mean number of above symptoms	2.5	11.0	16.9	8.2	17.8

Table 7. Frequency of tension and related symptoms among subjects classified as normal
(Worrying, tension pains, tiredness, nervous tension, muscular tension, restlessness, delayed sleep and irritability)

Number of symptoms					
0	1	2	3	4	5
43% (18)	17% (7)	14% (6)	7% (3)	14% (6)	5% (2)

Table 8. Relationship between syndromes of depression and anxiety among onset disorders
(N=68, those with chronic disorder excluded)

	ANXIETY			
	Normal	Borderline case	Case	(Total)
DEPRESSION				
Normal	42	2	2	46
Borderline case	6	2	0	8
Case	7	5	2	14
(Total)	55	9	4	68

Onset disorders

Depression predominated amongst the onset disorders. In all subjects with mixed anxiety/depression syndromes interviewed in the present sample, depression was the primary and most conspicuous feature, and under a hierarchical diagnostic system these would have been classified as depressive disorders ; only 15% (4/26) of the onset disorders (at case or borderline case level) were pure anxiety states, in which significant depressed mood was absent.

In men with case disorders, the mean number of PSE symptoms was almost 17, and amongst borderline cases it was 11, which is roughly similar to the findings in women reported by Brown, Craig & Harris (1985) using the same caseness criteria. Fifty percent of the men with a case disorder, and 10% of those with a borderline case disorder, had consulted a doctor in connection with psychiatric symptoms (19% of onset cases had seen a psychiatrist) ; of those who had visited a doctor, almost two-thirds had been prescribed some form of psychotropic medication (most commonly benzodiazepines).

The breakdown of the onset group in terms of depressive and anxiety syndromes at different levels of severity is shown in Table 8. In subsequent chapters, overall caseness ratings for affective disorder as a whole will be used. This is largely for the practical reason that the numbers are too small to deal with anxiety and depression separately. Although in principle it is highly desirable that these be examined individually, the fact that these different groups of symptoms tend to occur together, (as mentioned earlier, and as Table 8 indicates), forms some justification for treating them as a single group, at least as a preliminary step. Some possible differences in aetiological factors between pure anxiety states and the other affective disorders encountered in the present sample are discussed in Chapter 11.

The nature and range of symptoms accompanying depressed mood amongst those classified as cases or borderline cases of depression will be evident from the criteria provided earlier in Table 4 and the distribution of individual symptoms shown in Table 6. The general character of depressive syndromes at these different levels of severity has been illustrated by Brown & Harris (1978, Appendix 1) and two examples taken from the present study are described in Appendix 2.

Although anxiety symptoms were generally subsidiary aspects of states in which the most conspicuous and severe elements were depressive symptoms, it is of interest here to consider these briefly, as they were fairly common in the present sample - ratable anxiety symptoms were present in over one half of those with onset disorders. Phobic symptoms were particularly common : in all, just over one third (9/26) of this group reported phobic symptoms of recent onset. The majority of these were mild, but in view of this slightly surprising frequency, the histories of these features in three of the subjects will be given in outline in order to indicate their general nature.

(1) 52 year old man, formerly a building worker, married with 3 children. There was no previous psychiatric history.

This man's anxiety symptoms began a few weeks after he ended a course of physiotherapy following an orthopaedic operation. He began to experience spells of free-floating anxiety, with sweating and palpitation, lasting for periods of 20 minutes to an hour, which increased in frequency over a three week period until they were occurring on average every other day. Soon afterwards, similar attacks began to occur in public places such as church social meetings, shops, the benefit office, or in the street, and on several occasions he had to return home urgently. Within a few weeks he had become apprehensive about leaving the house at all, and during the following 4 months he only left the house once each week, when he regularly went shopping with his wife and 2 eldest children. He was unable to leave the house alone at any time over this period (his eldest daughter had to accompany him to the benefit office), and he also stopped going to church. He still suffered from attacks of free-floating anxiety at home, at roughly the same frequency, and had begun to experience chest pains in association with these.

After about 4 months, his brother came to visit him and took him out for the day, and from this time onwards his phobic symptoms gradually began to subside. Initially he was only able to leave the house on his own under cover of darkness, taking the dog for long walks in the middle of the night. Later, he was able to go out during the day as well, although his willingness to do so varied greatly from day to day, and on some days when his confidence was particularly low he was still unable to do things which he had planned to do outside the home. He continued to suffer chest pains related to episodes of free-floating anxiety. Eventually he attended a hospital casualty department, and was investigated for three days on a coronary care unit. He was discharged with no organic abnormality having been found, and over the following 3 weeks the pains diminished in frequency and disappeared.

Six months after he began to leave the house on his own, he accompanied his wife when she was admitted to hospital for the birth of their youngest child. He became acutely anxious while he was in the hospital, and was obliged to leave precipitantly. After this he felt unable to visit his wife during the 9 days she was in hospital.

At the time of interview, he was still suffering from attacks of anxiety at home, as before, 3 or 4 days a week, and occasionally at social gatherings of various kinds, and although he had curtailed many social activities in slightly subtle ways (for example, he went to church every week as usual, but did not remain after the service to talk to the vicar and other members of the congregation), phobic symptoms were no longer a major limitation on his activities. He commented, "I force myself to go out - I don't want to get in that state again, not being able to get through the door."

This was rated as <u>case</u> anxiety during the period when avoidance of public situations was almost complete, and <u>borderline case</u> for the remaining periods.

(2) 34 year old man, formerly an office manager, married with no children. There was no previous psychiatric history.

This man's symptoms began suddenly when he had been unemployed for 9 months. While shopping in a supermarket on his own, he suddenly felt dizzy and faint. He felt anxious and his heart was pounding. He got out of the shop and telephoned his father-in-law to collect him. "I thought I was going to fall over - I went into a launderette where I could sit down, and he came and picked me up. It was really strange, I was shaking all over." "When it first happened I thought literally I was going to die - I thought I was having a heart attack."

After this initial attack he suffered repeated similar episodes, which always occurred when he was out shopping on his own, usually in large shops, once or twice a week (his wife was unwell, and since he had been unemployed he had done all of the family shopping himself). They did not occur every time he went shopping, and did not lead him to avoid these situations, although when they did occur he always had to leave the shop immediately and return home, where the symptoms gradually abated over 30 minutes to an hour.

Three weeks after the symptoms began he visited his general practitioner, who examined him thoroughly and told him that the symptoms were probably due to "stress". This reassurance had lessened the alarm he felt over the episodes, but he was not able to describe any change in their nature, duration, or frequency, and they continued to occur much as before up to the time of interview.

This was rated as <u>borderline case</u> anxiety.

(3) 45 year old man, formerly a manual worker, married with 2 children. There was no previous psychiatric history.

This man also had symptoms occurring exclusively in shops. While shopping with his wife he would become acutely anxious, with sweating and palpitation, at which times he had to leave the shop immediately, often in some haste. Once outside the shop, the symptoms generally disappeared quite rapidly, and he was quite able to stand outside in a busy street and wait for his wife to finish the shopping. Initially the episodes occurred rather irregularly, but over the 6 months up to the time of interview they had occurred almost every time that he and his wife had gone shopping (seldom more than once a week). Frequently, and increasingly, he felt apprehensive about entering shops at all, and often waited for his wife outside a succession of shops without entering any of them.

This was rated as <u>borderline case</u> anxiety.

The second and third of these (both men were also rated borderline cases of depression) are fairly typical of subjects classified as borderline case anxiety states with situational symptoms (avoidance was more prominent in some of the other subjects). Although the symptoms were alarming when they occurred, both were mild in comparison with the range of severity which may occur in phobic states, and neither were associated with significant social disability. This cannot be said of the subject in the first example, particularly when his symptoms were at their peak.

A final point related to anxiety symptoms concerns the occurrence of chest pain of functional origin similar to that reported by the first of the subjects above. Four men with symptoms of anxiety (15% of all onsets) reported recurrent severe chest pain associated with anxiety and in the absence of features suggestive of organic disease. Three of these had visited a hospital emergency department or had consulted their general practitioner specifically for this reason. All four were classified as cases overall (2 pure anxiety, 2 mixed depression/anxiety).

As a consequence of treating depression and anxiety together as an undifferentiated category of "affective disorder", the only distinction made consistently in the succeeding chapters is that between cases and borderline cases, according to the overall caseness ratings. This distinction was important for the reasons given earlier concerning the possible differential influence of aetiological factors at different levels of severity. At the same time, somewhat greater use was made of the findings for borderline cases than has been customary in previous studies, and the findings for case and borderline case disorders have been analysed in an integrated fashion, in order to examine similarities and differences between the two in their relationships with various independent factors. Some of the issues arising in this are discussed in Appendix 1, and it is useful to view the results presented in later chapters in the light of the comments made there.

Chronic disorders

The characteristics of this small group may be summarized briefly, as they do not play an important part in the subsequent account. Evidence has been mentioned earlier that the sample may have been biased towards their inclusion in the sample, and moreover it was apparent in several cases that unemployment had been directly or indirectly attributable to psychiatric illness, and in this sense they had been selected in to the population from which the sample was drawn. This may explain the somewhat high proportion with pure anxiety disorders. The group fell into equal thirds, with four subjects in each of the groups pure anxiety, pure depression, and mixed depression/anxiety. Subjects who were found to have other chronic psychiatric disorders were excluded under the sample selection criteria. Three of the four subjects with anxiety alone had severe social phobic symptoms, and these appeared particularly debilitating in securing re-employment.

Forty-two percent of those with chronic affective disorders received psychotropic medication, either regularly or intermittently, from a general practitioner or a psychiatrist.

Summary

Psychiatric disorder was measured using the Present State Examination, a well-established instrument of proven reliability, in conjunction with explicit criteria for the diagnosis of different types of affective syndrome and, within each of these, for the rating of the severity of the disorder. Overall, 48% of the sample were rated as having an affective disorder at case or borderline case level during the period of inquiry, and 39% of those who were originally well subsequently developed a disorder over this period. These were mainly depressive or mixed depressive/anxiety disorders. Mild phobic symptoms of recent onset were relatively common.

Chapter 4 : Measurement and frequency of shame over unemployment

Introduction

It would be impractical (although it would be desirable) to give a general account of shame here, but as false conceptions, presumptuous generalization, and some variation in the meaning given to the term are common in the limited amount of literature on the subject, it is necessary to describe briefly what is meant by the term here. Good general accounts of shame are provided by Ausubel (1955), Izard (1977, Chapter 15), and Lewis (1971).

Shame is an emotional state, or family of states, in which various distinctive affective phenomena occur in association with a specifiable range of social situations. The commonest of these, and those most relevant to the present study, are those in which the subject attributes to others attitudes towards himself which are critical, hostile, contemptuous, disdainful, mocking, rejecting, pitying or deprecatory. In general, these involve various mixtures of antagonism, rejection and depreciation, although other elements may also be involved ; pity, for example, involves positive elements of sympathy, albeit from a vantage-point which at the same time emphasizes the superiority of the pitying party. For the sake of brevity, the various attitudes of this kind will be referred to collectively as "negative". Whether these attitudes are given open expression, and whether indeed the imputation is accurate, is of limited importance.

The recognition that such situations commonly (but not inevitably) give rise to a distinctive affective state, to which a particular name or group of names is given, is to be found in most, and probably all, cultures. There is also considerable cross-cultural similarity in a number of observable items (including blushing, aversion of the gaze or of the entire face, and various postural alterations, such as downward tilting of the head and neck) which under some circumstances accompany such states.

This brief description would be inadequate in a more general context - shame also typically occurs in a range of other situations, where the "negative" attitudes mentioned above by no means necessarily apply - but it is sufficient for the present purpose.

A variety of terms are used in referring to these states. In part these reflect specifiable differences in the nature of the state concerned, such as its degree of acuteness, or its presumed eliciting cause. Those who choose to emphasize differences between these states (e.g. Buss, 1980) nevertheless recognize them to be closely related, and many cultures do not draw the distinctions between them which are recognized in contemporary English usage.

Degree of acuteness

Thus, for example, the reference of the term "embarrassment" is customarily restricted to acute, and generally brief, states, closely bound to a particular social interaction, and which are sometimes accompanied by elements of anxiety. "Self-consciousness", referring not merely to simple self-attention, but to a distinctive state of emotional unease associated with attention felt to be directed towards the subject by others, is often used in a similar way, and emphasizes a particular aspect of the subjective experience.

The term "shame" may be used in these instances, but is also used to refer to more protracted states, in which these affective phenomena are repeatedly aroused wherever the attitude or attention of others is drawn, or is thought to be drawn, towards the individual, usually towards a particular attribute upon which the feelings are focussed. Whereas an isolated instance of embarrassment may arise from a clumsy or inopportune act which carries few or no implications beyond the situation in which it occurs, more lasting states usually focus, for obvious reasons, upon a more enduring attribute of the subject (or a past action which is presumed to reflect an enduring attribute). In addition to an enhanced susceptibility to acute shame in particular situations (and its repeated arousal), more chronic, low-grade, less situation-bound feelings may arise which, although similar in tone to that of acute shame, also resemble that normally referred to as a "sense of guilt", although the accompanying thoughts differ from those usually present in states of guilt (see Lewis, 1971, Chapter 2).

In the context of more protracted states, a variety of behavioural adaptations may occur, such as withdrawal from some or all social interactions, or careful control over items of information concerning the attribute upon which the state is focussed, so to avoid the circumstances liable to elicit afresh or to aggravate the acute state. To some extent this may be compared with the avoidance of particular objects or situations in phobic states, although the nature of the unpleasant emotion so avoided is not the same.

Eliciting cause

Variations in terminology related to the eliciting cause of the state include the use of the term "humiliation" (in the sense of "feelings of humiliation"), which tends to refer to shame occurring in circumstances in which explicit loss of status or prestige is involved ; and the term "modesty", which, in a sense now somewhat archaic, refers to the sense of shame in connection with sexual behaviour and with the exposure of particular parts of the body to the inspection of others (Ellis, 1932).

States which in many respects are indistinguishable from shame may be described as indicative of "bashfulness" or "shyness", in circumstances where an individual predisposition is invoked in explaining the state, because it is typical of certain persons as distinctive individuals (for example as a personality trait of "shyness"), or as members of a particular category (for example, where a child is described as "shy" because similar behaviour is commonly shown by children of a certain age). Here it is assumed (generally quite reasonably) that the occurrence of the state reflects more an individual's typical pattern of response rather than any particular situational factors ; they less commonly focus on a particular action or attribute of the individual, and may arise in a very wide range of situations in which social attention is focussed on the individual.

Finally, it is necessary to distinguish between the use of these terms to refer to the feelings of particular individuals, and their "objective" use in referring to attributes or circumstances which typically give rise to shame. The term "stigma" (succinctly defined by Goffman (1963) as a "shameful differentness") is sometimes used to refer to such an attribute, and carries the implication that there exists within a particular group or society a relatively stereotyped (negative) attitude toward the attribute concerned. This being so, the term "stigma" can be used to refer to an attribute subject (or believed to be subject) to general depreciation regardless of whether or not a particular individual bearing the stigma happens to feel shame in connection with it. While stigma is an unambiguously "objective" term, this is slightly less apparent in some other cases. "Humiliation", for example, refers to an objective circumstance, the condition of having lost status or prestige or otherwise having fallen in the general esteem of others on account of some event which, in the context of a particular culture, has a recognized significance ; because these circumstances are (or were) commonly accompanied by feelings of shame, "humiliation" has acquired an extended meaning applying also to these individual concomitants. (cf. "degradation" and "feeling degraded" ; "guilt" and "sense of guilt"). It is important to recognize that feelings of shame on the part of a particular individual are not necessarily implied where a circumstance is generally (and accurately) described as "humiliating", nor even where the individual in question recognizes that he has lost prestige, or that he is negatively evaluated by others. An illustration of the importance of distinguishing between "typical" eliciting circumstances and the actual individual response is provided later in this chapter.

Data collection and measurement

In common with other features of the study, measurement was investigator-based and used detailed interview material. This is particularly important here because personal vocabularies in this area are subject to much vagary. In particular, the term "shame" carries strongly moral overtones for some men, and to have described their feelings in such terms would have been tantamount to an admission of culpability. In general the term "embarrassment" was preferred where direct questioning was necessary.

The interviews were conducted in a style encouraging the spontaneous description of feelings and of experiences in various situations, and although specific questions were asked where the matter had not arisen spontaneously, in very few subjects who met the criteria below was direct questioning required, other than in clarification of descriptions given spontaneously. In most cases the topic arose naturally in the context of the Present State Examination sections covering situational and social anxiety, social withdrawal, ideas of reference and loss of self-confidence. Where the matter had not already been covered, subjects were asked at the end of the PSE whether they were ever in situations where they felt "embarrassed" because they were out of work, or because they had less money than usual, and whether there were circumstances in which they would not tell somebody that they were out of work because it would make them feel uncomfortable in some way to do so. Wherever comments were made suggestive of ratable feelings of shame, subjects were asked to elaborate on what they had said, to describe the particular situations in which they occurred in detail (including the views or attitudes they attributed to others and the explanation they gave for the feelings) and the frequency with which the feelings occurred in these and any other situations.

It should be noted that attention was largely restricted to shame over unemployment or financial inadequacy (some men found the distinction difficult), and this was particularly convenient in the context of an interview where this was a central theme. In fact, a small number of men were rated as having feelings of shame focussed upon matters other than unemployment or financial insufficiency ; in one, a state of recent onset had followed upon his wife's adultery and subsequent desertion, and another reported a more chronic state relating to prolonged economic failure and recurrent imprisonment, principally expressed in relation to his more successful siblings. (Neither of these subjects are included in most of the subsequent analyses because both were already depressed before the time of job loss). This suggests that it would be possible to use the present methods in a more general context.

Basic criteria

For measurement purposes shame was defined as a reactive state arising after job loss and characterized by both of the following :

(1) Either the explicit attribution to others of negative attitudes towards the subject, or the drawing of social comparisons adverse to the subject, in connection with the subject's unemployed status or financial insufficiency.

(2) Recurrent acute arousal of feelings described in terms of embarrassment, self-consciousness, humiliation or degradation in situations in which such attributions or comparisons were made, or were particularly emphasized.

The choice of these criteria is largely self-explanatory in terms of the previous discussion. Both were essential : a mere expression of the view that the unemployed are held in low esteem by the community in the absence of any of the specific feelings in question might have very little to do with shame and it could be regarded as a realistic and emotionally neutral appraisal. The criteria allowed for some variation in the form and degree of acuteness of the feelings (e.g. whether they occurred solely during actual social encounters, or instead represented an aggravation of longer-lasting feelings which extended beyond these situations) and the manner in which they were described.

The criterion of situational arousal or aggravation was imposed because it permitted fairly precise questioning about, and description of, particular situations in which the relationship between the attribution of negative attitudes to others and the arousal of the reported affective phenomena was generally quite evident ; and while this might appear to favour the detection of more intermittent, situation-dependent feelings over those of a more chronic nature, a good case could be made for regarding <u>all</u> states of shame, properly speaking, as situationally labile, and this therefore was not thought an objection.

In individuals who were habitually shy, and in whom some of these features were of quite regular occurrence before unemployment, certain additional criteria were imposed which are stated in the following section.

<u>Rating of severity</u>

The severity of a persisting state giving rise to situationally-bound symptoms may be assessed in a number of ways : according to the subjective intensity of the symptoms aroused in particular situations ; according to the consistency or frequency with which such symptoms are aroused in the situations concerned ; and according to the degree to which such experiences cause changes to occur in accustomed patterns of activity with the intent of minimizing exposure to those situations. Ideally all of these would be measured independently.

In the present study the intensity of the feelings concerned was not assessed, largely because little confidence was felt in assessing their "relative intensity" in the presence of some variability both in their qualitative form and in the individuals' styles of response. Consequently, greater reliance was placed upon the extent to which acute feelings of embarrassment, or a more internalized sense of degradation, had become a regular and expectable element during interactions in which the subject's unemployed status or financial insufficiency were, or were thought to be, apparent to others (Frequency rating "high") ; or instead were more occasional (but nevertheless recurrent), and did not intrude into most of these situations (Frequency rating "low"). In cases of ambiguity or doubt the subject himself was asked to decide whether "more than half" or "less than half" was the more accurate description of the frequency with which the feelings were aroused in the situations reported.

Associated behavioural changes involving avoidance (complete or partial) of situations in which acute discomfort was likely to arise, were simply rated as present or absent. Information control (fully discussed by Goffman, 1963, Chapter 2) may be regarded as a form of avoidance, but the criterion was of a positive change in behaviour, and therefore general statements that subjects "would not advertise the fact" that they were unemployed, or "preferred others not to know", were not regarded as indicating behavioural adaptations unless this had resulted either in a reduction in interaction with others, or a distinct change in an established relationship, for example where an individual's circumstances had previously been freely communicated to someone and where this was no longer the case after unemployment.

A summary rating of severity was made in which subjects with a frequency rating of "high" <u>or</u> with associated behavioural changes (or both) were rated as "<u>marked</u>" overall and distinguished from those who experienced occasional symptoms only and in whom there had been no behavioural changes ("<u>mild</u>" overall). It will be apparent from the examples given in Appendix 4 that the feelings reported by subjects in the latter group were often quite minimal, and are perhaps of doubtful significance. However, for most analyses in the present study these subjects have been amalgamated with those reporting more severe symptoms, partly because of the small size of the sample, but also because of the distinct contrast they nevertheless present with men who reported no feelings of this kind at all. An additional reason why this was preferable is given in the section dealing with shyness.

Finally, it should be noted that although shame connected with unemployment was rated only where such a state had arisen <u>after</u> job loss, a particular date of onset could not usually be specified. (Most men suggested that the feelings had been present during the whole, or almost the whole, period of unemployment).

Two examples of shame

S061

The first man experienced acute feelings in two main types of situation : when visiting the Post Office to collect his unemployment benefit, and at other times when merely walking around in public places in the presence of strangers.

"I don't like going to the dole office [but] I think the worst thing about being on the dole is going down the Post Office - you go down there for your money and they sort of look at you .. like you shouldn't be doing it, and that's when I feel most guilty, when I come out of the Post Office. I mean being out of work, when you go down to sign on, it's not so bad because all the people down there are signing on, .. they're all the same as you, but when you go down the Post Office the worst part about it, you walk in, they look at you, you feel guilty." ["Would you say you felt embarrassed ?"] "Yes, you do, they [the staff] make you look feel it, the way they look at you." He was not, however, able to describe anything specific in the demeanour or behaviour of the Post Office staff suggesting a critical or hostile attitude. ("I don't know what it is - it's just the way they look"). There were no associated autonomic symptoms of anxiety.

In an attempt to avoid these feelings, after approximately two months he arranged to collect his benefit from a different office, because at that time he attributed the feelings to the negative opinions of the staff at this particular Post Office ; however, he found that his experiences were just the same at the second office.

Similar feelings occurred in other public places, such as when he was walking in the street near his home : "Yes [describing recurrent self-consciousness] .. because if you were about during the day probably they [i.e. onlookers] knew you were out of work sort of thing."

The decision (and the trouble taken) to change his Post Office was rated on the behavioural scale. The feelings were sufficiently regular for a frequency rating of "high".

<u>S083</u>

The second man is slightly atypical (in the context of the present sample) in that although he did report acute embarrassment when faced with a situation where he believed others were taking note of his altered circumstances, he also described (with much emotion) feelings of "humiliation" and "degradation" which, although associated with (and aggravated in) situations of this kind, were of a longer-lasting nature. He was the only man in the sample who ruminated at length in private on his degraded condition.

"I don't like going to the dole office, it makes me feel - it may sound snooty to say this - but it does make me feel an utter, you know, creep - it makes me feel as if

I'm coming out of [a local hostel for itinerants] ... those places give me that feeling, they're dirty and ... not very nice, and you just feel degraded. I just hope nobody sees me when I'm there, I get in and out of the place as soon as possible..." "...Definitely. You get patronized by some of them, not all, their patronizing attitude to you and this business of sitting behind a glass counter and having your business shouted out in front of every Tom Dick or Harry that's in the office. Having to sit in those dirty places, like you're some sort of untouchable - I mean, let's face it, the waiting rooms are filthy and they say the public make them dirty, but the implication of it is _you_ are one of the people who go round defacing with graffiti - quite honestly you come out of that place and you feel you want a bath ... it's still the old public wash your dirty linen in public and get the feeling they're doing you a favour."

"I avoid a lot of friends I would have otherwise had ... The neighbours ? No, I try to avoid - I was very annoyed the other week when the postman put a giro cheque through the wrong door - I don't like people to know because - you know how they are." ["You mean they - ? "] " - look down on you."

"Yes, where it [acute embarrassment and loss of self-confidence] _is_ noticeable is when I know someone else has _got_ a decent job and a decent income, and can drive a decent car, that's the sort of situation, pulling up in a garage, and you're driving an old banger - or someone makes a slighting remark about your old banger - among the neighbours and that sort of thing - who must have seen the decline in living standards ... When I came here I had a brand new car - that's the sort of thing."

He visited his mother regularly once a week, and often discussed his money problems with her. However, although he had been unemployed for over a year at the time of interview, he had still not felt able to tell her that he was out of work.

The lack of openness with his mother was highly unusual in terms of his previous relationship with her and this was thought sufficiently striking to warrant a rating on the behavioural scale (alteration in a relationship due to information control). The feelings of humiliation in the benefit office and in situations where he felt himself the object of negative social comparison by others were sufficiently regular for a frequency rating of "high".

Some further examples are given in Appendix 4.

Shyness

Before leaving the question of the measurement of shame, it is necessary to consider shyness, as steps were taken to minimize the likelihood of potential confusion between these two variables.

Shyness here refers to a personality trait conferring an enhanced susceptibility to feelings of self-consciousness, embarrassment and uneasiness in a wide range of social situations where the individual is the object of social attention, particularly, but not exclusively, where such attention arises from a group of others, and which is often associated with a tendency to avoid such situations. It is common in adolescence and usually abates during the course of adolescence and early adulthood. In a certain proportion of individuals the features remain unchanged or attenuated to a greater or lesser degree throughout adulthood.

Shy individuals very commonly feel apprehensive or subjectively anxious in such situations, and although not all shy individuals report autonomic symptoms of anxiety, it appears that they are especially likely to experience anxiety in association with embarrassment. There are some grounds for regarding shyness as similar in nature to social phobia, although where the condition is sufficiently severe to be regarded as a clinical disorder, anxiety is both more constant and more conspicuous than it is in milder states.

General discussions of shyness are provided by Pilkonis

& Zimbardo (1979), and Pilkonis (1977a,b). Essentially the same construct is involved in the trait of "public self-consciousness" described by Fenigstein, Scheier & Buss (1975).

Measurement of shyness

Subjects were asked in the context of the PSE section dealing with social anxiety whether any particular situations, or social situations specifically, made them feel "anxious or uneasy" ; in other words, the scope of the question was slightly extended. Men who responded positively were asked to elaborate and to describe the types of situation involved and the types of reaction they experienced. Shyness was rated as present for those who reported a longstanding and habitual tendency to feel self-conscious, "nervous", or uneasy, or were liable to become embarrassed readily and regularly, in such situations as coming to the fore at social gatherings, making conversation, and in general any situations involving self-presentation to other persons (excepting intimates and close friends), particularly groups of others (most used the term "shy" spontaneously in describing themselves). The rating was inclusive in the sense that men who described themselves as "a bit shy", and who were able to describe situations in which this obtruded were rated "shy" even if it tended to manifest itself rather irregularly. In all instances, inquiry was made into the history of the features, and shyness was rated only if the characteristics had been present continuously since adolescence or early adulthood.

Discrimination between shame and shyness

Although the feelings associated with shyness are in part identical to those occurring in states of shame (particularly where the latter is chiefly expressed situationally), they are distinguished (in the present context) by differences in their time course, and in the fact that shyness is seldom focussed on a particular attribute of the subject. Where the symptoms had been longstanding, and had antedated by many years the occurrence of unemployment, there was clearly no question of misconstruing a reactive state of shame as a personality trait of shyness. It was equally important, however, that the presence of longstanding shyness should not have precluded or militated against a rating of shame on purely methodological grounds, nor that it should have favoured such a rating. For this reason the following additional criteria were adopted in rating shame in subjects who had longstanding symptoms of shyness :

(1) a distinct change in the frequency or severity of symptoms ensuing after unemployment, which was not simply due to the necessity for attendance at various offices for the claiming of benefit or the seeking of work, etc. ; and (2) this change applying only to situations where the subject's unemployment or financial insufficiency formed a focus of attention.

In subjects who reported that they frequently felt self-conscious or embarrassed at the benefit office, but that this did not represent any particular change compared with their usual reactions to similar situations, shame was therefore rated as absent. Where, on the other hand, a distinct aggravation was reported, centring around situations in which negative attitudes were attributed, or adverse social comparisons made, specifically concerning the subject's unemployment or financial status, shame was rated as present. There were no obvious differences in these reports between shy and non-shy subjects (the first of the two examples of shame related to unemployment presented earlier was in fact from a man who also reported longstanding shyness).

Whilst care was taken to ensure that the possibility of measurement bias was excluded at the comparatively gross level of the occurrence or non-occurrence of new features, contamination between the ratings of shyness and shame does appear possible in the rating of the frequency and consistency with which shame was aroused in relevant situations. However, as mentioned above, all subjects who received a positive rating for shame, at either level of severity, were combined into a single group in the analyses presented in the following chapters ; this is therefore unlikely to have led to any bias in the results or the conclusions reached.

Prevalence and qualitative features of shame associated with unemployment

In the sample as a whole, one in four subjects reported feelings of shame connected with unemployment, and of these almost two-thirds were rated "marked" on overall severity (Table 9). One half of those reporting feelings of shame (13% of the whole sample) had modified their activities in some way in an attempt to avoid the arousal or aggravation of the emotion. This in itself bears witness to the fact that in many instances these states could not be regarded as trivial disturbances, and several men described them as amongst the most unpleasant features of their current predicament.

Some aspects of these states may be illustrated by considering the situations in which acute features tended to occur, which are summarized in Table 10.

"Unfocussed situations with strangers" refers to situations such as the street, shops or shopping centres, where the subject was in the presence of, but not actively engaged in interaction with, a body of bystanders. Individuals who tended to become acutely self-conscious in these situations generally believed that onlookers would be aware that they were unemployed, because they were in such situations during the normal working day, or that their attire or general appearance was disreputable in some way. In both instances the attribution of negative attitudes to others was presumptive. It was noticeable how

Table 9. Frequency of shame over unemployment

Frequency rating		Behavioural changes			Overall rating of severity	
{High}	14% (11)	{Yes}	11%	(9)		
		{No}	3%	(2)	"Marked"	15% (12)
{Low}	11% (9)	{Yes}	1%	(1)		
		{No}	10%	(8)	"Mild"	10% (8)
{None}	75% (60)				"None"	75% (60)

Percentages of whole sample. Subjects with features of shame not connected with unemployment classified as "None".

Table 10. Frequency with which various classes of situation were reported as arousing shame.
(Subjects reporting feelings of shame only, N=20)

Type of situation	Total	Summary rating of severity "Mild"	"Marked"
(A) Unfocussed situations with strangers	35% (7/20)	13% (1/8)	50% (6/12)
(B) Benefit office/ job centre/ Post Office	45% (9/20)	38% (3/8)	50% (6/12)
(C) Interaction with known others	75% (15/20)	75% (6/8)	75% (9/12)

frequently the notion of cleanliness was mentioned in this context, reflecting an apprehension that they would be regarded as dirty or unwholesome in some way, although there was no objective reason for this. Several men who believed that others regarded them as "poorly dressed" in these situations later reported that prior to unemployment they had frequently dressed in worn or untidy working clothes in public and at such times had not experienced these feelings, and in none had the standard of dress deteriorated drastically.

The second set of situations, attendance at benefit offices, job centres, and Post Offices (to collect benefit money), comprises formal contexts in which the subject's unemployed status forms a more obvious focus of interaction. In some instances the feelings were especially prone to arise when being observed entering or leaving the benefit office by passers-by. These situations are similar to those described in the previous paragraph, except that the fact of the individual's unemployment is more patent in this case. The remaining instances chiefly concerned interaction with, or observation by, the officials in these establishments. The attribution of critical, disapproving or contemptuous attitudes to the latter was often justified by pointing out that the officials were themselves employed and therefore able, in common with all other working members of the community, to adopt a position of disdainful superiority towards the subject. Although an impression of unhelpfulness or antagonism is probably created at times due to difficulties in administering the benefits system, subjects were seldom able to justify such attributions by reference to specific aspects of the officials' behaviour, and several men were quite lucid as to the reasons for their feelings. One man who reported embarrassment while claiming benefit and who thought the reason for this was because the benefit officials "look down on you - because they're working - " went on to say "- it's probably unfounded. It's just the way you look at things."

The third broad class of situations concerns interaction with known others rather than strangers. These were mainly acquaintances and neighbours, although relatives who were seen infrequently were also mentioned ; in general, closer social contacts were not involved (the single exception was the man described earlier in this chapter who withheld information from his mother). Feelings of shame occurred during chance meetings in the street, in public houses, at church social meetings, sports clubs and similar contexts. Situations in this class were the commonest to appear in the behavioural ratings, probably because they are optional and are more easily avoided on a regular basis than are the other situations mentioned above.

The attitudes attributed to others were fairly similar in these different situations. A very few subjects believed that others were or would be actively critical and disapproving of them because they were unemployed and receiving benefit payments ; they assumed that this would be interpreted as reflecting an unwillingness to find work and were usually quick to point out during the interview that they had indeed been seeking work, and were thus not to blame for their unemployment. More commonly, however, others were thought able and likely to regard the subject as being inferior in worth, in a general and diffuse sense, on account of his unemployment or his impoverished circumstances. The primary focus of the state here was thus the individual's sense of having fallen in relative status, and of this circumstance being attended to and recognized by employed members of the population, whether these were strangers, who were likely to identify him as a member of a low-status group, or acquaintances likely to recognize the alteration in a relationship previously on a more equal footing.

In describing in some detail the characteristics of the feelings of shame reported by some subjects there is some risk of presenting a distorted view of the sample as a whole. It is important to recognize that three out of four men experienced none of these feelings. Moreover, although the occurrence of behavioural adaptations in many instances indicates their non-trivial nature, most of these states must be regarded as rather moderate in degree, in relation to the range of severity found in different cultures and historical periods. Only one subject reported feelings of shame of a persistent and pervasive nature, and amongst the remainder they seldom occurred outside the context of concrete social encounters. Shame of a very pronounced degree of severity is probably a rare occurrence in any culture, but perhaps especially so in contemporary urban England, in comparison with communities of smaller scale and stabler composition, in which community opinion may be of greater influence, or those in which status differentiation is more rigid, more ascriptive, and a more conspicuous element in personal relationships (see Chapter 12). The fact that three-quarters of the sample experienced no feelings of this kind at all is probably not unrelated to the absence of very pronounced states amongst those who did.

It is useful to compare these findings with those of Fineman (1983), who interviewed a sample of unemployed professional and managerial staff. The author found that "[t]he overwhelming view was that unemployment was a stigma. The perception applied as much to those who saw their unemployment as a positive opportunity as to those who felt loss and rejection ... Despite the apparent growing social awareness of unemployment, the participants all felt a stigma in being unemployed. It was associated with considerable shame, degradation and inferiority."

These comments are in stark contrast with the findings of the present study (and with Fineman's emphasis elsewhere on individual variation in response to unemployment). However, whilst a considerable amount of interview material relating to the perception of negative attitudes on the part of others is supplied, very few respondents referred to feelings accompanying these. The perception of a variety of negative attitudes towards those who are unemployed may be an entirely realistic and emotionally neutral appraisal which, in the absence of specific affective phenomena, cannot be taken to imply feelings of shame ; "neutral" reports of negative attitudes, unhelpfulness by officials, shoddy behaviour by prospective employers, and the like, were common among those reporting no feelings of shame in the present sample. Therefore, although it is possible that there are genuine differences in the frequency of shame arising from differences between the samples studied, it appears more likely that the high (or even universal) occurrence of shame reported by Fineman results from the author's concentration on perceived negative attitudes at the expense of affective concomitants. The assumption that the former imply the latter overlooks the "objective" nature of "stigma" and related terms as discussed at the beginning of this chapter.

In view of the considerable individual differences found in the present study, attention is naturally drawn to individual-level factors in explaining the occurrence of such feelings. This would be less necessary, for example, in a culture where <u>all</u> or nearly all individuals faced by a certain circumstance were liable to feel shame. The concentration on individual variation in subsequent chapters should not obscure the recognition that feelings of shame arise in the context of meanings and stereotypes of cultural origin, and that these - the prestige associated with various kinds of economic success and failure, the lowered status attached to unemployment - are of clear relevance to the fact that feelings of shame arise at all in the context of unemployment. The generality with which negative attitudes on the part of others are perceived by those who are unemployed, as reported by Fineman, is best viewed as indicative of this wider, stigmatizing cultural context, in connection with which feelings of shame may - or may not - emerge in the individual case.

Summary

Explicit criteria were developed for the rating of shame, based on the perception of negative attitudes by others in conjunction with specific affective phenomena. In terms of these criteria, one quarter of the present sample had experienced feelings of shame concerned with unemployment and its associated financial consequences, and which had arisen since the individual had become unemployed. Most of these involved the repeated occurrence of acute and often relatively brief states associated with specific situations ; in a substantial proportion, this had led to a variety of changes in behaviour in order to avoid these situations. More protracted and continuous feelings of shame were uncommon in the present sample.

Chapter 5 : Life events and the onset of affective disorder

Introduction

Some research into the role of life events in general in the onset of affective disorders was mentioned in the introductory chapter. Previous research in women has shown that the majority of onset affective disorders occurring in the community arise in the wake of specific life stresses, in particular life events with unpleasant implications extending beyond the short term, and involving such matters as loss, disappointment, or failure ; and also long-term difficulties over such matters as housing or money. It is possible to identify and to measure the degree of severity of these factors reliably in such a way that life stresses falling above a certain threshold ("provoking agents") can be shown to carry an increased risk of onset of affective disorder, whereas other stresses in general do not (Brown, Ni Bhrolchain & Harris, 1975 ; Brown & Harris, 1978 ; Brown & Prudo, 1981 ; Costello, 1982 ; Campbell et al., 1983 ; Finlay-Jones & Brown, 1981). However, there remains considerable variation in outcome amongst individuals exposed to provoking agents, which hitherto has not been explicable by reference to features of the provoking stress itself, and a range of further factors has been examined specifically in seeking to explain this remaining variation. In the original research of Brown & Harris, for example, it was shown that the loss of mother before the age of eleven, the lack of an intimate relationship with a husband or boyfriend, and the presence of three or more young children in the home all led to a further increase in the risk of depression amongst women exposed to provoking agents ; these have been referred to collectively as "vulnerability factors", viewed as conferring an enhanced susceptibility to develop depression after a provoking agent whilst playing no part in determining the timing of any such onset (Brown & Harris, 1978). Several of these results have been replicated in subsequent studies ; those concerned with intimate relationships are discussed in Chapter 6.

Whether the effect of these latter factors applies specifically to the development of disorders in the wake of provoking agents, or instead is a more general and independent effect on the risk of affective disorder (the substance of the distinction being whether or not they carry an increased risk of onset amongst subjects <u>not</u> exposed to a provoking agent) has been an item of some dispute (Tennant & Bebbington, 1978 ; Brown & Harris, 1978b). In fact, the preponderant influence of provoking agents in the samples studied (and as a consequence, the small numbers of onsets among those not exposed to provoking agents) precludes any useful answer to this question on the basis of the available results. The standard error of the estimated effect of a vulnerability factor on the risk of onset amongst those not exposed to a provoking agent is so large in these studies (on account of the small number of onsets in this group) that it will be compatible with a variety of hypotheses, and the conclusions drawn from statistical tests will depend on the particular null hypothesis chosen : for example, whether it is one of no effect in this group (as in the account of Brown & Harris), or whether it is one of an effect of the same magnitude as that amongst subjects exposed to a provoking agent (where the standard error is much smaller), as in the tests for interaction used by Tennant & Bebbington. In the available studies, each of these possibilities is compatible with the data (cf. Surtees, 1980).

This issue has perhaps been over-emphasized in previous discussions, and it is important to recognize that in practical terms, these factors are primarily important amongst those exposed to provoking agents, simply because the vast majority of onsets occur within this group ; and whether or not the distinction between the two hypotheses carries any fundamental theoretical consequence has not as yet been clarified. An independent effect of vulnerability factors on the risk of affective disorder is not incompatible with the broad features of the vulnerability model discussed in the opening chapter.

Whilst concerned with the same issues and in many respects with the same types of aetiological factor as those considered in earlier studies conducted in random community samples, in the present study attention is given to vulnerability, in the above sense, largely at the expense of the consideration of provoking agents : the selection of an unemployed sample ensured that the proportion of subjects who had <u>not</u> experienced a provoking agent was small (see below), and for this reason, it was anticipated that variation in outcome would depend to a much greater extent on individual differences in vulnerability, rather than on differences in exposure to provoking agents. This is roughly the opposite of the situation in a random community sample, where variation in exposure to provoking agents is much larger. (A further characteristic of the present study arising from the sample selection is that the <u>types</u> of provoking agent concerned are much less heterogeneous here than is generally the case in random community samples. The implications this may have for the interpretation of some of the present results are considered in Chapter 11.) However, the life stresses experienced by members of the present sample remain important, not only in forming the ambient context within which the effects of various other factors emerge, but also in explaining certain of the findings of the study, and it is these which are dealt with in the present chapter.

Measurement of life events and difficulties

Description of the methods used in the present study for the measurement of life events and difficulties will be brief, because they are not novel and they have been discussed extensively elsewhere (e.g. Brown & Harris, 1978 ; Marsh, 1982, Chapter 5). For convenience, we shall refer chiefly to life events, but similar principles apply in each case to the identification and measurement of longer-term difficulties.

(1) Data collection

Any procedure designed to collect information on the occurrence and characteristics of life events is bound to place a lower limit on the "significance" of events of interest in order to reduce an event history to manageable proportions. A decision as to which events are to be regarded as "significant" clearly cannot be left to the respondent, due to the possibility of bias in reporting arising from "effort after meaning" as discussed by Bartlett (1932), and it is therefore necessary to define in advance those events which will or will not be considered, according to explicit criteria. It is obviously desirable that these should be sufficiently broad and sensitive to cover all or most events which might be of aetiological importance, as any of these which are excluded will contribute to negative findings where, for example, the risk of an illness is compared in those exposed or not exposed to events. This is one likely reason why the simplest procedures, utilizing a restricted check-list of events which would constitute important life changes for most individuals (e.g. the Social Readjustment Schedule (Holmes & Rahe, 1967)), have generally found rather weak relationships between life events and the occurrence of psychiatric disorders (e.g. Rahe, 1969 ; Yager et al., 1981). The strongest and most reliable findings in this area (see preceding section) have depended on a more detailed approach, and similar methods were employed in the present study.

The Life Events and Difficulties Schedule (LEDS ; see Brown & Harris, 1978, Appendix 5) is a lengthy semi-structured instrument covering many areas of life in considerable detail, and is used in conjunction with a detailed set of criteria for the identification and inclusion of a wide range of different types of event. The use of the instrument requires extensive training, and sensitive probing by the interviewer is necessary during the course of the interview in order to minimize under-reporting of events which meet these inclusion criteria.

Where an event meeting the inclusion criteria is identified, the date at which it occurred is determined (if necessary, using not only the respondent's report but also documentary material and any other available means) and detailed information is collected about what actually happened, the circumstances leading up to the event, its implications for the individual's plans and the adjustments it necessitated in other areas of life, and any other contextual material which may be relevant to the meaning of the event to the individual. This information is used in rating various features of the event as discussed below.

(2) Measurement of events

The research mentioned earlier has shown that stressful life events which carry an increased risk of subsequent depression can be distinguished from those which do not by taking into account two main dimensions of the event : (i) its long-term threat, and (ii) whether it is focussed upon the subject himself, or upon some other person such as a close relative (or both).

"Long-term threat" here refers to the unpleasant implications which an event may have extending beyond the immediate period in which the event occurs, to impinge damagingly on an individual's longer-term plans, aspirations, valued relationships or circumstances. The distinction between events with unpleasant implications of this kind, holding the promise of continued and often protracted personal consequences, from those which (whilst they may be extremely unpleasant in the short term) have few or no longer-term personal implications, has proved important in the prediction of subsequent onset of depression. "Long-term" conventionally refers to the threat which is still borne by an event at least a week after it has occurred.

Although ratings are made of the subject's own perception of the unpleasantness of the event ("reported long-term threat"), those of prime importance are made by an independent team of raters on the basis of the features of the event itself, and of the ambient circumstances in which it occurs, which have a bearing on its likely significance for an "average individual" in similar circumstances, in ignorance of the degree of severity or unpleasantness actually reported by the research subject. This practice serves to eliminate the possibility of reporting bias - whether arising from a generalized "effort after meaning" in order to explain the development of an illness, or distortions of appraisal more specifically connected with the subject's current mental state - which would arise were the subject's own response to be taken to define the severity of the event. (Similarly, the use of independent raters avoids the possibility that an interviewer's judgement of the event may have been coloured by the respondent's own appraisal, which is another possible source of contamination). At the same time, however, sensitivity is retained to the varying meanings and implications the event may have in the context of individual circumstances. The absence of such sensitivity in instruments which apportion rigid weighted scores to particular classes of event (such as the Social Readjustment Schedule) is a further likely reason for their relatively poor performance in predicting the occurrence of affective disorders.

The scale points (on a 4-point scale) for the rating of long-term threat were initially established by the consensual decisions of a team of raters on the basis of discussion of a large number of events. In the course of time they have come to be anchored by a very large number and wide variety of collected examples (Brown & Harris, 1980), and ratings made in the present study were based very largely on these precedents.

The distinction of chief importance in the focus of an event concerns whether it impinges directly upon the subject himself (either alone, or jointly with others), or instead on some other person, and is of concern to the subject solely by virtue of his relationship with that person and his interest in their welfare. Detailed rules have been developed for dealing with problematic cases.

Events which are rated "1" (the highest point) on the 4-point contextual measure of long-term threat, or which are rated "2" and are subject-focussed have been termed "severe" events and are linked with the subsequent onset of depression. In general it is this category which is used in subsequent analyses.

(3) Measurement of difficulties

The collection of data and the rating of severity in the case of longer-term difficulties follow very similar general principles to those involved in the identification of events and the rating of their threat. Here again reported and contextual measures of severity have been developed. Long-term difficulties (excluding health dificulties but including "health/non-health difficulties" such as those arising from the demands of caring for another person with a severe health problem) rated at level "3" or higher on a 6-point scale of contextual severity, and lasting 2 years or more ("major difficulties"), have been shown to be important in the onset of depression in some subjects in whom onset has occurred in the absence of a severe event (studies cited above).

Results

Previous research has indicated that severe events are linked with the occurrence of borderline case as well as case disorders (Brown & Harris, 1978, p. 193), and although full tabulations are provided in presentation of results, in all statistical tests used in this chapter the two groups have been combined (cf. Appendix 1).

(1) Onset of affective disorder and severe events in general

Whilst the study was not designed to elucidate any general role of severe events in the onset of affective disorders, it may be noted that 94% (15/16) of those with an onset at case level, and 90% (9/10) of those with an onset at borderline case level, had experienced a severe event in the 32 weeks prior to onset. In comparison, a severe event had occurred at some time during the period of inquiry in 76% (32/42) of those who remained normal throughout. The difference between the onset and normal groups is not significant (chi-square = 3.17, 1 df), and this is attributable to the high frequency with which severe events had occurred amongst all subjects.

In fact if all provoking agents are taken into account (i.e. presence of a major difficulty or a severe event) the difference between normals and those with onset disorders is significant at the 5% level; all subjects with onset disorders at case level had experienced a provoking agent prior to onset, as had 90% of those with borderline case onset, compared with 76% of those who remained normal (chi-square = 5.61, 1 df, $p<.05$).

(2) Onset of affective disorder in relation to unemployment

Twenty-three percent (6/26) of the onset disorders in the sample had developed at some point before the individual had become unemployed. In four of these, a depressive disorder (following a severe event unrelated to unemployment) had clearly itself been responsible for the man becoming unemployed. A higher proportion of those with disorders which had begun before unemployment were rated cases (83%, compared with 55% among post-unemployment onsets) ; this is unsurprising as it may be assumed that men are more likely to become unemployed, and thus to enter the population sampled, as a result of severe disorders than as a result of milder disorders. We shall return to this small group in a later chapter, but for the present confine attention to the majority - 77% of all onsets - in whom a disorder had arisen since unemployment.

Examination of the timing of these onsets shows that 70% (14/20) had occurred within 6 months of job loss, and 45% (9/20) within 4 weeks of job loss. It will be shown later on that this clustering of onsets in the period immediately following job loss is not merely a reflection of the greater number of subjects in the sample who were at risk of onset at this time, but instead reflects a high initial rate of incidence which falls subsequently. (The finding is not dissimilar to that of Finlay-Jones & Eckhardt (1983), who reported that 60% of post-unemployment onset disorders had arisen within 6 months of job loss. This is fairly comparable in view of likely differences in the two samples).

Onsets occurring after longer periods of unemployment differed from those soon after job loss in the frequency with which severe events other than job loss had preceded onset. Table 11 distinguishes between onsets occurring during three different periods (in relation to the time of job loss) and compares the proportion within each group in which a severe event other than job loss had occurred in the six months preceding onset. The principal difference lies between onsets occurring earlier than or later than six months after job loss. Eight-three percent of the onsets occurring more than six months after the individual had become unemployed were preceded by another severe event, compared with 29% in onsets occurring within six

Table 11. Occurrence of a severe event other than job loss in the six months preceding onset, for disorders developing after different periods of unemployment.

(Onset disorders arising after unemployment only, case and borderline case disorders combined)

	Date of onset (weeks after job loss)		
	1-4	5-26	over 26 weeks
At least one severe event other than job loss	33% (3/9)	20% (1/5)	83% (5/6)

29% (4/14)

months of job loss (chi-square = 5.37, 1 df, $p<.05$) .

On this basis it is reasonable to distinguish between (i) a group of onsets (the majority) occurring within six months of job loss, and primarily provoked by the event of job loss itself - in most of these there was _no_ other severe event in the period preceding onset ; and (ii) a smaller group of onsets occurring after longer periods of unemployment, and which were provoked by events or circumstances arising subsequently. It is profitable to examine these two groups separately.

(3) _Onsets occurring within six months of job loss_

In all, there were 48 subjects in the sample who were at risk of affective disorder at the time of job loss and for whom data concerning the job loss event and the ensuing period were available. This number excludes men in whom a disorder had developed before job loss (whether an onset in the period of inquiry, or a chronic disorder), and men for whom the job loss event fell outside the period of inquiry (i.e. who had been unemployed for more than 2 years). The following discussion is concerned solely with onsets occurring _in the first 6 months of unemployment_ only, and subjects who survived this period intact but who happened to suffer an onset at some later point in time are therefore here classified as _normal_.

Seventeen percent (8/48) of the present group suffered an onset at borderline case level, and 12.5% (6/48) an onset at case level, in this six month period.

The term "job loss" is used here (and elsewhere) in a loose fashion to cover all events involving the transition from employed to unemployed status, including "job losses" and some "job changes" (where a job had been left voluntarily but no new job had been taken up) in the classification of life events provided by Brown & Harris (1980). Although there was considerable variation in the circumstances under which the men in the sample had left their previous jobs, and a significant proportion (31%) could be said to have left their jobs "voluntarily" in some sense, all were involuntarily unemployed. Some of those who had left a job voluntarily had done so in the expectation of swift re-employment in a more satisfactory job, and these expectations were often reasonable in terms of their own previous experiences of changing jobs. Others had apparently been coerced into resigning by unreasonable behaviour by an employer. The classification of these as "voluntary" or "involuntary" is often somewhat arbitrary, and they are referred to without differentiation as "job losses" throughout.

The majority (88%) of job losses were rated severe events. In all, 6% were rated "1", 82% "2", and 12% "3" on the contextual measure of long-term threat (all were of course subject-focussed). The small number which were rated "3" (and thus were not severe events) fall into two main groups. The first includes some job losses occurring in men whose established pattern of employment consisted of work under fixed-term contracts which naturally led to periodic brief spells of unemployment, followed by the securing of a new contract. These were rated non-severe where there had previously been no difficulty in securing a new contract (and where there was no new reason to expect such a difficulty), and where there was no immediate financial problem attached to the delay in re-employment which was to be expected in the light of past experience. The following man provides an example of this.

> 50-year-old production engineer, married with two sons. For the previous 20 years this man had been accustomed to work overseas under contracts lasting from 6 months to 2 years. The work was well paid, and as there were limited opportunities for expenditure on many of his postings, by the end of each contract he had usually accumulated a considerable sum in back salary. This enabled him to spend a period of 1-3 months with his family before beginning to look for work again, and on previous occasions he had usually managed to secure a new contract (often with a different company) within a matter of weeks. This pattern of employment was customary for those working in his particular area.
> On the present occasion an 18 month contract came to an end in the normal way, and he did not begin to look for a new contract until two months later (at which time he found it more difficult to find work again than had previously been the case). The termination of the contract was rated "3" on long-term threat.

The second group which were rated non-severe consisted of job "losses" in which the financial implications were minimal, and where the voluntary leaving of an unsatisfactory job took place in accordance with a long-term plan of some kind. In general, therefore, the jobs which were left were not highly valued ; they were often poorly paid, and in several there was a formal work difficulty. These circumstances <u>alone</u> were not generally sufficient to warrant a reduction in the rating of the threat of the event, and the rating of the event as non-severe entailed that some mitigating financial factors were also present.

36-year-old man, married with no children.

This man was partially disabled, and received a disability pension. He owned his own home and the sum outstanding on the mortgage was small. He had been working (for very low wages) as an odd-job man in a town outside London and he also supplemented his income by making various garden items at home. For several years, he and his wife had wished to move back to London in order to be closer to various friends, and they had been waiting for a suitable property to become available in an area which they particularly liked. When this occurred, he resigned from his job, and they moved to London ; he expected to find work without much problem because in view of his limited family responsibilities and the receipt of the pension, he was able and willing to work for considerably lower wages than many other men ; but the financial implications of remaining unemployed would have been minimal. The leaving of the job was rated "3" on long-term threat.

In no instance did the onset of an affective disorder follow a job loss rated non-severe (Table 12), whereas amongst those for whom the job loss was rated a severe event, 19% (8/43) suffered an onset at borderline case level, and 14% (6/43) an onset at case level over this period. This relationship is not quite significant and again this is a reflection of the small number of subjects for whom the job loss was <u>not</u> rated a severe event.

In fact this table conforms precisely to one comparing subjects in this group with <u>any</u> severe event in the 6 month period preceding onset (or in the 6 months following job loss, for those who remained normal) with subjects with no severe events in this period. That is to say, although 28% of this group had experienced a severe event other than job loss, in all such instances the job loss itself was rated severe ; as it happens there were no instances where a job loss event was rated non-severe but another severe event had occurred.

Whilst the threat associated with the job loss event itself does not, in statistical terms, explain very much of the variation in outcome <u>within</u> this group, this does not imply that these events are unimportant in a more general sense ; as already noted, it is a consequence of

Table 12. Severity of job loss event in relation to onset of affective disorder in the following six months.
(Subjects at risk of onset at time of job loss only, N=48)

	Job loss: Non-severe	Job loss: Severe	% severe
Normal	5	29	85
Borderline case	0	8	100
Case	0	6	100

Normals vs. all onsets, chi-square = 3.68, 1 df, n.s.

Table 13. Occurrence of a severe event in the six months preceding onset, for disorders developing more than six months after job loss
(Subjects at risk of onset over this period only, N=38)

	Severe event: No	Severe event: Yes	% with severe event
Normal	23	9	28
Borderline case	0	2	100
Case	1	3	75

Normals vs. all onsets, chi-square = 6.59, 1 df, p<.02

the design of the study and the questions to which it was directed. In a group in which non-severe job losses were more common (which would almost certainly be a selected group, as there is no reason to believe that the threat attached to these events in the present sample is not representative of job losses more generally), or in comparison with employed men who had not experienced a severe event, this factor would be a more important element in the explanation of outcome variation than in the present case.

(4) <u>Onset of affective disorder occurring more than six months after job loss</u>

Turning attention to the period beginning six months after job loss, there were 38 subjects in the sample for whom data concerning this period were available, and who were normal at start of this period (or at the beginning of the period of inquiry, if the subject had been unemployed for more than 6 months at that time). Subjects who developed an affective disorder in the first 6 months of unemployment (or prior to unemployment) are therefore excluded from this group, whilst those who had been unemployed for more than 2 years, not considered in the previous section, have been included where the above criteria were met.

In total 16% (6/38) of this group developed an affective disorder during the period under consideration. Table 13 shows the relationship between these and the occurrence of one or more severe events in the six month period preceding onset (or, for those who remained normal, at any time after job loss). The severe events concerned are shown in Table 14, classified according to their linkage with unemployment.

The relationship between the occurrence of a severely threatening event and the onset of affective disorder is more clearly significant here than was the case for onsets following job loss, due to the fact that subjects without any severe events are more numerous in the present group. Amongst those here who experienced a severe event, the proportion subsequently developing an affective disorder is in fact roughly similar to that amongst the group with <u>severe</u> job losses considered in the previous section : 14% suffered an onset at borderline case level, and 21% an onset at case level (compared with 19% and 14% respectively after severe job losses).

Table 14. Severe events occurring more than six months after job loss amongst those at risk of onset

	Outcome following event	
	Normal	Onset
(1) Events not directly related to unemployment	#Death of mother #Death of mother and father #Wife's severe accident #Arrest & trial for assault on neighbour #Subject's myocardial infarction	#Housing crisis #Death of mother
(2) Events with threat elevated by unemployment	#Unplanned pregnancy in context of money difficulty	#Unplanned pregnancy in context of money difficulty
(3) Events directly related to unemployment	#Major financial crisis #Major financial crisis	#Job disappointment #Disappointment over training position

Table 15. Average 4-weekly incidence rate of affective disorder during each trimester in the 12 months following job loss.
(Case and borderline case disorder combined)

	Trimester			
	1	2	3	4
Onsets	11	3	2	1
Subjects at risk of onset at beginning of trimester	49	34	25	18
Average 4-weekly incidence rate	7.9%	2.9%	2.8%	1.9%

Incidence and prevalence of affective disorder in relation to duration of unemployment

These results may be presented slightly differently in terms of the relationship between the occurrence of affective disorder and the duration of unemployment. A study by Jackson & Warr (1984) mentioned in the introductory chapter showed that in groups of men in their main working years who had been unemployed for differing lengths of time, mean scores on the General Health Questionnaire rose in the first 6 months following job loss, thereafter reaching a plateau with little or no subsequent variation. The suggested interpretation of this relationship was that a variety of associated stresses were liable to accumulate as the duration of unemployment increased, and that these were directly related to the level of symptoms :

> "... in addition to the shock of becoming unemployed, remaining without a job carries with it a range of stressors (psychological, social and economic) which cumulatively reduce well-being. These may range from threats to self-esteem arising from continued failure in job seeking to the need for greater personal and financial adjustments as time passes. On the basis of such a cumulative stress model, longer unemployment would be expected to bring a continued deterioration in psychological health."

Recognizing the levelling off in the mean GHQ scores after six months to be in partial conflict with this interpretation (in that many adverse consequences of unemployment, such as money difficulties, continue to worsen after this point, and would therefore be expected to create an increasing load of "cumulative stress" over a considerably longer period), it was suggested that this may have arisen due to "adjustment" to unemployment, and that by this time unemployed men may have adopted "coping strategies which enable them to avoid further declines in psychological health."

The present study, which is based on a much smaller sample, is comparable with that of Jackson & Warr only to a limited extent. In particular, the relationship between GHQ scores and the caseness ratings used here is uncertain. A comparison appears useful, however, because in the present study information on the <u>incidence</u> of affective disorders in relation to duration of unemployment is available.

<u>Incidence</u>

Table 15 shows the frequency of onset (at borderline case or case level) during each trimester of the twelve-month period from the time of job loss, corrected for the number of subjects at risk. The number of subjects at risk of onset at the beginning of each four-week period was taken as the denominator of a 4-weekly incidence rate and these were then averaged within each trimester (this was necessary because of the relatively small numbers of onsets during the latter parts of the year). It will be observed that an initially high incidence had fallen by the second trimester to a level which remained more stable thereafter. In fact, closer inspection of the first three-month period reveals that the rate of incidence falls quite sharply after <u>one month</u>. The rates in each of the first three months were 18.4%, 2.6%, and 2.7% respectively ; in other words, the rates during the second and third months were very similar to those in the second and third trimesters shown in Table 15. Although the numbers concerned here are not large, onsets occurring in the 12 month period following job loss were clearly concentrated in the early months, in particular in the first 4 weeks - in all, 65% (11/17) of onsets in this period fell within three months of job loss, and 53% (9/17) within 4 weeks. The rates indicate that this is not merely a consequence of the number of subjects in the sample who were at risk of onset at different times during the period. The risk of onset in an individual who had survived the first four weeks was significantly less thereafter ; the null hypothesis of a constant hazard rate over the first 3 months is a poor fit to the data, giving a chi-square value of 9.59 with 2 degrees of freedom ($p<.01$) (the treatment of observations on the same individuals as independent in the comparison of these rates may appear inappropriate, but in fact it is precisely what is implied by null hypothesis, see e.g. Allison, 1983).

Prevalence

With this result in view it is possible to reassess the interpretation suggested by Jackson & Warr.

The point prevalence of affective disorder amongst subjects unemployed for a certain length of time will depend on the (cumulated) rates of incidence and of recovery up to that time, the relative rates of re-employment amongst those who had remained normal and those who had suffered an onset, and the existing prevalence at the time of job loss. As subjects who were already suffering from a case or borderline case disorder at the time of job loss have been excluded here, this last factor can be disregarded.

It can be said immediately that recovery from an affective disorder during unemployment was rare in the present sample. Only two subjects recovered whilst they were still unemployed ; one somewhat unusual instance followed upon the subject's survival of a near-successful murder attempt ; the other involved a man who had become depressed following a series of severe housing events unrelated to unemployment (he had been unemployed for over three years at the time), and who recovered nine months later after the marked housing difficulty associated with these was resolved by the family being re-housed. The only other man in the sample who recovered did so after regaining employment. This low frequency of recovery is consistent with the findings of some previous studies which have suggested a role for long-term difficulties in the maintenance and chronicity of affective disorders (Brown & Harris, 1978 ; Brown & Prudo, 1981). Consequently, for practical purposes, one can ignore recovery, and the prevalence of disorders which began subsequent to unemployment will depend almost entirely upon the cumulated incidence up until the particular time in question (which will naturally lead to a progressive rise in prevalence) and on any difference in the rate of re-employment between those with and without affective disorders.

It is clearly probable that the occurrence of an affective disorder influences the subsequent likelihood of re-employment. The most severely depressed subjects here (in general with apathy and retardation) were often relatively inactive in seeking work. However, some men, particularly those with borderline case disorders, had been conspicuously <u>more</u> active in seeking work earlier on during their period of unemployment (and not necessarily only before onset) than had other individuals ; this is not altogether surprising, as it is in part an indication of quite how unpleasant these subjects found their predicament. What the aggregate effect of these two opposing tendencies is likely to be is not obvious. While no useful information on the matter of selective re-employment is available from the present study, it should be recognized as an important possible alternative explanation (or partial explanation) for the relationship between prevalence of symptoms and duration of unemployment found by Jackson & Warr.

The direct evidence available here concerning the <u>falling</u> rate of incidence from about one month after job loss, appears more damaging to the notion of "cumulative stress" acting after this point as an explanation of a rising prevalence rate. As noted above, the probability of onset of an affective disorder in a man who had remained normal after several months of unemployment is less than that in the first month, which appears to be the opposite of what would be expected in the light of Jackson & Warr's interpretation. Instead of accounting for the rise in prevalence over the first six months of unemployment in terms of increasing levels of symptomatology at the <u>individual</u> level, it appears simpler to regard it as a reflection of the accumulation of new onsets (albeit at a <u>declining</u> rate) arising, after a greater or lesser period of delay, in response to the event of job loss itself, in the absence of significant recovery.

It is at least suggestive that the period relative to job loss at which the prevalence of affective disorder appears to reach a plateau in the study of Jackson & Warr corresponds to that which was here shown earlier to distinguish roughly between those onsets provoked by the event of job loss itself (in that there were generally no other severe events in the 6 months preceding onset), and those apparently provoked by other subsequent severe events. If it is assumed that the group of onsets primarily provoked by job loss itself is essentially complete by 6 months, one would not expect any subsequent change in the prevalence rate, systematically related to the period of time since job loss (unless the frequency of occurrence of subsequent provoking agents were itself strongly dependent upon the period of time since job loss). Another way of expressing this point is that if the prevalence of disorder is examined in relation to the length of time which has elapsed since a particular event (and where there is no clear temporal pattern in the occurrence of subsequent severe events), the period during which this rises will be confined to, and will extend throughout, the causal period of the event itself. Here this appears to be about 6 months, which is fairly similar to the 38 weeks found by Brown & Harris (1978).

This, it is suggested, is probably the underlying basis of the results of Jackson & Warr, where the relevant data concerning incidence were not available. While the measures of psychiatric disorder in the two studies differ in important respects, and it is possible that some variation in the severity of symptoms within the caseness categories utilized here may have remained undetected (and may have been related to duration of unemployment), a pattern of rising GHQ prevalence is exactly what would be expected on the basis of the accumulation of onset syndromes within the causal period of the job loss event, in the absence of significant recovery. The distinction between the present interpretation and that of Jackson & Warr is clear, but it should not be over-emphasized. The notion of "cumulative stress" was introduced in order to suggest that the sequelae of job loss are of importance in determining outcome, over and above the (presumably short-term) "shock" of job loss. The indication from the present data of a close connection between onset and the event of job loss itself does not, however, point to any such "shock" as necessarily the more important element. The various sequelae of unemployment are precisely those expectable implications of the event which are involved in the long-term threat of job loss. The notion that the level of symptomatology is merely influenced by the adverse consequences of unemployment in an immediate manner, at the time at which they develop, disregards the capacity and the tendency of an individual to view his circumstances in a temporal context extending beyond the immediate present. The fact that most affective disorders in the present sample arose relatively soon after job loss is presumably a reflection of this.

Summary

Most affective disorders developing after unemployment in the present sample did so in relatively close proximity to the event of job loss itself and in the absence of any other life stresses of the kind which have previously been shown to carry an increased risk of affective disorder. A smaller proportion arose after longer periods of unemployment (more than 6 months after job loss) and in these another major life stress had usually occurred in the period preceding onset ; in some instances this was a consequence of unemployment, and in some it was a totally unrelated circumstance.

The occurrence of events and difficulties which are sequelae of unemployment is of limited relevance in terms of the particular outcome measures utilized in the present study. Most onsets had already occurred before any of these consequences had supervened. However, they appear to be important in the provocation of a smaller group of onsets occurring later in unemployment, and also probably in the perpetuation of disorders arising relatively soon after job loss. Moreover, as was mentioned above, the importance of these later sequelae is not discounted even where onset occurred soon after job loss, as the threat attached to the job loss itself encompasses and rests upon the recognition that unemployment, if it persists, carries with it numerous difficulties and deprivations, out of which further events are liable to arise.

Whilst in general terms the importance of the job loss event itself is apparent from the pattern of incidence in the following months, the threat associated with the event itself does not, statistically, explain very much of the variation in outcome between individuals. This follows directly from the design of the study and from the generality with which job loss events were severely threatening. Were the variation greater in this respect, the threat of the event might well be a more important element in the explanation of outcome variation than is the case here.

To progress further, it is necessary to consider background factors influencing vulnerability to affective disorder in the wake of severe events : in particular, in view of the above results, the event of job loss itself.

In the following chapters, attention is confined to factors influencing vulnerability to affective disorder in the six-month period following a job loss event which was rated severe ; the men at risk of onset at this time make up a substantial part of the whole sample, and most of the onsets in the sample fall within this group. The results will later be viewed in a more extended context, where events other than job loss are considered (Chapter 11).

Chapter 6 : Vulnerability to affective disorder following job loss

I - Supportive Social Relationships

Introduction

Numerous authors who have investigated supportive social relationships have made an important distinction between close affectional relationships and more diffuse social ties (Weiss, 1973, 1974 ; Brown & Harris, 1978 ; Henderson et al., 1981 ; Surtees, 1980). It has been suggested that each class of relationship may serve different, and perhaps equally necessary, functions in regard to emotional well-being (Weiss, 1974). Differences in their effects on the risk of psychiatric disorder have usually been found where these different types of relationship have been distinguished, and it appears preferable to deal with them separately rather than treating them as an undifferentiated source of "social support".

Close relationships

The potential importance of close relationships in relation to depression and related disorders has been discussed within a number of theoretical contexts. Bowlby (1969, 1973, 1980) has emphasized similarities between man and other primates in the characteristics and affective importance of close social bonds, and the consequences of their disruption, and has suggested that phenomena in this area are usefully understood as reflecting the properties of "attachment behaviour", considered as part of the human evolutionary heritage. Other authors have suggested that the feeling of being accepted and valued within a secure close relationship (and thus with confidence over the continuance of such valuation) is likely to be related to self-esteem, itself viewed as a more immediate determinant of vulnerability to affective disorder (Brown & Harris, 1978). Cognitively-oriented theorists have suggested that informational feed-back from intimates who are better placed to take an objective view of circumstances may serve to limit extreme (including extremely negative) appraisals of life stresses, and thus may have an overall mood-stabilizing property (Lazarus, 1977). In general these viewpoints are not mutually incompatible.

As yet the elucidation of underlying processes is at a rudimentary stage, but there is a considerable and fairly consistent body of evidence derived from retrospective research indicating that close relationships (in particular, but not exclusively, those with a sexual partner) involving warmth, confidence in the reliability of the relationship, and the ability to confide upon intimate matters, are protective against the onset of affective disorders in women (Brown, Ni Bhrolchain & Harris, 1975 ; Brown & Harris, 1978 ; Brown & Prudo, 1981 ; Martin, 1982 ; Costello, 1982 ; Paykel et al., 1980 ; Campbell et al., 1983). All of these studies have employed a simple investigator-based form of assessment of the quality of relationships similar to that used in the present study.

The distinction between <u>case</u> and <u>borderline case</u> disorders has proved particularly important in this context ; in general, while strong relationships have been found with the onset of affective disorders at the case level of severity (mainly in comparisons in groups exposed to a provoking agent), a secure intimate relationship appears to confer little or no protection against the occurrence of milder affective syndromes. Some of these results could be interpreted as showing that such relationships attenuate the degree of affective disturbance, thus leading to a borderline case disorder where a more severe disorder might otherwise have ensued. Measurement of the dependent variable is therefore likely to be particularly important in this area.

Two main methodological problems arise in conducting and interpeting research of this kind.

Firstly, where the quality of a close tie is assessed retrospectively, it is important to eliminate, as far as possible, reporting bias as a possible explanation of the findings. (The related but quite different possibility that the occurrence of an affective disorder may itself have led to an objective deterioration in a relationship does not arise where one is dealing with the <u>onset</u> of a disorder, although it is likely to be important where cross-sectional associations between the quality of relationships and psychiatric disturbance are examined (e.g. Henderson et al., 1980)). A subject who becomes depressed may be inclined to describe a close relationship in negative terms simply because a negative view is taken of many things in such a state. As discussed in Chapter 2, the accuracy of reports about relationships is likely to be enhanced where attention is focussed upon specific items of information, and in particular the risk of contamination by the subject's mental state will be minimized where assessment is based on reports of actual behaviour rather than general feelings or attitudes. Many of the studies above have dealt with this matter by concentrating on regular and uninhibited confiding (which is to some extent a behavioural indicator) in assessing the quality of the relationship, and by checking this against other information on the relationship, including reports of behaviour in concrete situations, supplied in the course of a detailed interview.

However, despite these steps, there must remain some uncertainty over the possible influence of reporting bias on the results of retrospective research. A more rigorous approach is through a prospective design. Henderson et al. (1981) assessed a number of aspects of social relationships in a longitudinal study carried out in Australia ; the measure of close relationships found to be important was one concerned with the perceived adequacy of such relationships, and that when this was taken into account their availability was unrelated to subsequent neurotic symptoms ; this was interpreted as showing that individuals especially prone to neurotic illness (including depression) tended to experience their close ties as inadequate even when they were objectively similar to the ties of other individuals, and that this may have reflected an underlying aspect of personality.

While these findings clearly cast some suspicion on the possible role of reporting bias in the retrospective studies mentioned above, it should be noted that "availability" here was a respondent-based measure relying on general statements about feelings towards other individuals, and that a continuously scaled psychiatric outcome measure was used which, on the basis of previous research, may not have been appropriate. (It should also be noted that the dependent measure did not involve the onset of disorder, but changes in symptom scores, and that individuals with chronic neurotic disorders who were generally set aside in the previous studies were not excluded from the group on which this finding is based). A further and in some respects a more fundamental problem with which longitudinal research must contend concerns the degree to which a prospective measure accurately reflects the quality and supportiveness of a relationship at some subsequent point in time. Not only may the respondent take an idealized view of a relationship, which is not borne out by subsequent events, but a measure of the quality of a relationship made at one point in time which is accurate in terms of the past and current features of the relationship may not necessarily be an accurate predictor of the support actually received during a subsequent crisis - particularly if the relationship has not previously been put to serious test. There is some evidence that where support anticipated on the basis of a respondent's view of a relationship fails to materialize in a crisis, this may actually potentiate the absence of support arising (Brown et al., 1985), perhaps through disappointment and the re-assessment of a valued relationship. Whereas a measure of support which is a poor predictor of subsequent support will merely weaken the predictive power of the measure in relation to subsequent depression, any effect of this kind will actually work in the opposite direction to that predicted. Brown et al., in the study cited, found that when the failure of support to materialize during a crisis was taken into account, (by utilizing retrospective material in conjunction with prospective data), prospective findings emerged as expected. Research of this kind clearly suggests the need to refine the measurement of relationships in order to improve their accuracy in predicting future crisis support.

The second problem of interpretation in this area, which applies equally to retrospective and prospective research, concerns the possible role of unmeasured background factors in accounting for a reduced risk of affective disorder among those with secure intimate ties. The formation, maintenance, and quality of an individual's close relationships are likely to be influenced by individual-level attributes - such as aspects of personality - which may themselves independently influence the risk of affective disorder (e.g. Costello, 1982). This possibility is difficult to rule out, although positive evidence for such an effect is sparse, and even were this to be the case, the presence of a supportive relationship might nevertheless be an important intervening factor.

Diffuse ties

Few studies which have examined features of the wider social network have shown that these have an important influence the risk of affective disorder. Brown & Harris (1978, p. 176) found that the frequency of contact with friends and relatives was unrelated to the risk of depression once close relationships had been taken into account. A similar finding in a slightly different context was reported by Surtees (1980). Although indices concerning the availability of diffuse social contacts were found to be associated with a reduced risk of psychiatric disturbance both cross-sectionally and longitudinally by Henderson et al. (1981), the effects were very small, and a much stronger relationship was found for the perceived adequacy of such ties. One of the few studies to show a strong effect for the amount of interaction with diffuse social contacts was that of Bolton & Oatley (1985), in the longitudinal study of unemployed men mentioned in Chapter 1.

It must be recognized that the sheer quantity of information which could be collected on an individual's wider social ties is very large, however, and precisely which features are likely to be important is perhaps less intuitively obvious than is the case with close relationships ; in this sense, it is possible that previous studies in this area (which are not many) have failed to establish an effect because they have not dealt with the wider network in sufficient detail, or because the particular summary indices chosen were not appropriate. It is also possible, as has been suggested by Bolton & Oatley (1985), that wider social contacts are for some reason of greater importance for men than they are for women, who have received more extensive study.

Consequences of a highly practical nature may be the amongst the most important pathways whereby the presence or characteristics of wider social contacts may influence the response to life stresses, by facilitating the actual removal of a primary source of stress, rather than by softening its impact on the individual. Numerous studies have shown that characteristics of social networks may influence the manner in which particular problems are resolved (e.g. McKinlay, 1973 ; Finlayson, 1976 ; Lee, 1969). In the particular context of unemployment, for example, it has been shown that in some circumstances network features which extend the range of social contacts from whom information may be drawn increase the likelihood of finding work (Granovetter, 1973, 1974) ; if re-employment is itself associated with a reduced risk of depression (or with recovery from depression) this would clearly be a possible route whereby characteristics of the wider social network might influence the occurrence of depression even in the absence of a direct effect.

The area of supportive relationships is large and the issues often complex. In the present study, it was necessary to limit quite severely the scope of inquiry into social support, forming as it did one part of a more general study. Attention was therefore directed principally towards close relationships, as it is here that the clearest evidence for an important role in the aetiology of affective disorders has emerged.

<u>Measurement</u>

Relationships with a wife or cohabitee were considered separately from those with other persons. Where men had regular sexual partners (in whom they confided) in addition to a wife (or girlfriend) with whom they were living, these were rated under "other confidants" (as were any non-cohabiting girlfriends with whom the frequency of contact was less than four times a week). The latter category therefore covers a somewhat heterogeneous set of others, including relatives, friends, mistresses and boyfriends. In addition, separate ratings were made for these relationships before the time of job loss and at the time of interview, provided that the former fell within the 2-year period of inquiry.

In accordance with the retrospective studies referred to above, measurement was investigator-based and rested primarily on intimacy (the capacity and tendency to confide freely within the relationship on matters of personal concern). The topic was introduced at the beginning of the life events interview by a general question concerning whom the subject would normally discuss a problem with, followed by specific probes about a wife or girlfriend, parents, siblings or other relatives, and friends, where appropriate (the general contour of the social circle was already known to the interviewer as the demographic schedule included numerous questions about family composition and frequency of contact with relatives) and where these had not been mentioned spontaneously. For a wife or girlfriend, and others with whom contact was frequent, men were seldom unable to give a clear-cut answer at this point (where there was any difficulty, recourse was always made to concrete examples ; in the present study this was straightforward as problems associated with unemployment provided an obvious starting-point).

In the particular case of the relationship with a wife or girlfriend, the responses to these questions were always compared with information supplied later in the interview. Where information on specific events suggested that a man seldom confided in his wife and the marriage was lacking in warmth, and in particular where the ability to confide was strongly constrained by the frequency of hostility or antagonistic interaction, the relationship was rated as non-intimate even where a man had initially reported his wife as a confidant. However, although strife which was sufficiently common to colour the entire relationship warranted a rating of non-intimacy, this was not the case where occasional rows punctuated an otherwise fairly harmonious (and generally confiding) relationship and were followed promptly by the restoration of normality, even where they occurred fairly frequently (e.g. several times a week). The scale was not intended to register minor changes in the frequency or intensity of negative interaction, and there are obvious limitations in the sensitivity with which the latter are considered here ; material of this sort was included as relevant to the scale principally because intimacy itself cannot be considered entirely in isolation from other qualities of a relationship.

In the case of "other" confidants, measurement was generally less scrupulous, and unless subsequent contradictory information demanded further inquiry, the subject's initial report was taken at face value. The usual frequency of contact with any confidant not living in the same household was always determined.

Results

Before going on to examine these factors in relation to the risk of affective disorder following job loss, it is profitable to consider them briefly in their own right. Table 16 shows the distributions on the two scales at the time of interview, for the whole sample (excluding men with chronic disorders) and for the group of principal interest at this point, who were at risk of onset following a severe job loss event. It will be noted that the distribution on both scales is roughly the same in these two groups. If men with chronic disorders are excluded, 60% of the sample were rated as having a truly

Table 16. Scales for close relationships with univariate distributions at time of interview

	Group at risk of disorder following severe job loss (N=43)	Whole sample (excluding men with chronic disorders) (N=68)
1. Relationship with wife/girlfriend (Where non-cohabiting girlfriend, contact at least 4 times a week)		
(1) Intimate relationship with free and regular confiding	27 (63%)	41 (60%)
(2) Non-intimate relationship	12 (28%)	18 (26%)
(3) No such relationship	4 (9%)	9 (13%)
2. Other confiding relationship (Where there was more than one such relationship, that with the greatest frequency of contact was chosen)		
(1) Confiding relationship - contact at least 4 times a week	4 (9%)	5 (7%)
(2) Confiding relationship - contact at least once a week	13 (30%)	18 (26%)
(3) Confiding relationship - contact less than weekly	9 (21%)	15 (22%)
(4) No such relationship	17 (40%)	30 (44%)

intimate relationship with a wife or girlfriend. (This may be compared with the figure of 63% for women found by Brown & Harris (1978)). An "other confiding relationship" was reported in roughly the same proportion of subjects (56%), although in only about one-third of these was the confidant seen at least weekly. The types of relationship involved in this group of "other confidants" are shown in Table 17.

Men with chronic affective disorders have been excluded from this description because they were very different from the remainder of the sample and as has been suggested previously, they may well have been over-represented in the sample. Only one-third had a "1" relationship with a wife or girlfriend, and two-thirds had <u>no</u> other confiding relationship.

In the 54 subjects for whom ratings could be made for the period before job loss, comparison of the ratings before unemployment and at the time of interview showed them to be remarkably stable. On the scale concerned with the relationship with a wife or girlfriend, only one subject had shifted into a different category after becoming unemployed. This finding must be viewed in the light of the nature and purposes of the scale. It was not primarily designed to reflect subtle changes in the degree of negative interaction in the relationship ; in fact many men who were rated as having a "1" relationship both before job loss and at the time of interview reported that rows and other episodic disturbances had become more common, and in some relationships which were rated non-intimate before unemployment, pre-existing disharmony

<u>Table 17. Named confidants other than wife/girlfriend</u>
(Whole sample, subjects with chronic disorders excluded)

	All	Frequency of contact at least weekly
Relatives		
Parents	9 (24%)	6 (26%)
Siblings	7 (18%)	2 (9%)
Other	4 (10%)	3 (13%)
Friends		
Male	15 (40%)	9 (40%)
Female	3 (8%)	3 (13%)
	38 (100%)	23 (100%)

in the relationship had clearly become much worse subsequently. The relative stability in the ratings reflects the fact that <u>gross</u> changes, where the general character of the relationship had altered, were rare ; and that in most cases a relationship which had been intimate before unemployment continued to be so.

A similar degree of stability was apparent for close relationships with persons other than a wife or girlfriend. Only 6% (3/54) had shifted into a different category due to a change in the frequency of contact with established confidants. This is perhaps not surprising in view of the nature of these relationships. No men in the present sample named as confidants former work colleagues in the job which was lost. In very few was interaction with a named confidant primarily based upon a particular leisure setting (e.g. social clubs, pubs) which would have been vulnerable to the effects of curtailment of expenditure ; the vast majority were associated with mutual home visiting. Nor were travelling expenses an important factor, as most of those with whom the frequency of contact was at least weekly lived in fairly close proximity. This stability following unemployment in <u>close</u> relationships with others outside the home is in marked contrast with the changes which a significant proportion of the men reported in their relations with non-intimate social contacts discussed earlier in Chapter 4.

Effects on risk of affective disorder

As mentioned earlier, in examining the relationship of these factors to the onset of affective disorder following job loss, attention will be confined to the group (N=43) for whom data were available for the job loss event and the ensuing period, who were at risk of onset at this time, and for whom the job loss was rated a severe event. The ratings of supportive relationships used here refer to the period before unemployment ; in principle, this limits the possibility of contamination of the support variables by changes in the subject's behaviour occurring after job loss, although, as we have seen, these ratings were very stable, and the findings are virtually identical for each of the two sets of ratings.

The size of this group requires that some simplification be made in the scales. That dealing with the relationship with a wife or girlfriend was dichotomized to contrast those who had a truly intimate relationship (rating "1") with those who did not (rating "2", or "3") ; this dichotomy is equivalent to the distinction between subjects with and without an "a" relationship (Brown & Harris, 1978, Chapter 11) used in many of the retrospective studies mentioned in the introductory section, and will be referred to in these terms here and in subsequent chapters (similarly, "lack of intimacy" will generally refer to the absence of an "a" relationship). In the case of other confiding relationships, those who had a confidant seen at least weekly (rating "1" or "2" - an "other regular confidant") were contrasted with those who did not. This appeared sensible because in many instances where contact with a named confidant was less than weekly, it was in fact very occasional (e.g. twice a year), and it was assumed that such relationships were unlikely to be supportive (cf. O'Connor & Brown, 1984).

These two reduced variables were unrelated (35% of those with an "a" relationship had another regular confidant, compared with 47% of those without an "a" relationship : chi-square = 0.61, 1 df, n.s.).

Intimacy with a wife or girlfriend was protective against the onset of an affective disorder following job loss (Table 18). As expected, this effect was quite specific to onset at the <u>case</u> level of severity ; this is evident from inspection of the table and was confirmed by partitioning of the chi-squared value. Four percent (1/28) of those with an intimate relationship, and 33% (5/15) of those without, suffered an onset at case level within the six-month period following job loss (p = 0.015, Fisher's test). There was no suggestion that intimacy with a wife or girlfriend conferred protection against onset at <u>borderline case</u> level, and in fact the trend here was in the opposite direction.

This finding cannot be explained merely in terms of marital status. The relationship between onset of affective disorder and intimacy with a wife or girlfriend remains significant when those who were neither married nor cohabiting are excluded (chi-square = 7.60, 2 df), and when all those who were not formally married are excluded (chi-square = 7.64, 2 df). It is also robust when

Table 18. Intimacy with wife/girlfriend in relation to onset of affective disorder
(Men at risk of onset following severe job loss only, N=43)

	Intimacy with wife or girlfriend		% with lack of intimacy
	Yes	No	
Normal	20	9	31
Borderline case	7	1	12
Case	1	5	83

Chi-square = 8.26, 2 df (p<.05)

Partitioning of chi-square :	Chi-square	df
Borderline case vs. normal	1.23	1
Case vs. (borderline case + normal)	7.03	1

Table 19. Other confiding relationships in relation to onset of affective disorder
(Men at risk of onset following severe job loss only, N=43)

	Other regular confidant		% with confidant
	Yes	No	
Normal	12	17	41
Borderline case	4	4	50
Case	1	5	17

Chi-square = 1.88, 2 df (n.s.)

Partitioning of chi-square :	Chi-square	df
Borderline case vs. normal	0.19	1
Case vs. (borderline case + normal)	1.69	1

controlling for other factors of importance in the present sample, as will be discussed in subsequent chapters.

The relationship between risk of affective disorder and presence of an other regular confidant was not statistically significant. There was a trend in the expected direction, and as with intimacy with a wife or girlfriend, this trend arose specifically through an increased frequency of onset at case level (Table 19).

Some further light is shed on this by considering these two factors jointly ; as any relationship applied solely to case onsets in both instances, the normal and borderline case categories were combined (Table 20). Inspection of these data indicates a particularly high risk within the group lacking intimacy with a wife or girlfriend, and with no "other regular confidant" ; in practical terms the tendency for the presence of an "other regular confidant" to be associated with a reduced risk of case onset is concentrated upon those lacking intimacy with a wife or girlfriend (17% versus 44% within this group) ; that is to say, in the absence of intimacy with a wife or girlfriend, the protective role of the latter may perhaps to some extent be taken over by other confidants. The main effect term for this factor is not significant at the 5% level (chi-square = 2.06, 1 df), but in view of the small number of subjects it is reasonable to interpret this as at least <u>suggestive</u> of a genuine relationship, although caution is clearly required.

Table 20. Supportive relationships in relation to onset of case affective disorder
(Men at risk of onset following severe job loss only, N=43)

	Intimacy with wife/girlfriend			
	Yes		No	
	Other confidant	No other confidant	Other confidant	No other confidant
Case onset	0% (0/11)	6% (1/17)	17% (1/6)	44% (4/9)

Logit analysis :

Predictors	Chi-square	df
{intimacy wife/girlfriend}{other confidant}	0.285	1
{intimacy wife/girlfriend}	2.345	2
{other confidant}	7.685	2
{-general mean only-}	9.376	3

Summary

There is quite firm evidence in the present sample that an intimate relationship with a wife or girlfriend is protective against the onset of affective disorder at case level in the aftermath of a severe job loss event. This effect did not apply to onset at borderline case level. In the broader context of life events research this represents a replication of previous retrospective findings which have been based mainly on samples of women.

There is also some suggestion that other confidants, where contact is relatively frequent, may be important, although the evidence here is much less clear.

Chapter 7 : Vulnerability to affective disorder following job loss

II - Economic factors

Introduction

The immediate practical implications of economic success or failure for access to a wide variety of resources, the daily struggles necessitated by material hardship, are the most obvious ways in which economic factors may be relevant to emotional well-being. Their repercussions on domestic social relationships may be important. In addition, performance in the economic sphere is likely to form an important element both in the self-evaluation of capacities and competence, and in perceptions of the value accorded by others (whether by specific others, or by the community at large), through the prestige borne by an occupation or by the material elements with which it is associated. The particular emphasis given to certain types of economic value and the precise lineaments of economic success are facets of a particular economic culture, but in historical terms, there are probably few cultures in which prosperity has not been a token of prestige and of individual worth, and at times an item of invidious comparison.

It is therefore quite appropriate that in many of the studies reviewed in the introductory chapter, the most central problems of unemployment were construed in economic terms. Many of these examined variation in outcome in relation to the degree of financial strain which had actually ensued during unemployment. Less attention has been given to prior economic factors, the background of economic experience against which the events of unemployment occur. Social class is one such factor, although broad and somewhat non-specific ; the evidence for variation between social classes which was reviewed earlier was contradictory and appeared to suggest that (at least where unemployment held some minimal level of financial threat) this was not an important factor. The findings of Hepworth (1980) using the General Health Questionnaire, and of Cohn (1978) using a single-item measure of "satisfaction with self" have both suggested a worse outcome during unemployment among men who had been unemployed previously, which is a more specific negative aspect of previous economic experience. One might set against this the argument of Kaufman (1982), that unemployment is likely to be more stressful against a background of positive economic experience, for example in the context of a successful career, due to a more extreme disparity with hopes or expectations.

Previous research in this area using reliable diagnostic criteria is lacking, and the present chapter is frankly exploratory ; it was thought useful merely to inspect the data and accord the results provisional status. The use of statistical tests here should therefore be viewed in the light of the comments made in Chapter 2.

Data collection and measurement

(i) Social class

The occupational status of the last job held was measured using the 36-category version of Goldthorpe & Hope's (1974) scale of occupational prestige. This has been used in a number of recent epidemiological studies of psychiatric disorder (e.g. Brown & Harris, 1978 ; Bebbington et al., 1981), and as in these studies, the scale was collapsed further into broad socio-economic strata. Here, three groups were distinguished : categories 1 to 18 ("high) ; 19 to 32, excluding 26 ("intermediate") ; and 32 to 36, plus 26 ("low"). This trichotomous division was chosen (despite the relatively small number of subjects in the present group) because it appeared to reflect important distinctions in previous occupational experience and wage levels, which were not captured by a simple dichotomy of "middle-class" and "working-class".

(ii) Money difficulties antedating job loss

Details of data collection and measurement of severity for long-term difficulties were described earlier ; for each subject, information covering the entire period of inquiry was collected (including the time at which any difficulty already present at the beginning of the period of inquiry had started) and contextual severity ratings made as described in Chapter 4. Where a significant change in a difficulty had occurred during the period, the rating of the severity of the difficulty would alter, and the date of the change was recorded. Thus it was possible to determine for each subject whether a money difficulty had been in existence prior to job loss, and if so its duration at a particular level of severity at that time.

Previous research (see Chapter 5) has shown that difficulties which are rated at level "3" or higher on the six-point scale of contextual severity, and which have lasted for 2 years or more (excluding health difficulties), are important in the provocation of depression. In the present context, difficulties are considered slightly differently, as background factors of possible importance in influencing the response to a severe event (that is, effectively, in terms of vulnerability) rather than as primary provoking agents in their own right ; the criterion of a rating of "3" or above on the contextual severity scale was retained as this was expected to distinguish those which were sufficiently serious to be of potential importance, but a shorter duration was chosen (6 months ; cf. Brown et al., 1985).

(iii) Occupational history

Complete occupational histories were collected, covering where possible every job held since leaving school, and for each particular job recording the type of work involved, the approximate duration, and the reasons given for changing to another job. Subjects were encouraged to talk freely about the aspects of their past career which they felt were important, and the particular circumstances and motivations connected with the biographical events they were describing. This part of the interview was often time-consuming but most men were able, often with the aid of documentary material and assistance from relatives, to account to their own satisfaction for their entire working lives (a significant proportion had been required to supply similar information in job applications). The exceptions to this were a few men who had changed jobs very frequently in the past ; these tended to be concentrated in a small number of occupational groups (e.g. construction workers), and the periods during which they had changed jobs very frequently tended to fall into distinct phases. For these men it was generally possible to specify a number of years for which information on individual jobs was not available, but for which it was possible to determine the general nature of work carried out, the typical duration of a job, and the usual reasons for changing. This degree of imprecision was tolerable in view of the use eventually made of the material.

One very obvious respect in which men varied widely was the number of jobs they had held (taking age into account). In some men a high frequency of job change had clearly arisen largely by choice, and in different subjects this appeared to reflect a personal predilection for moving on fairly regularly to new jobs, a rational desire for better work, a tendency to become dissatisfied with work of various kinds, or even an inability to settle in any regular job. In contrast, some other men reported a large number of jobs because many of these had been insecure and had ended after a relatively short time ; here, the occupational history was often interspersed with spells of unemployment or periods in which the man had been obliged to rely on casual work. Each of these two types of reason for variation in the number of jobs reported covers a range of motivations or circumstances, but they appeared sufficiently meaningful to provide some basis for analysis (clearly a single index such as the mean duration per job would have been difficult to interpret, although it could have been defined more exactly). The occupational history for each man was therefore classified in terms of two dimensions : instability and insecurity.

Work instability was based on the relative frequency of job changes arising proximately out of the individual's own dispositions and behaviour. These were therefore mainly voluntary job changes, although in principle sackings were also considered where the man had clearly been at fault ; the latter were much less common and for the reason mentioned below, fine judgements on this matter were not necessary.

Work <u>insecurity</u> took into account the relative frequency of involuntary job changes, previous unemployment, and enforced reliance on casual work.

These are clearly very different variables. Although it is recognized that work instability in these terms might arise from the generally unsatisfactory nature of the jobs available to a man, it did not appear that the jobs held by men who chose to change jobs relatively frequently were any more unsatisfactory or problematic than those held by other men who showed a stabler pattern of employment ; and while there were inevitably certain differences in the experience of employment associated with (i.e. as consequences of) a greater or lesser degree of work instability, it was assumed chiefly to reflect a broad set of attitudes or personal dispositions towards employment. In contrast, work insecurity here is more clearly a matter of the environmental circumstances in which a man had attempted to conduct his career, and is a reflection of adverse economic experience rather than personal attitudes. It is also reasonable to view work insecurity as a more natural and unified category than is work instability, the underlying bases of which are probably heterogeneous.

Instability and insecurity were both rated on the basis of the entire employment history, taking into consideration the context of individual (e.g. family) circumstances and personal wishes reported in connection with jobs during different periods of his life, and the characteristics of different types of occupation (for example, the fact that some are associated with a generally higher frequency of job change than others). By considering the general pattern across the whole period of employment, the problems posed by some job changes within this framework were largely avoided. For example, it was not generally necessary to come to a decision over whether a sacking following a dispute at work reflected the unscrupulousness of an employer or some aspect of the employee's behaviour, because job changes of this degree of ambiguity were sufficiently rare within any individual occupational history to make little or no difference to the overall ratings. Similarly, using the occupational history as a whole meant that where there were periods in which jobs were too numerous to describe individually, the subject's summary account of the nature of the jobs and the reasons for changing were quite sufficient for making ratings at the level of sensitivity here attempted.

In both instances, ratings were made on a 4-point scale, for which anchoring examples were established, and subsequent ratings were made with reference to these. The distributions of ratings within the sample were strongly skewed for both variables, in accordance with the aim of distinguishing the relatively extreme (i.e. extremely unstable or extremely insecure) groups who, it was felt, were likely to be of particular interest in the present context. In anticipation of the findings reported later in this chapter, it transpired that the single critical distinction in these ratings, in terms of an important relationship with the dependent variables, was that between the two higher ("high") and the two lower categories ("low") on the work insecurity scale. As some indication of the nature of this distinction, it can be stated that in the 5 years preceding the index job loss, all of those rated high had been unemployed for at least 3 months, 78% had been unemployed on more than one occasion each lasting for more than 4 months, and two-thirds had engaged in casual work because they could not find a regular job at some time over this period. In fact no subjects who had been unemployed for 6 months or more in the previous 5 years were not rated "high" on the scale. However, it would probably be misleading to present this as a criterion, for as it so happened all of the subjects in the present group who had been unemployed over the preceding 5 years had numerous other features favouring a high rating, such as recurrent involuntary job loss. The following work history is fairly typical of those rated "high" on work insecurity :

<u>SO61</u> Age 26

Building labourer	4 years	Laid off
---- unemployed	2 months	
Improver (bricklayer)	18 months	Quit (not being paid a skilled wage)
Bricklayer	6 months	Terminated when building completed
Bricklayer	4 months	Terminated when building completed
---- unemployed	6 months	
Asphalter	6 months	Quit when bricklaying work became available
Bricklayer	3 months	Terminated when building completed
Bricklayer	9 months	Terminated when building completed

Some further examples of ratings on the work insecurity scale (and the work instability scale) are given in Appendix 3.

(iv) Material resources

Information was available on the presence of savings at the time of job loss, home ownership, receipt of redundancy pay and any other alternative sources of income, directly from the life events and difficulties interview. It would be impractical (and undesirable) to treat these separately and they were combined to form an overall measure of the presence of material resources at the time of job loss ; subjects were rated as having significant material resources if at least one of the following applied : home ownership (irrespective of mortgage commitments) ; receipt of redundancy pay in excess of £1,000 ; savings in excess of £1,000 ; or availability of an alternative source of own income yielding or likely to yield at least £30 per week.

Results

Background economic adversity

In the measure of material resources described above, a number of different factors sharing a certain common meaning were combined to form a single composite variable. This is particularly necessary where the number of subjects studied, as here, is relatively small. One further reduction of the data was made and some preliminary results will be presented in justification of this.

The relationship between a history of insecure employment and risk of affective disorder is shown in Table 21. In the present subsample (men at risk of onset following a job loss event rated severe), 14% (6/43) were rated at level "2" or "3" on the measure of work insecurity, that is, as having "high" work insecurity as discussed earlier (in the sample as a whole the proportion was 10%). Subjects with high work insecurity had a conspicuously raised risk of developing an affective disorder in the wake of job loss and this relationship was significant ($p<.01$). (In contrast, work instability was unrelated to risk of affective disorder).

From inspection of the table it will be noted that this relationship applies to onset both at borderline case level and at case level ; and partitioning of the table confirms that the association is entirely attributable to the Normal versus (borderline case or case) contrast. This suggests that a history of high work insecurity increases

Table 21. Work insecurity in relation to onset of affective disorder
(Men at risk of onset following severe job loss, N=43)

	Work insecurity Low (1/2)	High (2/3)	% high
Normal	28	1	3
Borderline case	5	3	38
Case	4	2	33

Chi-square = 7.83, 2 df (p<.01)

Partitioning of chi-square :	Chi-square	df
Normal vs. (borderline case + case)	7.81	1
Borderline case vs. case	0.03	1

Table 22. Prior money difficulty in relation to onset of affective disorder
(Men at risk of onset following severe job loss, N=43)

	Money difficulty No	Yes	% with difficulty
Normal	27	2	7
Borderline case	5	3	38
Case	5	1	17

Chi-square = 4.21, 2 df (n.s.)

Partitioning of chi-square :	Chi-square	df
Normal vs. (borderline case + case)	3.45	1
Borderline case vs. case	0.76	1

the risk of developing an affective disorder, but has no differential effect on the probability of this being a case or a borderline case disorder. (If, on this basis, the two onset categories are combined, Fisher's test gives p = 0.01 for the collapsed table).

Money difficulties were examined in a similar way (Table 22). For the present purpose, subjects were scored as having a prior money difficulty if they were found to have had a money difficulty continuously present at a level of "3" or higher on the scale of contextual severity for at least 6 months <u>at the time of job loss</u> (the word "prior" will be used to emphasize that the money difficulty was already in existence prior to job loss, and was in no sense a consequence of the present spell of unemployment). Fourteen percent (6/43) of the present group had such a difficulty. The findings are similar to those for work insecurity, in that there is a tendency for subjects with a prior money difficulty to have a higher risk of onset, again both at borderline case and at case level, although the relationship is weaker and the trend is not quite significant - for the collapsed table, combining the two onset categories, p = 0.08 (Fisher's test).

The two tables are very similar and it will naturally be asked if in fact the self-same subjects are involved. The simple answer is that they are not ; the two variables are not associated (14% of those with "low" work insecurity had a prior money difficulty, compared with 17% of those with "high" work insecurity, chi-square = 0.04, n.s.), only one subject with a prior money difficulty having "high" work insecurity. At first sight this is slightly surprising, in view of the relatively severe nature of a "high" work insecurity rating (see Appendix 3). However, at the time of job loss these subjects had (by definition) been in employment for a certain period ; and thus while many of them had clearly had a marked money difficulty intermittently over the previous few years, the fact that most did not at the time of job loss probably reflects the fact that they had managed to restore their financial position to some extent during a recent period in work.

In view of these findings, and the advantage in reducing the number of variables to be used in later analyses, it appeared reasonable to combine these two items into a single composite factor. They are unrelated to each other, but related to onset of affective disorder in a similar way (making allowances for the small number of subjects and accepting the strong suggestion of a genuine relationship for prior money difficulties, the effect of which was very nearly significant), in that the relationship did not differentiate between the two onset categories. Moreover, although dissimilar in some respects, they share certain common features. While current debts, difficulties in meeting bills, and so on, represent a different experience from that of recurrent involuntary job loss, often with spells of unemployment, at some time in the past, both the presence of a money difficulty and "high" work insecurity entail previous exposure to certain central features of unemployment ; and whatever the actual causes of personal circumstances such as these may be, in terms of prevailing values they may both connote, merely because they are both negative economic experiences, failure of some kind in the field of economic achievement (and not merely failure to excel, but failure to meet a certain minimum standard), which is perhaps especially likely to be underlined by the fact of job loss itself. (It is not suggested that the men concerned necessarily construed their situation in these terms. In many, however, the recognition was implicit that such a construction was made, could be made, or was likely to be made by others. This is apparent in the relationship of these factors with feelings of shame, discussed in Chapter 9).

A reasonable case can therefore be made for regarding these two factors as related to one another, and their separate effects as perhaps resting on a common underlying basis. Accordingly, men who had <u>either</u> a prior money difficulty <u>or</u> a rating of "high" work insecurity (or both) were classified as having "background economic adversity" (BEA), and this variable will be used throughout this and subsequent chapters. Just over a quarter of the present subsample had BEA, and its relationship to the onset of affective disorder is shown in Table 23 ; unsurprisingly, this is similar in form to that of its component factors, although the relationship is more highly significant because its distribution is less skewed (combining case and borderline case onsets, $p = 0.002$ by Fisher's test).

Table 23. Background economic adversity in relation to onset of affective disorder
(Men at risk of onset following severe job loss, N=43)

	Background economic adversity		
	No	Yes	% with BEA
Normal	26	3	10
Borderline case	3	5	63
Case	3	3	50

Chi-square = 10.71, 2 df (p<.01)

Partitioning of chi-square :	Chi-square	df
Normal vs. (borderline case + case)	10.49	1
Borderline case vs. case	0.22	1

Table 24. Presence of material resources in relation to onset of affective disorder
(Men at risk of onset following severe job loss, N=43)

	Material resources		
	No	Yes	% with resources
Normal	14	15	52
Borderline case	5	3	38
Case	6	0	0

Chi-square = 7.71, 2 df (p<.05)

Partitioning of chi-square :	Chi-square	df
(Normal + borderline case) vs. case	7.20	1
Normal vs. borderline case	0.51	1

Presence of material resources

The formation of the other composite measure used, material resources, was decribed earlier ; this covered savings, substantial redundancy payments, alternative sources of income, and home ownership. All but the last of these entailed that liquid assets were present capable of buffering the impact of acute reduction in income following unemployment, at least in the short term. Home ownership is somewhat different in this respect, but it is an asset which can in principle be realized in order to allay the financial consequences of unemployment. (In fact, one family in the sample had moved into a smaller house for reasons of economy, and several others mentioned this as an option which they had considered, and which would be open to them should the need arise). Clearly, the sale of a home, or the dwindling of accumulated resources, may themselves be important further losses, over and above the occurrence of unemployment itself ; but to be lost, they must have been present in the first instance, and the position of these men was quite clearly different from that of subjects who had few or no other resources to draw upon. (Moreover, the erosion of assets is a gradual process, and most of those rated as having resources at the time of job loss still had significant assets at the end of the six-month period with which we are presently dealing). Their position carried both practical and somewhat less tangible consequences. In practical terms, they were protected to some extent from the immediate financial consequences ; they were usually able to supplement their income from unemployment benefit from other sources, and were not entirely dependent on benefit from an early stage, as were other subjects. In addition, there was a sense, clearly expressed by some men, of relative safety, of "having something in reserve" upon which they could fall back, whether or not they actually did so.

Broadly speaking, the presence of material resources at the time of job loss reflects "positive" features of the economic context (and of the previous economic history) where BEA corresponds to certain "negative" features. As expected, they tend to be (negatively) associated, although this was not quite significant : 18% of those with BEA were scored as having resources, compared with 50% of those without BEA (chi-square = 3.67, 1 df, p<.1).

The relationship between the presence of material resources and onset of affective disorder following job loss is shown in Table 24. This was significant and it appeared that resources had a protective effect against onset, applying solely to onset at the case level of severity ; strikingly, there were no case onsets among the group with material resources. This was quite unexpected in view of the earlier finding that the effect of negative economic factors did not differentiate between onset at borderline case or at case level, and in order to explain this result it is useful to consider the relationship of a number of variables to social class.

Social class

Table 25 shows the relationship of the trichotomous social class variable with risks of onset following job loss and with some of the independent factors considered earlier. There are a number of suggestive features in this table (in fact none of the trends in the table reach a 5% level of significance). Firstly, there is a tendency for a higher proportion of case onsets to occur in the lower-status groups. Correspondingly, both the lack of material resources at the time of job loss, and lack of intimacy (absence of an "a" relationship), both of which have been shown to be related specifically to the risk of case onset, are more frequent in the lower status groups. In contrast, the proportion of onsets overall (i.e. combining borderline case and case categories) does not appear to differ by class ; and this is matched by the absence of any tendency here for background economic adversity, the effect of which did not appear to differentiate between borderline case or case onset, to vary according to class.

As mentioned above, these trends were not significant, and they are presented here not as substantive findings but rather as suggesting a possible explanation of some of the findings discussed earlier. In particular, it appears from this that the effect of presence of resources at the time of job loss might be confounded with that of lack of intimacy, and that one or other of these two variables is likely to be irrelevant.

Table 25. Relationship between various factors and social class
(Men at risk of onset following severe job loss, N=43)

	Social class		
	High	Intermediate	Low
% case onset	0 (0/10)	15 (3/20)	23 (3/13)
% all onsets	30 (3/10)	35 (7/20)	31 (4/13)
% BEA	20 (2/10)	30 (6/20)	23 (3/13)
% Material resources	70 (7/10)	40 (8/20)	23 (3/13)
% Lack of intimacy with wife or girlfriend	10 (1/10)	40 (8/20)	46 (6/13)

The two factors were indeed associated : only 17% of those with material resources lacked an intimate relationship with a wife or girlfriend, compared with 48% among those without resources (chi-square = 4.78, 1 df, $p<.05$). The cross-tabulation of these two variables against risk of case onset is shown in Table 26 (it has already been shown that any effect of each of these variables applies solely to risk of onset at case level, and it is therefore reasonable to simplify the table by combining the borderline case and normal categories). Although there were no case onsets among those with material resources, this may not mean very much, as the number of subjects with such resources who lacked intimacy (in whom, on the basis of results presented in Chapter 6, one would expect case onsets to be concentrated) was very small. As a consequence of this, however, the table is rather awkward to analyse (e.g. the zero cells impede the use of log-linear models). It is possible to draw some conclusions, however, by partitioning the table ; if the association between lack of intimacy and case onset were entirely attributable to confounding with the absence of resources at the time of job loss, no such association would be expected <u>within</u> categories of the latter (and vice versa). In men without resources, lack of intimacy appears to have an effect (42% versus 8%) ; in fact this falls just short of significance ($p = 0.06$, Fisher's test), but as the size of the groups compared has been reduced further (to only 25 subjects) this should probably

Table 26. Lack of intimacy and presence of material resources at time of job loss in relation to onset of case affective disorder
(Men at risk of onset following severe job loss, N=43)

	No resources		Resources	
	Intimate	Non-intimate	Intimate	Non-intimate
% Case onset	8	42	0	0
	(1/13)	(5/12)	(0/15)	(0/3)

Table 27. Lack of intimacy and background economic adversity in relation to onset of affective disorder
(Men at risk of onset following severe job loss, N=43)

	Intimate		Non-intimate	
	No BEA	BEA	No BEA	BEA
Normal	18	2	8	1
Borderline case	3	4	0	1
Case	0	1	3	2
% case onsets	0	14	27	50
% all onsets	14	71	27	75

be taken seriously. In contrast, performing the same test for the relationship between resources and risk of onset <u>within</u> intimacy categories produces values of $p = 0.46$ (among the intimate) and $p = 0.26$ (among those lacking intimacy). Within the limitations of the small numbers concerned and the problems in dealing with this table, this suggests quite strongly that lack of intimacy is the relevant factor, and that the association described earlier between material resources at the time of job loss and risk of subsequent case onset is probably spurious. This conclusion is not only supported by what evidence can be drawn from these data, but also eliminates the otherwise puzzling inconsistency noted earlier : while one can accept that lack of intimacy with a wife or girlfriend and background economic adversity are very different factors, and thus one might expect some difference in their particular form of relationship to affective disorder (i.e. in terms of specificity to a particular level of severity), a similar difference between the two economic factors would have been far more surprising.

The examination of associations between social class and a range of variables therefore led to a considerable simplification of the findings, entailing that in terms of a direct effect on the risk of affective disorder following job loss, only one of the economic factors was important : background economic adversity. This, in conjunction with lack of intimacy, is sufficient to explain all of the relationships considered thus far.

The difference between lack of intimacy and background economic adversity, in the form of their relationship with risk of affective disorder at different levels of severity, suggested that confounding was unlikely ; the two factors are not, in fact, associated (36% of those with BEA lacked intimacy, compared with 34% of those without BEA). However, for the sake of completeness and in summary of the results obtained up to this point, their joint effects are shown in Table 27, where it will be noted that the risk of <u>case</u> onset is influenced by both factors, but that the risk of onset overall (combining borderline case and case onsets) is influenced by BEA alone. This is consistent with BEA exerting an influence at an early stage in the pathway involved in the onset of affective disorder, and lack of intimacy acting at a later point, as discussed in Appendix 1.

Discussion

It will be recalled that the measurement of background economic adversity relied on relatively hard data where the likelihood of reporting bias appears remote, and in view of the clear temporal priority of this factor there is a reasonable basis for regarding it as causally linked with the onset of affective disorder. The possibility that BEA is largely a result of personal inadequacies (and that men more vulnerable to affective disorder may have been selected into this group) must be considered, but does not appear likely.

It is useful to defer the interpretation of this finding until certain others have been presented, but a few of the possibilities may be mentioned at this point. Why should background economic adversity increase vulnerability to the onset of affective disorder following job loss ? There are two broad classes of explanation.

(1) As suggested earlier, employment and related matters are likely to be important, for some and perhaps for many men, in the evaluation of personal worth or capabilities, and it is possible that background economic adversity may lead to low self-esteem, which in turn may confer a greater vulnerability to affective disorder generally. If this were the case, one would expect BEA to increase the likelihood of a man developing an affective disorder following a wide range of life events, not only job loss or related economic events ; that is to say, it would be expected to confer a global vulnerability which would be

evident in other contexts.

(2) It is also possible that this effect is more specific to onset following job loss (and perhaps other events with negative economic implications).

One possibility, that men in whom a spell of employment represented a distinct improvement in their recent fortunes were particularly liable to disappointment when the job was lost, appears unlikely as the last job had seldom been a great improvement in these men. A related possibility, again referring solely to work insecurity, is that men who had continued to find work under difficult occupational conditions, often in unsatisfactory jobs, for low wages or on a casual basis, had given ample witness to a strong motivation to work, which may not have been shared by other men faced with similar problems, and that those with a higher work motivation had been selected into this group (in the sense that less highly motivated men were perhaps more likely to have been unemployed continuously under similar conditions, and thus to fall into the long-term unemployed group excluded from the comparisons made in the present chapter). Without ruling either of these explanations out entirely, both are unsatisfactory because they deal purely with work insecurity, and provide no explanation why a similar effect should apply to men with more secure previous employment who had a prior money difficulty, in whom the above processes could not have occurred. Clearly, different explanations might be appropriate in the two groups, but there would be some advantage in a more general explanation accounting for both of these at the same time.

A more general possibility of this type, (and which again would apply only to onset following job loss, or related events with adverse economic implications) would be that exposure to previous economic adversity had "sensitized" these men in some way to subsequent events of a similar nature ("matching"). For example, it is possible that against a background of pre-existing economic adversity, a man losing his job might be particularly likely to construe his career in terms of personal failure, whereas men who had enjoyed greater success and secure employment might have been less disposed to do so.

Some of these possibilities will be discussed further in the light of later results ; at this point it is not necessary to come to a final conclusion. However, it does seem possible to provide an answer here to the question, asked at the beginning of this chapter, as to whether "positive" or "negative" features of the past employment history are more likely to exacerbate the consequences of job loss. The present data indicate strongly that men with "negative" economic experiences are particularly prone to develop depression and related disorders following unemployment. This is consistent with some of the findings of Cohn (1978) and Hepworth (1980) mentioned earlier, and, at least in terms of the outcome measures used here, is in clear contradiction of the suggestion that those in the course of a successful career, or otherwise endowed with a "positive" economic background are likely to suffer more severe consequences. The dashing of high expectations appears less important, in this sense, than the confirmation or further attrition of expectations already low as a result of previous circumstances. In this there is some similarity with the discussion of Brown & Harris (1978, Chapter 10) concerning class differences in the occurrence of depression in women. The argument rests on fairly similar grounds and the empirical findings are not dissimilar (in the present case substituting economic performance for social class) ; here also, the contention made by some authors that it is the more privileged groups who are more prone to suffer receives little support, and the reverse appears to be the case.

Summary

A variety of economic factors antedating the present episode of unemployment were examined in relation to the onset of affective disorder following a severe job loss event. The most useful of these (and the only one required to explain the findings) was an index of "background economic adversity" based on pre-existing severe money difficulties, and on features of the previous employment history such as recurrent involuntary job loss, previous unemployment and enforced reliance on casual work. This factor increased the risk of onset both at case and at borderline case level.

The possession of financial and other material resources at the time of job loss was associated with a reduced risk of <u>case</u> onset (only), but this relationship was almost certainly spurious, arising through the association of this factor with the presence of an intimate relationship.

Chapter 8 : Vulnerability to affective disorder following job loss
III - Dispositional shyness

The third factor which proved important in influencing the risk of onset following a severe job loss event was dispositional shyness. The details of data collection and measurement for this factor were described in Chapter 4. It will be recalled that the personality trait of shyness was rated as present where a respondent reported that he habitually felt uneasy or subjectively anxious, "nervous", self-conscious, or was prone to embarrassment, in situations involving self-presentation to persons other than close friends or relatives, particularly where the attention of a group of other people was involved. The feelings were required to be sufficiently common to be recognized by the subject as a distinctive personal characteristic, and to have been present since adolescence or early adulthood.

In the group under consideration here (i.e. those who had been exposed to a severe job loss event), 23% (10/43) were rated as dispositionally shy. This may appear a somewhat high proportion, but it should be remembered that the threshold for rating was relatively low. In a survey of high school and college students in the United States, Pilkonis & Zimbardo (1979) found that 42% of the respondents described themselves as "shy" at the time of interview, and 82% as having been shy at some earlier period. A higher frequency is naturally to be expected in this age group, but in the light of this finding, the frequency within the present sample does not appear unrealistic.

The relationship between shyness and the onset of affective disorder following job loss is shown in Table 28 ; it is statistically significant, and it is immediately evident that the increased risk of onset among those with pre-existing trait shyness applies equally to onset at case and at borderline case level. Combining the two onset categories, trait shyness was present in 10% (3/29) of those who remained normal, and in 50% (7/14) of those who suffered an onset at either level of severity ($p = 0.007$, Fisher's test).

The form of this relationship is similar to that found earlier for the effect of background economic adversity (BEA) on the risk of affective disorder, and there was some tendency for shyness to be associated with BEA : 40% (4/10) of those who were rated as shy had BEA, compared with 21% (7/33) among the non-shy. Although this is not significant (chi-square = 1.34, 1 df, $p>0.2$), it is reasonable to ask if confounding is a possible explanation of the finding. The cross-tabulation of risk of onset against these two factors is shown in Table 29 (as it has been shown that neither of the two factors are differentially associated with onset at case or at borderline case level, these two caseness categories have

Table 28. Dispositional shyness in relation to onset of affective disorder
(Men at risk of onset following severe job loss, N=43)

	Non-shy	Shy	% shy
Normal	26	3	10
Borderline case	4	4	50
Case	3	3	50

Chi-square = 7.94, 2 df ($p<.02$)

Table 29. Background economic adversity (BEA) and shyness in relation to onset of affective disorder
(Men at risk of onset following severe job loss, N=43 ; case and borderline case onsets combined)

	No BEA		BEA	
	Non-shy	Shy	Non-shy	Shy
% onset affective disorder	12 (3/26)	50 (3/6)	57 (4/7)	100 (4/4)

Logit analysis :

Predictors	Chi-square	df
{BEA} {shyness}	0.606	1
{BEA}	7.301	2
{shyness}	9.848	2
{-general mean-}	17.791	3

been combined). Inspection of the table suggests that the two effects are independent, and this is confirmed in the logit analysis, each of the main effects being significant at the 1% level.

The other important factor previously considered, lack of intimacy with a wife or girlfriend, was not associated with shyness, 70% (7/10) of the shy and 64% (21/33) of the non-shy having an "a" relationship.

Discussion

There are therefore adequate grounds for regarding the association between dispositional shyness and an increased risk of onset following job loss as a further independent effect, which cannot be explained on the basis of confounding with other important variables. In terms of time order, it is clearly anterior to the dependent variable, and the only plausible source of error appears to be that of reporting bias in the measurement of shyness : that is, the possibility that men suffering from an affective disorder were more likely to report the experiences relevant to the rating of shyness, or to describe themselves as habitually shy, purely on account of their current illness. As the history of any relevant feelings was discussed in detail, (including the description of typical situations in which shyness tended to manifest itself before the current episode of illness, in those who had suffered an onset), this possibility appears unlikely, although it cannot be excluded entirely.

An issue likely to be of greater importance concerns the possible relationship between shyness and chronically low or brittle self-esteem. Numerous authors have suggested that shy individuals characteristically have low self-esteem (e.g. Pilkonis & Zimbardo, 1979), and there is some evidence for such an association : for example, Turner et al. (1978) found that individuals scoring highly on a scale of "public self-consciousness" (a construct essentially similar to shyness) had significantly lower scores on a scale designed to measure self-esteem. Phenomena involved in shyness such as unease and nervousness in social interaction, and sensitivity to the opinions of others (particularly the apprehension of others' negative evaluation of the self) might be regarded as manifestations, in the particular context of interaction with others, of a more general lack of self-confidence which is an important aspect of self-esteem (e.g. Brown & Harris, 1978, p.236).

The present finding of an elevated risk of affective disorder among shy individuals is consistent with these suggestions, together with findings which indicate the importance of self-esteem in the onset of affective disorders (Brown et al., 1985). Shyness might be regarded here as a proxy for low self-esteem (or perhaps other related personality factors, such as neuroticism), or instead as overlapping with it, sharing certain features with low self-esteem, but also having specific features of its own. This relationship is discussed further in the light of later results (see Chapter 10).

Summary

An elevated risk of developing an affective disorder following job loss was found in individuals rated as dispositionally shy. This applied to onset both at case and at borderline case level, and was independent of the effects of other factors earlier shown to be important. A link between shyness and low self-esteem may underlie this relationship.

Chapter 9 : Factors influencing the occurrence of shame following unemployment

In the preceding chapters, various factors have been examined in terms of their influence on the development of affective disorders in the wake of job loss. Three of these emerged as particularly important : pre-existing economic adversity, and the personality trait of shyness, both of which were associated with an increased risk of onset at case and at borderline case level, and lack of intimacy with a wife or girlfriend, which was linked with an increased risk of onset at case level alone. Attention is now turned to antecedent factors associated with the occurrence of feelings of shame over unemployment.

As it will shortly be necessary to integrate these two sets of findings, we shall continue to consider only those subjects in the sample who were at risk of affective disorder at the time of job loss, and for whom this fell within the period of inquiry : that is to say, the group which has formed the focus of attention in the preceding three chapters.

The variable indicating the occurrence of shame used in this and following chapters is the dichotomy contrasting men who reported *no* feelings of shame connected with unemployment with those rated either "Marked" or "Mild" on the summary severity scale described in Chapter 4.

It will be recalled (Chapter 5, section 3) that there were 48 men in the sample at risk of affective disorder at the time of job loss, and for whom the latter fell within the period of inquiry. In five of these men the event of job loss was rated non-severe, and these were excluded from consideration in the chapters concerned with vulnerability to affective disorder following job loss. In contrast with the earlier finding that a severe event was a virtual precondition for the development of an affective disorder, there is no suggestion that this is an important influence on the occurrence of shame over unemployment ; 40% (2/5) of the men with a <u>non-severe</u> job loss reported feelings of shame, compared with 30% (13/43) of those for whom the job loss was severe.

This finding is perhaps not surprising. The aspects of the event which one might expect to be important in the development of shame overlap to some extent with those relevant to affective disorders - many events involving profound loss of honour or reputation would carry marked long-term threat - but differences would also be expected. Of particular importance is the likelihood that the stigma attached to an event varies according to particular personal circumstances to a lesser extent than does the long-term threat of the event. The contextual features which are relevant to the rating of the threat of an event are those which are likely to be important to the individual's <u>own</u> appraisal of the event and its implications in the light of his personal circumstances ; in contrast, central to stigma is the appraisal of <u>others</u> - who will often know little or nothing of these circumstances, and who cannot be expected to make fine judgements on the matter. For example, consider an individual for whom the job loss carries little or no threat because its financial implications are minimal and it takes place in accordance with a constructive personal plan. The individual cannot expect others - at least, important groups of "others" - to be aware of these mitigating factors, and instead must assume that they will regard him merely as a member of the class of "unemployed men" and attribute to him whatever characteristics are considered to be "typical" of this class. In this sense, stigma is "public" where threat is "private" (although the subject's appraisal of an event's personal, private implications will of course take into account any public aspects it may have). Accordingly, the stigma attached to an event or circumstance is likely to be simpler, and less differentiated according to particular contextual features, than is the threat of the event, and to follow more directly from the general category within which it falls ; variation in response will then depend largely on "vulnerability" to shame, the individual's sensitivity to the possible stigmatizing implications of the event.

Vulnerability to shame following job loss

In view of this result, it would be appropriate to consider vulnerability to shame following job loss in the group of 48 men, irrespective of the severity of the job loss event. However, in order to facilitate the integration of the findings with the earlier results concerned with the onset of affective disorder, we shall concentrate on the group of 43 for whom the job loss was rated severe. There is very little difference in the findings whichever group is used.

(1) Prior economic factors

Important relationships with shame were found for the same set of economic factors which were earlier shown to be important in the onset of affective disorder. Background economic adversity was strongly related to shame after unemployment : 62% (8/13) of those reporting feelings of shame had either a history of insecure employment or a money difficulty at the time of job loss, compared with 10% (3/30) of the other subjects ($p = 0.001$, Fisher's test). There was also a significant (negative) association between shame and the presence of material resources at the time of job loss : 15% (2/13) of those with shame had such resources, against 53% (16/30) of those not reporting shame ($p = 0.021$, Fisher's test).

Examination of these effects together (Table 30) indicates that the important effect is that of BEA, and

Table 30. Background economic adversity (BEA) and presence of material resources in relation to feelings of shame over unemployment

	No BEA		BEA	
	Resources	No Resources	Resources	No Resources
% with feelings of shame	6	25	50	78
	(1/16)	(4/16)	(1/2)	(7/9)

Logit analysis :

Predictors	Chi-square	df
{BEA} {Resources}	0.032	1
{BEA}	2.845	2
{Resources}	9.071	2
{-general mean-}	14.919	3

Table 31. Background economic adversity (BEA) and shyness in relation to feelings of shame over unemployment

	No BEA		BEA	
	Non-shy	Shy	Non-shy	Shy
% with feelings of shame	12	33	57	100
	(3/26)	(2/6)	(4/7)	(4/4)

Logit analysis :

Predictors	Chi-square	df
{BEA} {shyness}	1.025	1
{BEA}	4.833	2
{shyness}	11.77	2
{-general mean-}	16.907	3

when controlling for this factor, the small residual tendency for the presence of resources to be associated with a reduced risk of shame is not statistically significant (chi-square = 2.81, 1 df).

These results are extremely similar to those arising earlier in relation to the onset of affective disorder ; if anything, they are somewhat clearer here, partly because we are dealing with a single binary dependent variable, and partly because the effect of an "a" relationship does not intrude in the present instance (see below). Prior economic factors exert an important influence on the likelihood of feelings of shame following job loss, and this effect is largely or wholly due to a high risk amongst those with the worst prior status (i.e. with background economic adversity). A possible role for variability in prior economic state at the other extreme (i.e. the presence or absence of positive resources) cannot be entirely discounted, but here the association with shame is weaker and when BEA is taken into account it is not significant.

(2) <u>Shyness</u>

Forty-six percent (6/13) of those reporting feelings of shame were dispositionally shy, compared with 13% (4/30) of the remaining subjects (p = 0.028, Fisher's test). This relationship is at least partly attributable to the trend towards an association between shyness and background economic adversity which was mentioned earlier (see Chapter 8). When the effects of these two factors are examined together (Table 31), BEA is clearly the predominating factor, although shyness still appears to play some part ; logit analysis shows that when controlling for the effect of BEA, the main effect of shyness falls just short of significance at the 5% level (chi-square = 3.81, 1 df, $p<.1$). This result is at least suggestive of a relationship between pre-existing trait shyness and the development of shame after unemployment. Moreover, whilst it is somewhat unclear when considered in isolation, when set in the context of the results as a whole, in particular in view of the relationship between shyness and the onset of affective disorder, it would be surprising (and require a more complex explanation) were there not a relationship between shyness and the occurrence of shame (see discussion in following chapter). For this reason, the finding should probably be treated seriously.

(3) Lack of intimacy with wife or girlfriend

In contrast with the above findings, the occurrence of shame was unrelated to lack of intimacy. Of those reporting feelings of shame, 69% (9/13) had an "a" relationship, compared with 63% (19/30) of the remaining subjects. The absence of an association here is not due to suppression by other factors.

No other variables were related to shame when the first two of the above factors were taken into consideration, and thus the factors found to influence the occurrence of shame in the present sample form a subset of those which influence the risk of affective disorder. These results are discussed in the following chapter.

Summary

The two factors earlier shown to influence the risk of onset of an affective disorder at case and at borderline case level - background economic adversity and dispositional shyness - were also associated with an increased likelihood of feelings of shame after unemployment. In contrast, lack of intimacy with a wife or girlfriend was unrelated to the occurrence of shame.

Chapter 10 : The relationship between shame and affective disorder following job loss

Feelings of shame were strongly and significantly associated with onset of affective disorder following job loss ; this applied equally to onset at case and at borderline case level (Table 32). Overall, 64% (9/14) of those with a case or borderline case onset reported feelings of shame, compared with 14% (4/29) of those who remained normal ($p = 0.001$, Fisher's test).

Contamination in measurement between shame and affective disorder does not appear a likely explanation for this finding. Psychiatric symptoms which are related to the indicators used in the rating of shame, such as simple ideas of reference or lack of self-confidence, are not of central importance either in the diagnosis of affective disorders or in the methods used for the rating of caseness in the present study : the basic criteria employed in making the two ratings do not overlap. One can be confident that those features which when present contributed to a rating of shame did not <u>in themselves</u> make it any more likely that the criteria for case or borderline case affective disorder would be satisfied, nor vice versa. More detailed consideration is given later in this chapter to the possibility that feelings of shame, or an enhanced susceptibility to shame, might be regarded as a consequence of affective disorder.

While contamination in the measurement criteria

Table 32. Feelings of shame in relation to onset of affective disorder
(Men at risk of onset following severe job loss, N=43)

	Shame No	Shame Yes	% with feelings of shame
Normal	25	4	14
Borderline case	3	5	63
Case	2	4	67

Chi-square = 11.21, 2 df (p<.01)

Table 33. Factors influencing vulnerability to feelings of shame and to onset of affective disorder following job loss

Vulnerability to shame	Vulnerability to affective disorder: Increased at case and at borderline case level	Vulnerability to affective disorder: Increased at case level only
Increased	Background economic adversity Trait shyness	-
Not increased	-	Lack of intimacy with wife/girlfriend

themselves can be ruled out, the possibility of reporting bias must also be considered. Is it likely that subjects with an affective disorder were more likely to report feelings of shame, or to exaggerate their intensity, than were subjects in whom similar feelings had occurred, but who had not become depressed ? The matter of exaggeration in reporting by those with an onset affective disorder, (or downplaying of such feelings by the others) can be discounted. Whether or not such phenomena actually occurred, this would not have influenced the findings, as all subjects who met the <u>minimal</u> criteria for shame were included in the category, irrespective of the frequency or severity of these feelings (see Chapter 4). Furthermore, although feelings of shame were often mentioned spontaneously during the course of the interview, specific questions were asked wherever the matter did not arise in this way, and where shame was not rated as present the respondent had given an explicit indication of the absence of any such feelings. It therefore appears unlikely that reporting bias could have played an important part in the findings.

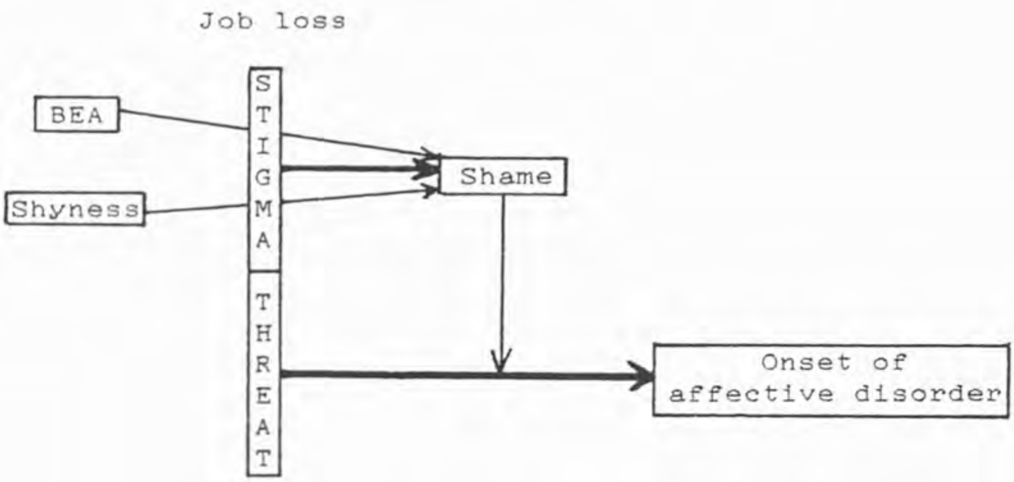
The interpretation of this relationship introduces certain issues which did not arise in the earlier chapters. Shame is an affective state emerging reactively after job loss, and for the reasons previously given, no information on the time ordering of feelings of shame in relation to the onset of affective disorder was available. It is not possible to determine a priori which (if either) is causally anterior to the other, and it is therefore necessary to consider whether certain aspects of the data themselves are useful in elucidating their relationship. A qualified answer can be provided to the question. However, as a consequence of the limitations on the usefulness of multivariate analysis imposed by the size of the group, further cross-tabulations and analyses, in which the effects of predictive factors on shame and onset are considered jointly, do not add a great deal to the results previously presented. The conclusions reached depend largely on the latter and on the consistency of the overall interpretation.

It is useful to review the findings so far and to enumerate some of the important competing explanations before going on to examine the evidence for each of these. The factors influencing vulnerability to the outcome states in the wake of job loss are summarized in Table 33. There are clear grounds for regarding lack of intimacy as different from the other two factors : it is unrelated to shame and its effect on the risk of affective disorder is specific to the case level of severity. Although it is important in the succeeding argument, its relevance to the discussion of the relationship between shame and affective disorder is somewhat different to that of the other two factors.

Confining attention to background economic adversity and shyness, there are three important possible explanations for the findings (Figure 1) :

Figure 1. Competing explanations for the relationships between background economic adversity (BEA), shyness, shame and onset of affective disorder following job loss (see text)

Model I : Shame as an intervening factor



Model II : Shame as a consequence of affective disorder

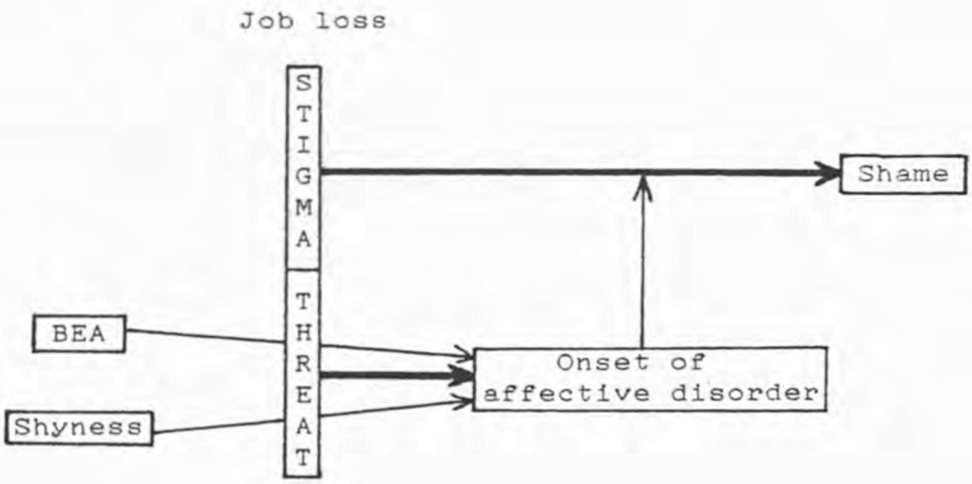
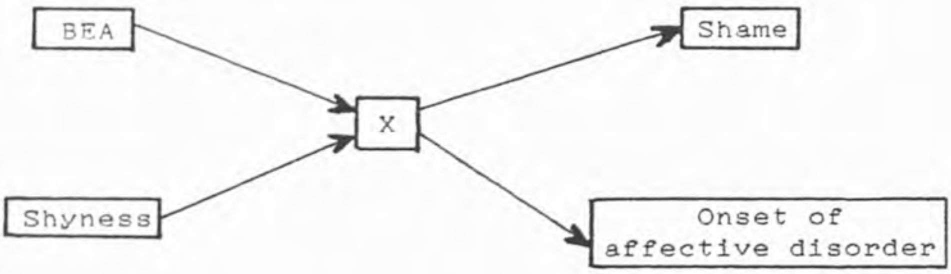


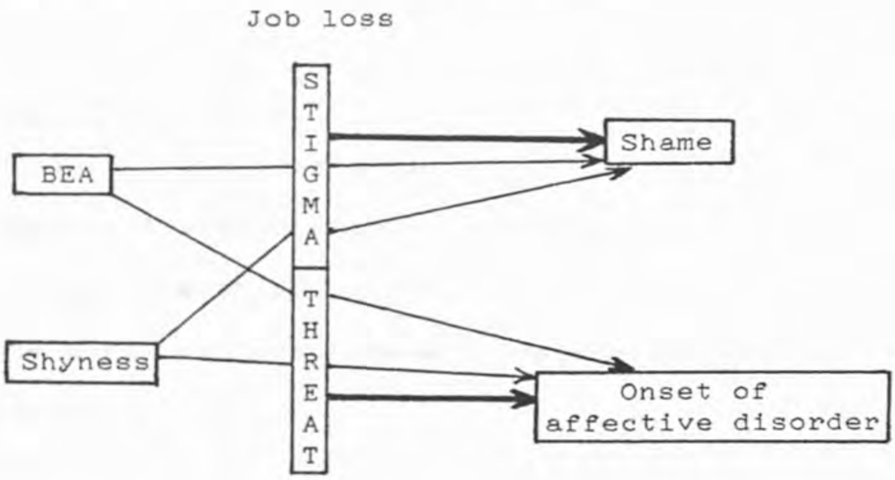
Figure 1. (cont.)

Models IIIa and IIIb : Shame and affective disorder related solely through common antecedents

Model IIIa : Common intervening state



Model IIIb : Separate pathways



(Model I) Shame is an intervening state which mediates the relationship of BEA and of shyness with onset.

(Model II) An enhanced susceptibility to feelings of shame is a consequence of affective disorder.

(Model III) BEA and shyness influence both the risk of onset of affective disorder, and the occurrence of shame, and the association between the latter is spurious. This might arise through a common intervening state (IIIa) or through separate pathways (IIIb). (The job loss event has been omitted from the diagram of IIIa, as there are two distinct possibilities ; this is discussed later in the chapter).

These are not exhaustive, and a large number of more complex situations could be suggested ; however, they form a useful basis for discussion, and the first two represent important possibilities against which it is necessary to assess the third, which it will eventually be argued is the most satisfactory and consistent explanation of the findings.

(1) Shame as an intervening factor

It is convenient to begin by considering the hypothesis that the occurrence of shame is a crucial intervening factor in the relationship between the predictor variables and the onset of affective disorder (Figure 1, Model I). This would entail the highly specific hypothesis that BEA and shyness would be relevant to the risk of affective disorder solely in the context of stigmatizing events (i.e. because, as indicated in Figure 1, the factor mediating their effect on vulnerability to affective disorder - shame - would be expected to emerge solely where stigma of some kind was involved).

If shame as an intervening factor were the the sole explanation for the relationships between the variables, one would expect that the associations of background economic adversity and of shyness with the onset of affective disorder would be eliminated when controlling for their relationships with shame. As suggested earlier, in the present context, the usefulness of examining this and other questions by standard multivariate methods is limited ; the sample is relatively small, and the close association between shame and onset of affective disorder means that the relevant tables are highly skewed. However, to provide some tentative answer the tables showing the trivariate relationships of background economic adversity (Table 34) and shyness (Table 35) with shame and the onset of affective disorder were examined. In both tables the case and borderline case categories have been combined, as neither of the two independent factors, nor shame, were found earlier to be associated differentially with these categories.

In each of the two tables, the log-linear models relevant to the above question are models (1) and (2), in which the improvement in the fit of the model produced by adding a parameter corresponding to the association between the independent variable and onset of affective

Table 34. Relationship between background economic adversity (BEA), feelings of shame and onset of affective disorder

(Men at risk of onset following severe job loss, N=43 ; borderline case and case onsets combined)

	No BEA		BEA	
	No shame	Shame	No shame	Shame
% onset	11	60	67	75
	(3/27)	(3/5)	(2/3)	(6/8)

Log-linear models :

Association terms included	Chi-square	df
(1) {BEA-onset} {BEA-shame} {shame-onset}	1.313	1
(2) {BEA-shame} {shame-onset}	4.698	2
(3) {BEA-onset} {BEA-shame}	5.392	2
(4) {BEA-onset} {shame-onset}	6.282	2

Table 35. Relationship between shyness, feelings of shame and onset of affective disorder

(Men at risk of onset following severe job loss, N=43 ; borderline case and case onsets combined)

	Non-shy		Shy	
	No shame	Shame	No shame	Shame
% onset	15	43	25	100
	(4/26)	(3/7)	(1/4)	(6/6)

Log-linear models :

Association terms included	Chi-square	df
(1) {shy-onset} {shy-shame} {shame-onset}	2.883	1
(2) {shy-shame} {shame-onset}	6.698	2
(3) {shy-onset} {shy-shame}	9.939	2
(4) {shy-onset} {shame-onset}	3.891	2

disorder can be determined while controlling for their respective associations with shame. For both independent variables, the improvement in fit is close to significance at the 5% level (for background economic adversity, chi-square = 3.39, 1 df, $p<.1$; for shyness, chi-square = 3.82, 1 df, $p<.1$), and in view of the reservations expressed above, this is best interpreted as implying that controlling for the occurrence of shame probably does not eliminate the associations of BEA and of shyness respectively with the onset of affective disorder.

Moreover, it should be noted that a weakening of the association between these independent variables and onset, when controlling for shame would <u>also</u> be expected under Model IIIa, as controlling for shame here would be equivalent to controlling (to some extent) on the intervening state "X", if shame and "X" were closely associated.

A further objection to Model I is that it was earlier shown that shyness is related more strongly to onset than to shame : when controlling for BEA, the effect of shyness on risk of onset was significant (Chapter 8), but its effect on shame fell just short of significance (Chapter 9).

While these data do not permit a firm conclusion, the strong trends remaining between the independent variables and onset when controlling for the occurrence of shame, and the fact that shyness is related more strongly to onset than to shame, suggest that Model I is not a particularly satisfactory explanation of the findings.

(2) Shame as a consequence of affective disorder

It has already been pointed out (Chapter 4) that in explaining the emergence of shame in a (relatively small) proportion of the subjects, one is naturally led to consider individual differences in the interpretation of and response to certain situations. The experiences of those reporting feelings of shame, on becoming unemployed and afterwards, did not appear to have differed in any basic way from those of the other subjects ; many (most) men in the sample described various unpleasant features of attendance at the benefit office, shopping or engaging in various leisure activities with very little money in their pockets, and the like. Nor did there appear to be any great difference between the groups in terms of the beliefs which they expressed about the views of others, or the population at large ; it was spontaneously pointed out by many of those reporting feelings of shame that their ascription of negative views to others in particular situations was not a realistic appraisal, based on definite indications that these views were actually held by others, but rather reflected their own personal feelings about the situations ; and many men who did not report feelings of shame commented in neutral and eminently rational terms on the disparagement to which those who are unemployed are at times subject in the popular press and elsewhere, on abruptness by benefit officials and others, and so on. There are thus ample grounds for suggesting that changes at the individual, psychological, level, may have played a part, and that those who reported feelings of shame had for some reason become "sensitive" to the opinions and attitudes of others in these situations, in a way not shared by the other subjects.

It is clearly possible that affective disorder itself may have been an important cause of such sensitivity. Simple ideas of reference (and other symptoms which are often associated with feelings of shame, such as loss of self-confidence) are not uncommon in depression and allied disorders (e.g. Goldberg, 1983). Such observations merely note an association which may have arisen in a variety of ways, but there is a general implication that these symptoms should be seen as arising out of the disorder. There are instances where this ordering is naturally appropriate : psychiatric disturbance may itself be an item concerning which shame is felt, and in fact there was one subject in the sample where this had clearly occurred (he does not appear in any of the material presented above, as the onset preceded job loss). The relationship between affective disorder and shame over other matters is, however, open to greater doubt, and one is neither obliged nor permitted to assume that in these cases symptoms related to feelings of shame arise as a consequence of the disorder.

If the relationship between the independent factors and the occurrence of shame were mediated entirely by the development of affective disorder, with an enhanced susceptibility to shame as a consequence of this, one would expect that controlling for affective disorder would eliminate the association in each case. The same tables (34 and 35) which were used in the previous section are relevant to this question, with the same caveats over the usefulness of the analysis ; here, the comparison of interest is that between models (1) and (4) in each of the two tables. For background economic adversity, the result is fairly clear : the association between BEA and shame remains significant when controlling for onset (chi-square = 4.97, 1 df, $p<.05$). In the case of shyness this is not so (chi-square = 1.01, 1 df), in part because there is a trend towards interaction in the table ; it will also be recalled that the association between shyness and shame was weaker than that between BEA and shame and that the former was not quite significant when the effect of BEA was taken into account (Chapter 9), and this result is therefore perhaps not surprising. (Moreover, a weakening of these associations when controlling for onset would also be expected under the third hypothesis, considered in the following section).

It at least appears from this that the association between BEA and shame is not eliminated when controlling for onset (at case or borderline case level), and this casts doubt on an explanation viewing shame, or an enhanced susceptibility to shame, merely as a consequence of affective disorder.

Another important piece of evidence concerns the absence of any association between the occurrence of shame and lack of intimacy with a wife or girlfriend. If shame were to be seen merely as a consequence of affective disorder, it would be expected that <u>any</u> of the factors leading to an elevated risk of onset would also (indirectly) lead to an increased risk of shame. However, while the presence of an "a" relationship exerts a strong protective influence against the onset of affective disorder, it is quite unrelated to the occurrence of shame (Chapter 9). That its effect is confined to onset at <u>case</u> level of severity does not weaken this argument, as one would expect that if affective disorder itself increased susceptibility to feelings of shame, this would apply <u>a fortiori</u> to case disorders ; moreover, it has already been shown above that shame is associated with affective disorder at the case level of severity.

These two strands of evidence therefore pose serious difficulties for an explanation of the findings which views shame, or an enhanced susceptibility to shame, merely as a consequence of affective disorder - at least in terms of the caseness categories used in the present study.

<u>(3) Shame and affective disorder influenced by a common intervening factor</u>

The third hypothesis is that background economic adversity and shyness are both linked with the occurrence, following job loss, of an intervening state (for the present undefined) which is causally anterior both to shame <u>and</u> to the onset of affective disorder, with no more direct connection between the latter. A model involving the suggestion of a common intervening state was chosen for consideration in preference to the rather similar model in which the effects are independent (Figure 1, Model IIIb) because it is conceptually simpler, and because it is in keeping with the suggestion made elsewhere (Appendix 1) that the effects of factors influencing the risk of onset at case and at borderline case level to an <u>equal</u> extent could parsimoniously be seen as mediated through their effects on an intervening state which is anterior to both ; this is what was found both for BEA and for shyness, and the later results for shame would merely require that an enhanced susceptibility to shame be added as another, different, consequence (under certain circumstances) of this intervening state. This hypothesis is theoretically attractive, providing a simple account of all of the findings, and does not suffer from the empirical objections which were found for the previous two hypotheses. The effect of lack of intimacy would here be seen as acting at a later point in the causal pathway, and thus unrelated to the occurrence of shame.

The hallmark of a model of this kind is that the association between feelings of shame and the onset of affective disorder would be eliminated when controlling for the intervening state "X" or when controlling simultaneously for all anterior variables influencing the occurrence of this state. In the absence of any direct measurement, the first of these is clearly not possible here. One may control for the two factors which, in the light of the previous evidence, would be expected to influence "X", but one would not only have to control for both of these together, but if any other unmeasured factors were important in the development of the state - which is not merely possible, but highly likely - one would expect some residual association between shame and onset ; under this model, <u>any</u> uncontrolled variance in "X" would, in principle, lead to an association between shame and onset.

Thus controlling for BEA or shyness separately would not be expected to eliminate the association between shame and onset, and this is what was found : in Tables 34 and 35, comparing models (1) and (3), the association between shame and onset remains significant when controlling for the effect of BEA on these two outcomes (chi-square = 4.08, 1 df, $p<.05$), and when controlling for shyness (chi-square = 7.06, 1 df, $p<.01$). In view of the small numbers and the difficulty in analysing a full tabulation using both variables together, a score was used, but this also proved unable to eliminate the association between shame and onset. However, as suggested above, this is not in conflict with the model.

No further evidence can be presented in favour of this explanation, and the findings are not conclusive. It is possible that a hypothesis involving reciprocal links between shame and onset would also account for them ; in the context of the present small set of data, it is not profitable to examine this possibility, which in any case is considerably more complicated than that suggested here. It is important, to recognize that the explanation in terms of a common intervening state is chosen here not on the basis of positive evidence, but largely by exclusion - it provides a simple and coherent explanation of all of the findings, and certain important competing hypotheses have been shown to be unlikely. However, as it is the simplest model which can account for the findings, this appear sufficient basis for taking the causal model shown in Figure 1 seriously, and considering the possible nature of such an intervening factor.

Low or damaged self-esteem as a possible intervening factor

Some evidence was discussed in Chapter 1 concerning the effect of unemployment on self-esteem, and it appears plausible to view low or damaged self-esteem as a possible intervening factor.

Self-esteem is not a simple construct. Whilst it can be given a precise operational meaning in the context of a particular measurement procedure (e.g. Rosenberg, 1965 ; Brown et al., 1985), for some purposes it may be considered a general conceptual area, containing a set of related but somewhat diverse issues, rather than a unitary construct.

One aspect of this diversity which is particularly relevant in the present context concerns the temporal scale within which self-esteem is viewed. It is often conceived as a relatively stable, long-term tendency reflected in an individual's characteristic level of confidence in his competence and abilities, the regard in which he holds himself and believes himself likely to be held by others. It has been suggested that such long-term traits are dependent on deep-seated "cognitive models" or "cognitive biases", considered as more or less integrated and more or less durable systems of beliefs about oneself and one's relation to others. Clearly this stability is a matter of degree, and relatively long-term tendencies of this kind may nonetheless be subject to modification by circumstances ; many investigators have regarded an individual's past and current life experiences as important determinants of his level of self-esteem.

The recognition of this degree of reactivity to environmental factors does not entirely eliminate, however, the distinction between relatively enduring tendencies in self-confidence and self-evaluation, and shorter-term fluctuations in feelings of self-worth in response to particular incidents or circumstances (Dipboye, 1977). The term "mortification", for example, refers essentially to an acute and often transient loss of self-esteem, as a result of some happening which reflects poorly on oneself. Clearly, a short-term fluctuation of this kind is conceptually distinct from an individual's longer-term tendencies towards self-evaluation. When an individual with characteristically high self-esteem suffers some transient blow to his pride, whether he is regarded as having "high" or "low" self-esteem at that point will depend on the reference of the term to immediate, short-term, or to longer-term elements : the "state" or the "trait". It is not suggested that these be considered as dichotomous, but rather as a spectrum, perhaps best conceived in terms of a more or less stable "core" surrounded by layers in which the degree of reactivity to changing circumstances progressively increases.

Although (as the example indicates) some degree of independence between them would be expected, it is clearly likely that these shorter-term and longer-term elements are related. It would be expected, for example, that those with low "trait" self-esteem would be more susceptible to experience an acute reduction in "state" self-esteem where they find their negative assumptions about themselves apparently confirmed by circumstances. This is probably the chief reason why they have often been discussed under a single term. However, in recognizing such a connection it is not necessary to identify them, and where they are treated together as a single object, self-esteem must be regarded as a complex phenomenon, composed of longer-term tendencies and more immediate, current-state elements, rather than as a simple unidimensional variable. The procedures appropriate to the measurement of each of these elements would not necessarily be the same.

As mentioned above, longer-term tendencies in self-evaluation have been viewed as based upon, or even consisting in, cognitive tendencies. It could be argued that shorter-term fluctuations in "self-esteem" involve changes which are as much affective as cognitive in nature, changes in somewhat vaguer "feelings" of confidence, of self-worth, and so on. Without implying that a distinct boundary can be drawn between cognitive and affective phenomena, the contrast between a structure of deep-rooted beliefs and phenomena of a more affective nature may be recognized as a further (and related) source of diversity in notions of self-esteem.

The distinctions made in this discussion account for the ambiguity in the title of this section. In proposing self-esteem as the intervening factor suggested by the findings, it is uncertain whether it is better represented as a reactive state of "damaged self-esteem" arising in the wake of job loss, that is, as falling towards the "state" end of the spectrum, or instead as a somewhat longer-term factor, associated both with background economic adversity and with shyness, which antedates the event of job loss itself. Both possibilities will be considered.

The justification for introducing the concept must lie mainly in its plausibility as a factor integrating the relationships between the measured variables. Is it plausible ?

Self-esteem has formed a central item in numerous theories of depression. Some authors have emphasized the role of "trait" low self-esteem as predisposing to the occurrence of depression (Brown & Harris, 1978), and evidence has been furnished for such a role in a prospective study (Brown et al., 1985). Negative findings have also been reported (Lewinsohn et al., 1981) ; here, as in other areas, the particular measurement procedures used are likely to be crucial to the results.

Low self-esteem has also been viewed as fundamental to depression in a slightly different way : not only as a long-term influence on vulnerability, but as an integral or indeed the core feature of the illness. The priority given to the factor by authors such as Bibring (1953) entails that acutely damaged ("state") self-esteem is viewed as a more immediate antecedent of the disorder, around which the other features of the illness emerge. On this basis, acutely lowered self-esteem would be regarded as a prodromal state, out of which a clinical affective disorder might or might not develop. The distinction between a prodromal or antecedent state of this kind and the illness itself is at least in part a semantic matter (ultimately it depends on the ability to discriminate between them empirically, in terms of their relationships with other variables). While it was shown earlier in this chapter that the explanation of the occurrence of shame as a <u>consequence</u> of affective disorder was not plausible in terms of the caseness categories utilized, it could be argued (emphasizing damaged self-esteem, emerging reactively in the wake of job loss, as the important intervening factor) that an enhanced susceptibility to shame was a result of a prodromal phase of the disorder. However, it would be necessary to recognize that the subsequent onset of affective disorder, in terms of the present caseness criteria, although linked with the "prodromal state", would not follow inevitably from it.

An important role in the development of depression has thus been postulated for low self-esteem, in terms of both its longer-term and its shorter-term elements ; of course, the influence of longer-term tendencies of self-evaluation might well be mediated via their relationship with the occurrence of shorter-term changes in self-esteem in the wake of environmental stresses.

Numerous authors have suggested a relationship between shame and self-esteem (e.g. Lewis, 1971, Chapter 3 ; Modigliani, 1968 & 1972 ; Campbell, 1964, Chapter 10). It will be recalled that the criteria used in the present study in the assessment of shame concerned the perception of negative attitudes on the part of others, accompanied by certain distinctive affective phenomena. It might be suggested that the affective states referred to in terms of (more internalized) "feelings" of low self-worth are in fact not unrelated to the affective components of shame (cf. the discussion in Chapter 8 concerning the relation between shyness and low self-esteem).

It is also apparent that negative self-evaluation (in low self-esteem) and the perception of negative evaluation by others (in shame), are closely related. It was pointed out earlier that the experience of acute shame in particular situations more often reflected a presumption on the part of the subject that others were or would be likely to evaluate him negatively, rather than depending on any definite indication of such attitudes, and in this sense it is reasonable to argue that the attribution of negative views to others might be linked with low self-esteem. That perceptions of the attitudes of others towards the self are important to self-definition and the formation of self-attitudes (and vice versa) is a theme extending back to Cooley and beyond. In this sense, negative self-evaluation and negative evaluation of the self attributed to others might be regarded merely as two sides of a single coin, the specific differences between which are of lesser importance than the similarities.

A reasonable case can therefore be made for regarding low or damaged self-esteem as a potential candidate for an intervening factor leading to an increased likelihood of both feelings of shame and onset of affective disorder. The effects of the independent variables can also be connected plausibly with this factor.

The relationship between shyness and low "trait" self-esteem was discussed in Chapter 8. To the extent that the latter may confer an increased susceptibility to acute impairment of ("state") self-esteem, this would also be consistent with a view of the latter as the intervening factor.

It was suggested earlier that job loss is perhaps more likely to be interpreted in terms of personal failure where it occurs in the context of background economic adversity - this was one of the respects in which prior money difficulties and a past history of work insecurity were similar, and which justified the formation of the composite measure (see Chapter 7). A sense of failure is clearly likely to be related to feelings of self-worth, and it is therefore reasonable to expect BEA to enhance the likelihood of damaged self-esteem following job loss, through the concordance of the event with, and its underlining of, a previous history of unsuccessful economic performance. This is not to say that job loss in other circumstances may not be interpreted in terms of failure, but merely that this is less likely to occur where it is an unfortunate but incidental punctuation of an otherwise successful work career. The alternative possibility is that protracted economic adversity has a longer-term erosive effect on "trait" self-esteem.

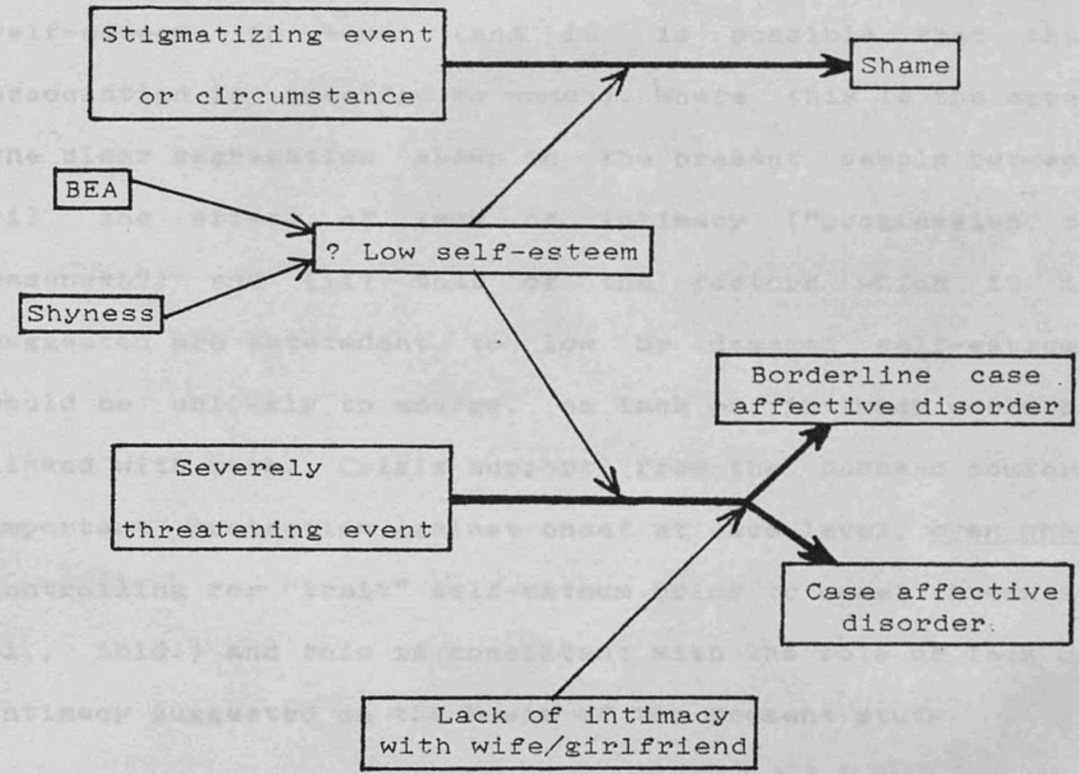
There is therefore ample justification for the suggestion that low or damaged self-esteem may be the mediating factor involved in the model (Figure 1, IIIa) which appeared the most satisfactory explanation of the relationships between the independent variables, shame, and the onset of affective disorder. Low self-esteem has figured importantly in previous discussions both of affective disorder and of shame, and the effects of the various risk factors appear comprehensible in this light.

It should be remembered that the above discussion has been concerned solely with <u>vulnerability</u> - both to affective disorder and to shame. The importance of the provoking events involved must be re-iterated. Feelings of shame are likely to accompany low or damaged self-esteem only under certain particular circumstances, where there is already a prima facie basis for attributing negative attitudes to others, in terms of the constructions which are likely to be placed upon events and circumstances, and thus upon the subject himself, in the light of cultural meanings and stereotypes. The relationship here is conditional on the fact that job loss also has stigmatizing implications. In concentrating on vulnerability, and in suggesting the likely importance of self-esteem, one is concerned chiefly with the explanation of <u>individual differences</u> in the occurrence of shame following a stigmatizing event. It is to the latter that a primary and more general role must be accorded. This point may be emphasized by construing the model in a slightly different way (Figure 2).

The model proposed does not require that lack of intimacy should be related to low self-esteem. Indeed, to the extent that this model provides a coherent account of the findings, the results of the present study run counter to the suggestion of Brown & Harris (1978) that the effect of lack of intimacy on the risk of affective disorder is mediated by its effect on levels of self-esteem. Instead, the model considered here would suggest that this factor influences the <u>progression</u> from a state of damaged self-esteem to an affective disorder at the case level of severity.

It should be emphasized that this model has been derived from a sample of men. Clearly, the role of lack of intimacy suggested here would also be expected to apply in women, and to account at least in part for the effect of lack of intimacy shown in earlier studies of women (reviewed in Chapter 6). However, in women the situation may be more

Figure 2. Overall model accounting for shame and affective disorder following a severe job loss event



complex. It has been shown (Brown et al., 1985) that lack of intimacy in a marriage is associated with low "trait" self-esteem in women (and it is possible that this association is specific to women). Where this is the case, the clear segregation shown in the present sample between (i) the effect of lack of intimacy ("progression to caseness") and (ii) that of the factors which it is suggested are antecedent to low or damaged self-esteem, would be unlikely to emerge, as lack of intimacy would be linked with both. Crisis support from the husband confers important protection against onset at case level, <u>even when</u> controlling for "trait" self-esteem prior to onset (Brown et al., ibid.) and this is consistent with the role of lack of intimacy suggested on the basis of the present study.

<u>Summary</u>

Feelings of shame over unemployment were strongly associated with the onset of affective disorder following job loss, at case and at borderline case levels. The most satisfactory explanation of this association, in the light of other findings, is that an intervening factor, which is influenced by background economic adversity and by shyness, is causally antecedent both to affective disorder and to shame. A sound theoretical case can be made for suggesting that this intervening factor may be chronically low or acutely lowered self-esteem.

Chapter 11 : Vulnerability to onset of affective disorder following different types of event

Hitherto we have considered solely affective disorders which developed within six months of job loss, and which may be regarded as having been provoked by this event. In this chapter the analysis will be extended to consider onset disorders occurring in the sample as a whole.

It would clearly be of interest to examine whether the findings and explanations developed in the context of the job loss event are of wider applicability. Ideally, this would require a sufficiently large group of onsets, following a sufficiently diverse set of different types of life event, in order to permit a useful comparison between the findings in the specific case of job loss and in the case of events more generally. However, as a consequence of the design of the study and its focus upon a particular class of life stresses, neither of these requirements are satisfied, and there are therefore serious difficulties in extending the analysis in this way.

Some of the other onsets involved events which were related to unemployment in some way (see Table 12), which there is ample reason for regarding as similar, in important respects, to the event of job loss itself. Events such as these, of course, were also to be expected in the light of the study design. They include not only events where this resemblance is obvious, such as disappointment following the falling through of a firm job offer, but others, such as the occurrence of an unplanned pregnancy in the context of a lengthy period of unemployment with mounting financial difficulties, and carrying serious financial implications, which might be expected to underline the fact of a man's continuing unemployment, his inability to find work and to provide for his family as he would wish. These events cannot be viewed as providing a useful contrast with job loss itself. Three of the eleven onset affective disorders in the sample provoked by events other than job loss involved "unemployment-related" events of this kind ; a further seven occurred following the loss of a person - parent, child or spouse - by death or by separation. It will be apparent that the variety of events available is even less than might have been expected. There remains only a single onset provoked by an event not falling into one of these two classes (a housing crisis ; two onsets also occurred in the absence of a severe event, see Chapter 5).

The prospect of examining the background factors important in the context of job loss in relation to affective disorders following severe events more generally is not merely diminished by these facts, but is ruled out entirely. Instead, onsets following job loss and other "unemployment-related" events were compared with those following events involving the loss of a person - in all instances involving the disruption of an affectional tie. The number of subjects in this latter group is small, and the comparison is made and presented more for its suggestive value rather than as a substantive finding ; it is not an assessment of the applicability of the results for onset following unemployment-related events to onset following other events in general, as affective disorders which arise following the disruption of close ties may have their own specific peculiarities.

The group considered here (N=56) therefore comprises those men who experienced a severe event at some time over the period of inquiry while they were at risk of onset of an affective disorder. The one man whose onset followed an event neither unemployment-related nor involving loss of person is excluded (as are 12 subjects with chronic disorders, and 11 men who experienced no severe event while they were at risk of onset ; one man who suffered onset at borderline case level following job loss and who later became a case following a loss of person event is here classified in the latter category).

(1) Lack of intimacy with wife/girlfriend

The result for lack of intimacy is shown in Table 36. Here, in accordance with earlier results, subjects who developed an affective disorder at borderline case level have been combined with subjects who remained normal in a "no case onset" category. The table indicates that lack of intimacy was more frequent among those who developed a case affective disorder both where the event had involved

Table 36. Lack of intimacy in relation to onset of case affective disorder following loss of person or unemployment-related events

	Lack of intimacy No	Lack of intimacy Yes	% lacking intimacy
A. No case onset following any severe event	30	12	29
B. Case onset following loss of person event	2	4	67
C. Case onset following unemployment-related event	2	6	75

Chi-square = 8.15, 2 df (p<.02)

Partitioning of chi-square :	Chi-square	df
A vs. (B + C)	8.03	1
B vs. C	0.12	1

Table 37. Background economic adversity (BEA) in relation to onset of affective disorder following loss of person or unemployment-related events
(Case and borderline case onsets combined)

	BEA No	BEA Yes	% with BEA
A. Normal following any severe event	24	9	27
B. Onset following loss of person event	5	2	29
C. Onset following unemployment-related event	6	10	63

Chi-square = 6.15, 2 df (p<.05)

Partitioning of chi-square :	Chi-square	df
(A + B) vs. C	6.12	1
A vs. B	0.03	1

the disruption of a close tie, and where it was an unemployment-related event.

Two questions immediately arise. Was the relatively high frequency of lack of intimacy among men who had lost a person merely a consequence of the event itself, that is, was the tie disrupted a former "a" relationship ? In fact, in only one instance here had a man's intimacy status altered as a result of the event, and if this subject is excluded, lack of intimacy remains frequent in this group (60%) ; the remainder had involved the loss of persons who did not qualify for an "a" relationship (e.g. the death of parents, or the death of an adult son living in the household), or the severance of conjugal relationships which were not intimate before the event. (In these latter instances, an association between lack of intimacy and the occurrence of the event is possible on other grounds, and this must be recognized as possibly contributing to the finding).

The second question concerns the possible role of selection bias. It will be recalled that some men in the sample had become unemployed as the result of a depressive episode, and had thus been selected into the population sampled as a consequence of their illness ; for the present group, <u>all</u> of these had followed severe loss of person events. However, this would bias the result only if lack of intimacy influenced the risk of a man becoming unemployed (as a result of depression) <u>independently</u> of its effect on the risk of depression. It is not required that these men be representative of those experiencing severe events with loss of person - they almost certainly are not - but merely that they be representative (in terms of their intimacy status) of men who become severely depressed following such an event ; and there is no reason to suppose that this is not the case.

This result can certainly not be regarded as strong evidence that lack of intimacy is an important factor in onset following events involving the disruption of a close tie. However, it is at least consistent with the findings of many earlier studies (reviewed in Chapter 6) indicating the general significance of lack of intimacy in the development of affective disorders at case level, following a wide range of severe events.

(2) Background economic adversity

The index of background economic adversity was developed earlier in connection with job loss and was tied to it by definition. Naturally, no men were unemployed at this time. It is appropriate in the present, broader, context to extend its definition to take into consideration the fact that some men had been unemployed for a lengthy period at the time of a severe event. Just as job loss might be thought to underline a pre-existing occupational or financial problem, later "unemployment-related" events might equally be seen as underlining the continuing problem of unemployment itself. A period of at least six months of unemployment at the time of a severe event was therefore taken as an alternative criterion for a rating of BEA, in addition to the earlier criteria of high work insecurity or a "3" money difficulty at the time of the event (this implies that all men with a severe event more than 6 months after job loss were rated as having BEA).

The result is shown in Table 37 (the case and borderline case categories were combined in accordance with the earlier findings). It is immediately evident that the effect of BEA was confined to onsets which followed unemployment-related events.

(3) Shyness

The comparison between the two classes of event for the effect of trait shyness is shown in Table 38. Once again the case and borderline case categories were combined, and here also the effect was confined to onsets following unemployment-related events.

Discussion

These results once again appear to exhibit the distinction which has emerged elsewhere between the effect of supportive close relationships on the one hand, and on the other, those of background economic adversity and of shyness. The numbers involved are small, particularly for those with loss of person events, and strong conclusions

Table 38. Shyness in relation to onset of affective disorder following loss of person or unemployment-related events

	Shyness		
	No	Yes	% shy
A. Normal following any severe event	30	3	9
B. Onset following loss of person event	6	1	14
C. Onset following unemployment-related event	9	7	44

Chi-square = 7.71, 2 df ($p<.05$)

Partitioning of chi-square :	Chi-square	df
(A + B) vs. C	7.55	1
A vs. B	0.16	1

Table 39. Frequency of lack of intimacy in men with onset of case affective disorders, differentiated according to syndrome

	% with lack of intimacy
Pure anxiety states	0 (0/2)
Mixed depression/anxiety	57 (4/7)
Pure depression	100 (7/7)

cannot be drawn. However, some possible reasons can be suggested for this apparent difference.

Any interpretation will naturally depend on the way in which loss of person events and unemployment-related events are assumed to differ : and they clearly differ in numerous ways. Firstly, it could firstly be suggested that unemployment-related events are essentially "negative economic events", and as suggested earlier that in the context of background economic adversity, such events should be seen as underlining current and previous lack of success in the economic sphere. In this case, one would expect an effect of BEA to be confined to events with economic connotations, enhancing the likelihood that such events would be interpreted in terms of personal failure and would lead to lowered self-esteem. While this would be a plausible explanation for a specific effect of background economic adversity, the similar difference in the case of shyness is less easily accommodated ; that shyness might be specifically relevant to the occurrence of affective disorder in the context of economic stresses would be an odd and frankly implausible suggestion.

Instead, it is reasonable to ask if the two classes of event differ in other respects. It was suggested earlier that shyness is related to, and might be a proxy for, chronically low self-esteem. Is it possible that self-esteem is important in the onset of affective disorder following unemployment-related events, and perhaps a wide range of other events, in a way which is not shared by events involving loss of person ? This not only has some intuitive plausibility, but is in keeping with the suggestion of Freud (1917), in a well-known passage in "Mourning and Melancholia" :

"The distinguishing mental features of melancholia are a profoundly painful dejection, cessation of interest in the outside world, loss of the capacity to love, inhibition of all activity, and a lowering of the self-regarding feelings to a degree that finds utterance in self-reproaches and self-revilings ... The picture becomes a little more intelligible when we consider that, with one exception, the same traits are met with in mourning. The disturbance of self-regard is absent in mourning, but otherwise the features are the same. Profound mourning, the reaction to the loss of someone who is loved, contains the same painful frame of mind, the same loss of interest in the outside world ... In mourning it is the world which has become poor and empty ; in melancholia it is the ego itself."

It was suggested in Chapter 10 that the effects of BEA and shyness were mediated via self-esteem, whilst that of lack of intimacy was not. The finding here suggests that the first two factors are not relevant to onset of affective disorder following events involving loss of person, whilst lack of intimacy is. Thus the results of the present study are eminently consistent with Freud's suggestion. Clearly, they cannot be viewed as strong evidence in favour of this hypothesis, in view of the small number of onsets following loss of person events. Moreover, it would probably be inappropriate to view self-esteem as irrelevant to <u>all</u> events involving loss of person - some such events, for example separations involving a strong element of rejection, might well be expected to impair self-esteem - and a slightly different formulation of the category would probably be useful. There appears sufficient ground, however, to suggest as an avenue of further research a possible distinction between those affective disorders following life stresses in which low self-esteem is an important factor, and those in which it is not ; vulnerability factors acting through a relationship with self-esteem would be important among the former but not the latter.

<u>Vulnerability to syndromes of depression and anxiety</u>

Finally, one further result - once again, it emerged incidentally and is based on a small group, and must be accorded a highly provisional or suggestive status - may be noted. This concerns the differentiation between anxiety states and depressive illnesses. As discussed in Chapter 3, these have been treated collectively, in terms of the <u>overall</u> caseness rating, throughout the previous chapters. Although there is some justification for this, in that symptoms of anxiety often occur in the context of depressive syndromes, and aetiological factors are likely to overlap, this is not entirely satisfactory, and has been necessitated by the very small number of subjects with pure anxiety states.

Differences are possible both in the characteristics of the provoking agent, and in terms of vulnerability. Finlay-Jones and Brown (1981) showed that anxiety syndromes tended to be linked with severe events with strong elements of danger (threat of, and uncertainty over, future loss), whereas depressive syndromes were linked with severe events involving loss (either a loss which had already occurred, or which was certain to occur in the near future). As in the rating of long-term threat, these characteristics of events have been assessed using panel-rated contextual measures. They were utilized in the present study, but were of no value in the analysis, because job loss events were almost always rated as involving strong elements of both danger and loss, and the two factors were therefore utterly confounded.

There is some suggestion in the present results, however, that the role of lack of intimacy may not be the same in the two syndromes. Table 39 shows the frequency of lack of intimacy amongst all onsets at case level overall, differentiated according to these syndromes. The two men with onset pure anxiety states at case level are unusual in that both had intimate - and highly supportive - relationships with their wives. The difference in the proportion lacking intimacy between these two men and those with depressive or mixed depressive/anxiety syndromes at case level is not quite significant at the 5% level (0% versus 79%, $p = 0.083$, Fisher's test), but it is consistent with the finding of another recent study which has indicated that the important role of supportive close relationships in vulnerability to depression may not apply to pure anxiety states (Finlay-Jones, 1985).

Summary

Almost all of the onset affective disorders in the sample as a whole which occurred following a severe event, did so following an event which was related to unemployment, or which involved the disruption of a close tie by death or separation. Distinguishing these two groups suggests that lack of intimacy is important in both groups, whereas background economic adversity and shyness are important only to those onsets following unemployment-related events. The difference for background economic adversity may reflect its "matching" with negative economic events, but in view of the result for shyness, it appears possible that low self-esteem is unimportant in some affective disorders occurring after loss of a close tie.

There is also some suggestion that lack of intimacy may not be an important determinant of vulnerability to anxiety syndromes - particularly pure anxiety states - and that its role is exclusive to depression.

Both of these results must be regarded merely as suggestive.

Chapter 12 : Summary and Conclusions

The results may be summarized in terms of the objectives which were set out in Chapter 2.

(1) Frequency of affective disorders in a representative group of unemployed men

In the sample as a whole, the frequency of affective disorder was relatively high : 28% of the men were rated cases and 20% borderline cases. However, a significant proportion of these were disorders already in existence at the time the man became unemployed, and which could not be attributed to the present episode of unemployment (causality was often clearly in the opposite direction) : 15% (12/80) of the sample suffered from a chronic affective disorder (onset prior to the period of two-year inquiry) and 8% (6/80) pre-unemployment onset disorders.

Of the remaining group of men, who had been well at the time of job loss, approximately one in six (18%) subsequently developed an affective disorder at case level, and almost one in three (31%) a disorder at the lower threshold of case or borderline case level. Examination of the timing of onset showed that most disorders related to unemployment had arisen relatively soon after job loss - almost three-quarters of all post-unemployment onsets did so in the first six months.

Within the group of men for whom data on these first six months of unemployment were available, the frequencies are fairly similar : one in seven (15%) developed a disorder at case level, and one in three (33%) a disorder at the lower threshold of case <u>or</u> borderline case level, in these first six months of unemployment. These figures, rather than percentages of the whole sample, give the best general impression of the risk of affective disorder associated with unemployment.

Previous studies of "core" unemployed groups using reliable diagnostic criteria are sparse indeed : the only comparable study (Finlay-Jones & Eckhardt, 1981) was confined to young people in Australia, where the risk of developing a "threshold" or "definite" disorder (under ID criteria) after unemployment was in the region of 36% if the authors' figures are adjusted to restrict attention to men. As the ID "threshold" category includes many disorders which would be classified as "borderline cases" under the criteria used in the present study (see Dean et al., 1983), this is comparable with the the figure of 31% here, for case or borderline case disorders in men in their main working years.

(2) <u>Factors influencing outcome following unemployment among men who were normal at the time of job loss.</u>

Life events had a limited role in explaining variation within the sample ; this is a natural consequence of a study designed primarily to examine individual variation in response to particular life stresses, in which attention is naturally turned to differences in vulnerability. This was especially so for disorders developing in the first six months of unemployment - the majority - due to the fact that job loss events were almost uniformly severely threatening. However, the occurrence of a severe event emerged as an important factor in explaining the development of affective disorders later in unemployment. Here, there were a greater number of subjects who had experienced no severe event and with whom useful comparisons could be made ; it could be shown that onsets were concentrated in the group who had experienced a severe event.

As a consequence of the generally high frequency of severe events in the sample, the group of men who had experienced a provoking agent (a severe event or a major difficulty) was almost identical with that of men who had experienced a severe event ; major difficulties were therefore of limited relevance as provoking agents.

Vulnerability was chiefly examined in terms of factors influencing variation in outcome in the six-month period following a job loss event rated severe. Seventy percent of the disorders related to unemployment arose within this period, and the group for whom data on this period were available formed a substantial part of the sample as a whole (70% of those who had been well at the time of job loss). The results in this group therefore provide a good indication of vulnerability to affective disorder among unemployed men generally.

The important factors were as follows :

(a) Lack of intimacy with a wife or girlfriend was associated with an increased risk of onset at <u>case</u> level only. This result is a replication in a male sample of a finding which has repeatedly emerged in samples of women exposed to a wide variety of provoking agents.

(b) Background economic adversity, an index of pre-existing major financial or occupational problems, led to an increased risk of onset following job loss both for the milder and for the more severe affective disorders. This is consistent with the suggestions of some previous authors (see Chapter 7 - generally on rather weak empirical grounds) that men with the poorest previous economic history are those most prone to suffer adverse emotional reactions after unemployment. It is also consistent with findings in a more general context which have suggested that severe events emerging out of long-standing life difficulties are particularly likely to lead to depression.

(c) The personality trait of shyness was also associated with an increased risk of onset both at <u>case</u> and at <u>borderline case</u> levels. It is possible that this effect is due to a correlation with chronically low self-esteem or neuroticism, both of which are widely assumed (and with some empirical basis) to exert a long-term influence on an individual's risk of affective disorder. In the context of the present, retrospective study, dealing with shyness had the (invaluable) advantage that a long history of the specific feature in question could be given extending back for many years, and thus the likelihood of contamination of the measure by aspects of the respondent's current mental state (which might have been an important source of error had self-esteem or neuroticism themselves been measured directly) could be excluded.

(3) Shame and its relationship to the occurrence of affective disorder

While shame has often been mentioned incidentally in earlier discussions of unemployment, previous evidence has been almost exclusively anecdotal in nature. The present study is the first to have attempted to estimate the frequency of such feelings in a group of unemployed men (or, for that matter, in any group) using explicit measurement criteria.

Feelings of shame connected with unemployment were by no means universal, but were not uncommon, occurring in one in four men in the sample as a whole. Some of these were very mild, and shame had figured as an important element in a man's experience of unemployment in a lesser proportion - approximately one in seven. Feelings of this kind were repeatedly aroused in some or many social situations in which the subject's unemployed status or impoverished circumstances were (actually or possibly) items of scrutiny by others, whose evaluations and attitudes towards the subject were uncertain, and possibly negative. They seldom extended outside these situations. Whilst (in pursuit of validity) the measurement procedure emphasized the description of specific situations, with accounts of the perceived attitudes of others and of the respondent's own affective response, inquiry was always made about the occurrence of these and other similar feelings in other contexts - for example, while they were at home - and it appears that feelings of shame over unemployment of a more chronic, unremitting nature were genuinely rare in the present sample. However, in view of the recurrent and often very regular appearance of the more common, situational feelings, and the alterations in behaviour made by many men to avoid them, they cannot be regarded as trivial disturbances. A situational reference of this kind is a salient feature of all states of shame, and predominates in all but the most severe.

Feelings of shame were strongly associated with the onset of affective disorder, both the milder and the more severe. Antecedent factors influencing the likelihood of feelings of shame partly overlapped with those increasing the risk of affective disorder, and the similarity <u>and</u> the difference between the factors relevant to the two types of outcome were important in forming a basis for an overall interpretation (summarized earlier in Figure 2) : the similarity suggested a common intervening factor conferring an enhanced susceptibility to both, and the difference provided strong evidence against the important possibility that susceptibility to feelings of shame was simply a consequence of the affective disorder itself.

Detailed justification was presented earlier for viewing low self-esteem as a likely candidate for such an intervening factor.

The significance of these findings in relation to previous research has been discussed at several points in earlier chapters (in particular, Chapters 4, 10 and 11). It is worthwhile here to highlight some of the ways in which the present findings are consistent with previous research and theory, and also the ways in which they might be regarded as extending them.

As mentioned in Chapter 1, few previous studies specifically concerned with the emotional consequences of unemployment have considered them within the framework of more general research into social factors in the occurrence of affective disorders (the chief exception to this was that of Bolton & Oatley (1985)). There is considerable consistency between the present findings and previous research into social factors in the aetiology of affective disorders of the general type considered here - in particular with the "vulnerability model" mentioned in the introductory chapter. The application of concepts and methods drawn from this broader field has indicated that these form a useful basis for investigating some important aspects of the response to unemployment and for identifying particular groups of men who run a particularly high risk of disturbance. The importance of severe life events as provoking agents was to a large extent confirmed : while variation in their occurrence was too small to provide an important role in explaining individual differences in outcome, the pattern of timing of onset, following job loss, and following other severe events occurring later in unemployment, supplied a good basis for attributing to these a formative influence. All of the vulnerability factors identified could be brought into connection with earlier discussions of the aetiological processes likely to be important in the onset of depression : an important role was identified for supportive close relationships, and for other features of the current social environment, such as major pre-existing life difficulties, and also for longer-term personality factors. In particular, the present results indicate a role for <u>each</u>. Rather than choosing between them, and according exlusive emphasis to one at the expense of others (which is still common in discussions of the subject), an important aim of future research must be to examine the manner in which these differing groups of factors are <u>articulated</u>.

Research in this direction is already in progress. Brown et al. (1985), for example, have examined the relationship between "personal" factors (negative evaluation of self) - seen as individual characteristics reflecting both long-term, personality-type variables and past and present life circumstances - and current "environmental" factors (longer-term difficulties, crisis support) in determining vulnerability to depression. It is argued that some further progress has been made in the present study.

The extension of this previous work which is particularly emphasized here is one which has arisen repeatedly in earlier chapters : the distinction between the effects of two factors - background economic adversity and shyness - and that of one other - lack of intimacy. In terms of the discussion in Appendix 1, the difference between these may be construed as that between "A-type" factors (BEA and shyness) and a "C-type" factor (lack of intimacy), as shown in Figures A1 and A2. The distinction between these factors emerged in a number of different contexts :

(1) The "A-type" factors influenced the risk of onset at case and at borderline case levels, to an equal extent, whereas the "C-type" factor influenced the risk of case onset alone.

(2) The "A-type" factors influenced the likelihood of occurrence of feelings of shame, whereas the "C-type" factor did not.

(3) The effects of "A-type" factors appeared specific to affective disorders developing in connection with unemployment-related events, whereas that of the "C-type" factor appeared also to apply to events involving loss of person. It was suggested that this arose not because events of the former type had specifically economic connotations, but because in the context of the somewhat restricted range of life events occurring in the present sample, they served as representative of a (probably much wider) class of events having important implications for

self-esteem.

There is a striking coherence in these findings. On this basis, it appeared possible to decompose the pathway leading to the onset of affective disorder into two separate processes, the properties of which - and the relevant aetiological factors - might be quite different. What was discussed in a purely theoretical context in Appendix 1, was fleshed out in the more substantive discussion in Chapter 10 : in particular, it appeared useful to segregate the process into that leading to damaged self-esteem, seen as a crucial intermediary state linking together onset of affective disorder (at both levels of severity) and feelings of shame ; and that whereby such a state progresses to a more severe disturbance, emerging as an affective disorder at the <u>case</u> level of severity.

As was discussed in Chapter 10, while the interpretation of the present findings suggests that there is probably no strong connection between lack of intimacy and self-esteem in the present, male, sample, evidence from previous research has indicated quite clearly that there is a connection between marital intimacy and self-esteem in <u>women</u> (Brown et al., 1985). This being so, (and assuming the interpretation of the present study to be correct), lack of intimacy in women would have <u>both</u> "A-type" <u>and</u> "C-type" properties, and the clear segregation found in the present sample would appear less clearly, if at all. The analytical segregation possible here would thus be a consequence of the actual segregation of the factors in the present sample of men. This difference of detail does not imply that the model developed on the basis of the present sample would in its general aspects be inapplicable to women. Indeed, a re-examination of some of the findings for women in the light of the possibility might be valuable.

The importance and profitability of measuring shame in the present study is evident in its crucial role in the discussion in Chapter 10. It served both as a further indication of the segregation between the two types of factor mentioned earlier, and also an important justification for connecting the intervening state with self-evaluation and thus with self-esteem. In this sense it might be regarded as a "marker" for damaged self-esteem ; the theoretical and empirical basis for ascribing such a meaning to it was mentioned in Chapter 10.

It would be unduly narrow, however, to regard shame as important merely in serving as a putative indicator of self-esteem ; regarding it as no more than a marker for self-esteem gives the latter a priority which may be unwarranted. Shame is undoubtedly older in an evolutionary sense. It is the emotion whereby self-evaluation, which may at times be personal to the point of idiosyncracy, is brought into connection with the wider social nexus. It is possible that to a large extent, the relationship between shame and self-evaluation - and perhaps, in a derivative, internalized form, its relationship to depression - has been obscured by relatively recent social changes.

Self-evaluation is less straightforward a matter in contemporary society than in societies where criteria of social evaluation are more clearly defined and more consensually accepted. Peristiany (1965) provides a "tentative" formulation of the characteristics of these societies : "Honour and shame are the constant preoccupation of individuals in small scale, exclusive societies where face to face personal, as opposed to anonymous, relations are of paramount importance and where the social personality of the actor is as important as his office. Within the minimal solidary groups of these societies, be they small or large families or clans, spheres of action are well-defined, non-overlapping and non-competitive. The opposite is true outside these groups ... [In contrast -] The fragmentation of Western society, the multiplicity of models put forward for imitation, the lack of a clear hierarchical order of preference between these models, are deeply puzzling for modern youth. With what group do we identify ourselves ? Should one belong to many interlocking groups ? Is the primary identification with one of them constant ? In the final analysis which is the court of peers sitting in judgement over our conduct ? Indeed, <u>who</u> are our peers and for how long ? ... Social mobility and urbanization have completely altered our outlook."

One consequence of this is that shame has, to a large extent, become trivialized, arising most commonly in transient social situations where the affective consequences are mild and where the implications seldom carry over between situations as they do where the complete social personality of the individual is involved. It is probably not accidental that the term "embarrassment" came into English usage, in referring to these distinctively transient states, towards the end of the 18th century. In this attenuated form, shame is perhaps an equally "constant preoccupation" as that noted by Peristiany, and as ubiquitous as it ever was. Much of Goffman's work is illustrative of this.

A second consequence concerns the social attributes required to sustain a claim to the ordinary esteem of one's fellow citizens ("honour"). In traditional societies these are relatively well-defined (Peristiany (ed.) 1965, passim.) ; in modern urban societies they have become diffuse and vague, and according to the view of some authors reduced to an abstract residual "consistency of appearance". This perhaps goes too far. For those men in the present sample who reported feelings of shame, it would be reasonable to speak of "dishonour" (although this term was never used) : feelings of shame occurred in connection with a sense of having lost the respect or esteem to which men are ordinarily entitled.

It goes without saying that loss of prestige or loss of status is primarily framed in terms of cultural meanings or stereotypes - here, those concerned with economic success or failure. But it is equally clear from the results presented earlier that neither the construction placed upon a personal predicament such as unemployment, nor the occurrence of shame, follow directly from these. It appears likely that individual differences - in personality, in previous life experiences - have gained in importance.

It is in this sense that self-esteem might be viewed as the modernistic equivalent, and derivative, of phenomena formerly played out between the poles of socially accredited esteem and shame. More precisely, as several authors have suggested (Hyman, 1942 ; Barkow, 1975) self-esteem might be seen as the subjective correlate of "status". In the traditional societies described by Peristiany, "subjective" status (in Hyman's sense) is firmly grounded in, and connected with, an "objective" status, which, while it may at times be temporarily open to doubt, is ultimately a soluble problem. In modern societies, where reference groups shift, and clear and universally shared criteria of individual worth are weakened or lacking, neither are so clearly defined. At the same time as "objective" status becomes problematic, self-esteem would emerge as the personal, individualized, residue of that subjective "sense of status", now partially or wholly detached from its original embeddedness in the social process. As Barkow (1975) suggests, such a notion would be replete with possibilities for unifying the understanding of some fundamental aspects of human behaviour and psychology.

Appendices

Appendix 1 : Possible methods of integrating results for risk of onset of affective disorder at case and borderline case levels

As mentioned in Chapter 3, it was thought useful to analyse the relationships between independent variables and the risk of onset at case and at borderline case level in an integrated manner, in order to examine the similarities and differences between them systematically. The following is a brief account of the viewpoint adopted and should be seen in the light of the general comments on data analysis (in particular exploratory data analysis) made in Chapter 2.

Considering case and borderline case onsets in a single table produces (together with the "normal" category) a trichotomous dependent variable. The effect of an independent variable which exerts an important influence on the risk of onset may apply specifically to onset at case level, specifically to onset at borderline case level, or it may apply to both categories. If it leads to an increased risk of onset at both levels of severity, the magnitude of its effect (e.g. the relative risk of onset at a particular level of severity, in comparison with the normal category) may be the same or it may be different for the two categories. It is useful to consider what these various possibilities may imply in terms of their substantive interpretation.

The case and borderline case categories refer to different grades of severity of what may be a continuous spectrum of disturbance. Insofar as they share certain common aetiological factors, this might be interpreted in terms of a common causal pathway which later bifurcates, or in terms of a single (not necessarily simple) process in which the borderline case category represents its stabilization at an arrested stage (see below). In these terms, a finding that the effect of an independent variable is exactly equal (within the limits of random error) for the risk of onset at both case and borderline case levels could be given a straightforward (and theoretically plausible) substantive interpretation : namely that the independent variable in question influences the occurrence of an intervening state which is antecedent both to case and to borderline case affective disorder. If this were so, (and provided that the independent variable were not confounded with any other factor exerting a differential influence on the risk of case or borderline case onset, or that any such effect were controlled for statistically), it would be expected that the magnitude of its effects on the risk of onset at case and at borderline case level would be identical.

This may be clarified by inspecting Figure A1, where "X" represents an intervening state antecedent to both case and borderline case affective disorder (this figure, and the following one, are not "path models", but are perhaps best understood as representations of stochastic processes where factors acting on the process (A, B and C) influence the transition probabilities between the various states). Any factor such as "A" the effect of which is to increase the likelihood of state "X" arising will influence the risk of onset equally for case and borderline case levels. Any factor such as "B" will specifically increase the risk of borderline case onset (and will have no effect on the risk of case onset) ; similarly the effect of factor "C" on the risk of case onset. (It will be obvious from the figure that any factor associated with an increased risk of onset at case and at borderline case levels, but with a significantly different magnitude of effect on each, would have to act at more than one locus).

The model shown in Figure A1 is not necessarily the only possible formalization but it is argued here that it is a useful one. Several other possibilities can be seen as restricted forms of this model. For example, if the processes leading to onset at case and borderline case levels were entirely separate and had nothing in common, "X" could be equated with the normal state, and the set of factors represented by "A" in Figure A1 would be empty. Similarly, if the borderline case category were seen as an arrested stage of a process which, progressing further, might develop into an affective disorder at the case level of severity, "X" could be equated with the borderline case category (or with an underlying state which, in a stabilized form, appears as a borderline case disorder at the level of clinical phenomenology), and the set of factors represented by "B" in Figure A1 would be empty.

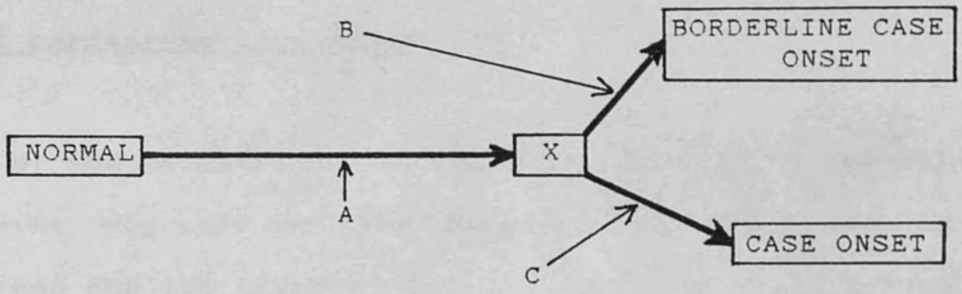
This latter possibility appears particularly plausible in theoretical terms, and is represented in Figure A2. The distinction between the "underlying process" and "clinical phenomenology" is made here because the clinical categories represent relatively stable, identifiable states. It is not suggested that case onsets necessarily "pass through" a clinically identifiable borderline case state, as in practical terms the transition to a case disorder might occur rapidly and without the intermediate stabilization necessary for such a state to be recognized.

In statistical terms, the "equality of effect" on the risk of onset at case and borderline case levels referred to above implies parametric equality. In the case of a bivariate relationship, this can be assessed simply by partitioning the table (e.g. see Blalock, 1979, Chapter 15). For a factor falling into one (and one only) of the classes "A", "B" or "C" shown in Figure A1, a chi-square value obtained from a 2x3 table (i.e. with a dichotomous independent variable) will be entirely attributable to one of the two contrasts :

Class of factor (see Figure A1)	Significant contrast	Non-significant contrast
"A"	Normal versus (borderline case + case)	Borderline case versus case
"B"	Borderline case versus (normal + case)	Normal versus case
"C"	Case versus (borderline case + normal)	Borderline case versus normal

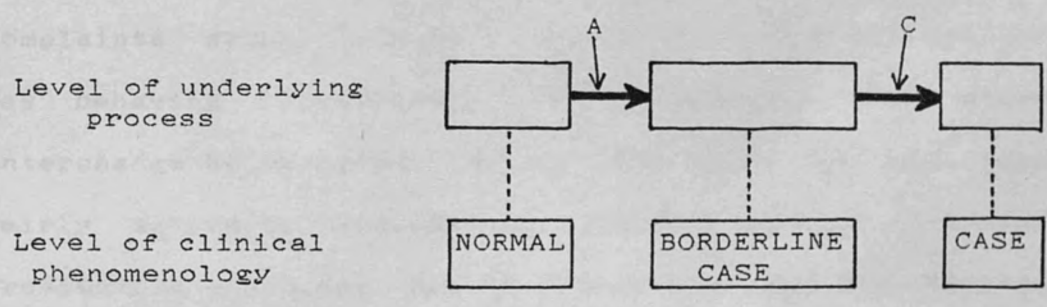
As discussed in Chapter 2, in general we are not concerned here with rigorous statistical inference related to prior hypotheses, and the results of partitioning of chi-square values are generally presented in the text merely for illustrative purposes ; the form of the relationship is generally evident from direct inspection of the table. The matter is mentioned here because it may be useful to indicate how the implications of the particular form of relationship between an independent variable and the trichotomous caseness variable noted above appear in terms of a parametric model.

Figure A1. Formal relationship between aetiological factors and onset at case and at borderline case levels
(see text)



(A,B,C : Sets of independent variables)

Figure A2. Restricted model with single pathway
(see text)



(A,C : Sets of independent variables)

Appendix 2 : Examples of caseness ratings for depressive syndromes

Onset borderline case depression

Mr. W. was a 54-year-old man who lived in a council house with his wife and one daughter. For many years he had worked for the local authority, but three years before interview he had accepted voluntary redundancy (he now received a small pension). After a few weeks out of work at that time, he had found himself "at a loose end" and had taken a supervisory job in a local factory. He left this job, and his present spell of unemployment began, when he was criticized by the manager after another employee had made what were apparently unwarranted complaints about his work ; Mr. W. felt that the manager was behaving unreasonably and following an angry interchange he resigned. Since that time he had been fairly active in seeking work, without success - several prospective employers had mentioned his age when turning down job applications, and it appeared that this would be a major impediment to his finding a new job.

After he had been out of work for three weeks he began to feel depressed. On average, he felt depressed all day long for two days out of each week, and at these times, although he had not cried openly, he often felt like crying, and sometimes felt tears welling up in his eyes. On these days nothing could console him. The future looked bleak : "I can't see any light at all at the moment." For the remainder of the time, his mood was more fluctuating, and although he would feel deeply depressed for periods of one or two hours at a time, these spells would generally subside spontaneously. On these "better" days, he felt reasonably happy at times and was able to enjoy himself normally, for example when his married daughters came to pay him a visit. He felt tense most of the time, and was more snappy than usual with his wife. Before he had become depressed he had been an avid reader, and this had been one of his main leisure activities, but more recently he had found that whenever he picked up a book, he had to put it down again within a few minutes as he could not raise any interest in it. This had been continuous, and even on his "better" days he usually sat around "vegetating" because he felt tired and was disinterested in any activities.

These symptoms had persisted unchanged for three months up to the time of interview.

Onset case depression

Mr. A. was a 48-year-old man who had been divorced for 4 years. At the time of the divorce he was not granted regular access to his children, and had almost lost contact with his former wife and two children. He lived alone in a small privately-rented basement flat. For a number of years he had worked as a car salesman, for several different firms ; his last job, which he had held for two years, had ended when he was made redundant due to staff cutbacks, almost a year before interview.

Within two weeks of becoming unemployed he had become deeply depressed. His depressed mood was severe and unabating. In the early months he had been tearful almost every day ; more recently this had occurred less frequently (about once a week) and he said that his feelings had become generally deadened. He could form no conception of the future at all and had fleeting thoughts of suicide, although he had never deliberated upon it at length.

In the early months he had eaten very little and had lost over two stones in weight ; his appetite was still very poor and as he could not be bothered to prepare proper meals (which he had always done previously) he lived mainly on bread and butter. His sleep was grossly disturbed : he invariably took at least two hours to get to sleep, often twice as long, even when he had taken a sleeping tablet, and he often slept fitfully, waking up several times during the night, and rose the following morning feeling tired and unrefreshed. During the day he felt tired and tense continuously, and six months before interview he had visited his doctor as he had begun to suffer from severe headaches, lasting all day long, which occurred at least once a week.

He had lost interest in "everything". Just before he lost his job he had secured his landlady's agreement to redecorate the flat himself, had bought new wallpaper and all other necessary materials, and had begun stripping off the old paper. The decorating materials still lay unused in a corner of the room, and throughout the flat, paper was hanging off the wall in shreds. He could not be bothered to wash regularly. Sometimes he watched the television, although his concentration was poor and he often did not take any of it in, and was completely unable to read a book. Before becoming depressed, he used to have dinner about once a week with a disabled man who lived two doors away, but he had now withdrawn from almost all social contacts and preferred to sit alone in his flat.

During the interview he appeared rather expressionless, spoke and moved very slowly, replying only after long pauses, often asking for questions to be repeated.

Appendix 3 : Examples of ratings of work instability and work insecurity

In general, greater weight was placed on relatively recent patterns of employment (e.g. the last ten years), and information on the first few jobs held after entering the labour market was often disregarded where the pattern was discrepant with the remainder of the work history. The examples have been divided into those which are particularly illustrative of one or other scale, although the same basic information was used in rating each. The last job listed is the index job loss for the present study, and its loss is not considered in these ratings (although the period of time since the last job change or loss was relevant).

Work insecurity

Rating 3 : Marked work insecurity

#041 Age 25 (Rated "0" on work instability)

Tyre fitter	18 months	Quit - offered a better-paid job
Building labourer	3 months	Each for a different employer and terminated when building completed
Building labourer	2 months	
Building labourer	2 months	
-------unemployed	2 months	
Sorting/loading, fur warehouse	4 months	Casual employment for of fur sale only
Building labourer	9 months	Terminated when building finished
-------unemployed	6 months	
Building labourer	3 months	Ditto
-------unemployed	4 months	
Building labourer	together 18 months	Ditto
Building labourer		
------unemployed 9 months		
Building labourer	8 months	Ditto

Rating 2 : Moderate work insecurity

#046 Age 42 (Rated "1" on work instability)

Apprentice butcher, latterly butcher	42 months	Resigned - dissatisfied
Casual agricultural labour	6 months	n.b. chose to work casually at this time
Ship's cook	4 years	Resigned - wanted change
Fisherman, shellfishing fleet	4 years	Redundant
General labourer (casual work)	1 year	(unable to find regular at this time)
Butcher	1 year	Resigned - decision to move to a different area
Industrial cleaning	4 years	Redundant
------unemployed	1 year	
Despatch checker, factory	11 months	Redundant
Shop salesman/ supervisor, department store	1 year	Resigned - unable to support family - low pay + commuting costs
General labourer	1 year	) Redundant from all jobs (all were taken on understanding that they would not last indefinitely)
-----unemployed	3 months	)
General labourer	6 months	)
General labourer	6 months	)
General labourer	3 months	)
General labourer	9 months	)

Rating 1 : Some work insecurity

#064 Age 31 (Rated "0" on work instability)

Apprentice toolmaker	4 years	
Toolmaker	2 years	Redundant
Engineer, Merchant Navy	4 years	Resigned - "needed a change"
Production engineer, food packing co.	3 years	Redundant (firm relocating and did not want to move)
Service engineer	2 years	Obliged to resign in connection with loss of driving licence

Rating 0 : Little or no work insecurity

All subjects who had lost a job involuntarily no more than once were rated "0" unless such an event had occurred within 5 years of the index job loss.

Work instability

Rating 3 : Marked work instability

#029 (Rated "0" on work insecurity)

Apprentice fitter & turner	5 years	
Fitter	Ten jobs in 18 months	All jobs changed by choice - "felt like a change" - "the grass is always greener"
Fitter	6 months	
Barman at holiday camp	6 months	
Fitter, lathe making factory	6 months	
Casual agricultural Kitchen porter Cook	9 months	
Fitter, sheet metal works	6 months	
Fitter (+ 3 very short-term jobs as fitter)	1 year	
Fitter	1 year	
Self-employed welder	6 months	
Foreman fitter/turner	9 months	Redundant

Rating 2 : Moderate work instability

#043 (Rated "0" on work insecurity)

Window cleaning	4 different employers in 30 months	
Driver, brewery	18 months	Quit - could earn more
Driver	6 months	Quit - dissatisfaction
Driver	6 months	Quit - dissatisfaction
Driver, local	2 years	Quit - could earn more
Long-distance lorry driver	2 years	Quit - preferred to return to local work
Office cleaning	1 year	Sacked after argument
Pipe fitter (central heating)	1 year	Quit - felt that prospects and wages better in driving
Driver (self-employed carrier to continent)	4 years	Gave up because of difficulties with customs regulations
Driver	2 years	Quit - wanted a change
Driver	2 years	Quit - wanted a change
Driver	3 years	Redundant

Rating 1 : Some work instability

#015 (Also rated "1" on work insecurity)

Lathe worker	1 year	Quit - wanted to leave home
Engineer, Navy	5 years	Left following injury + spell in hospital
Machine operator	2 years	Quit - could earn more
Checker, transport firm	3 years	Quit - tension due to thefts occurring work
Asphalter	4 years	Quit - offered better job
Supervisor, biscuit factory	3 years	Redundant
Machine operator & latterly supervisor, biscuit factory	4 years	Redundant

Rating 0 : Little or no work instability

#038 (Rated "0" on work insecurity)

Apprentice printer	6 years	
Printer	4 years	Quit - wanted a change
Printer	2 years	Quit, but the firm was relocating, he would have been made redundant in any case
Printer	11 years	Redundant

Appendix 4 : Feelings of shame - Examples

The chief purpose in presenting these examples is to indicate the nature and variety of experiences which were reported and rated in terms of feelings of shame, and the types of behavioural adaptations which occurred. The assessment of the frequency with which the feelings were aroused generally rested on close questioning which it would be unprofitable to give in detail here (the criteria are stated in Chapter 4) ; whilst the frequency rating is noted in each instance below, much of the information on frequency used in making the rating is therefore absent.

S001

This man frequently felt acutely self-conscious in the local supermarket, and a variety of other public places. "I would go out, but I wouldn't want to - I didn't want to meet people ... I would hate to go to Sainsbury's on a Saturday. People [there] are far cleaner than I am ..." ".. It's just your dress - [other people] are clean-cut, and walk around in a clean-cut manner, which I just can't do... You look ugly to them, and that's why they look at you." After a time he came to avoid the supermarket altogether in favour of the corner shop, although the latter was more expensive and money was short. This was not due to situational anxiety : ".. There's never been anything really like that [autonomic symptoms of anxiety] - I feel below other people ... more than fear."

Behavioural features : Yes

Frequency rating : "High"

S006

Throughout the interview, this man repeatedly referred to his tendency to become embarrassed in a variety of public situations since had become unemployed. To a large extent he avoided visiting the local public house. "When I'm with my mates who are working - they're OK, they're on top of the world - and me, who always has been working, I feel just that I shouldn't be in their company ... they're somebody to me, now, a different grade of person from me, I think I'm a bit lower in my esteem than I was when I was working... I feel .. I'm the beggar in the company... If I go out there [to the pub] I know for a certainty that I'm not going to be able to buy a round, which I've always done, OK, they're going to try to overlook it and [buy drinks for me] .. but it's not me, I just feel ... lower... - that's why I don't want to go out these days, because it makes me feel so embarrassed and everything."

Behavioural features : Yes

Frequency rating : "High"

S015

This man frequently felt embarrassed when walking around in the street during the working day. "Definitely. Virtually always ... I think it's [just] a feeling of mine [that people are looking at me]. You feel - you know you've been out of work all the blooming time - well I do - I feel less than what I should blooming be, because I've always been in work ..." At such times he thinks that other people are harbouring negative thoughts about him because he is "poorly dressed, I suppose ... and being out of work." (His standard of dress had not changed since he had been unemployed).

On account of these feelings he seldom went out. He had stopped visiting his local public house (which he used to visit 3 or 4 nights a week), drinking at home instead ; this was partly to save money, but more importantly because he often felt unpleasantly self-conscious in the pub.

Behavioural features : Yes

Frequency rating : "High"

S046

"I am very self-conscious now [since becoming unemployed] ... you're more self-conscious when you do go out because you've got nothing in your pocket - it's not a fact that people are looking at me .. I at least have enough money to keep myself clean so people don't look at me because

I'm going about looking like a tramp ... I don't stay in the pub now. I'd sooner just have a quick drink and get home to the family ... now you sit there with your pint and know that if two or three of your mates come in there's no way - you know they've got money - that they're going to begrudge - they're going to have a drink but you've <u>got</u> to refuse because ... they don't buy one to get one back but you still feel self-conscious about it - and that's a very big thing I think."

Behavioural features : Yes

Frequency rating : "High"

<u>S069</u>

"No, I don't feel nervous [in the benefit office and job centre], I just feel like cattle being shifted from one spot to another sort of thing. Or herded. I don't feel human... The way a lot of the people in there regard you as a parasite. You feel conscious - you know, the looks some of them give you, you feel conscious that that's what they're thinking ... The masses of people that are in there, you get a feeling of, I don't know, cattle herded into a pen..." ["Do you ever tend to feel self-conscious or embarrassed when you're there ?"] "Yes. Always. There's always someone there watching you... and again their attitude and that ... I feel as though I am [blushing] but I don't know if I am ... [I feel] shy embarrassed if you know what I mean."

These feelings were not conspicuous in other situations and did not lead to any avoidance of the job centre. For a brief period he took an impractically low paid job "to get my pride back... At the time I took it because it was pride and I'd become a working man again."

Behavioural features : No

Frequency rating : "High"

<u>S076</u>

"I hate going in [to the benefit office]. I think all the eyes in the world are on you when you're walking through that front door." In the benefit office he felt self-conscious and, particularly when dealing with the benefit officers, "nervous and embarrassed." "I do feel [self-conscious] sometimes when I'm walking around... I never cared about that before, I used to walk up the road with cement on my boots and never bothered." He preferred that his friends and neighbours did not know that he was unemployed - "I find it embarrassing if <u>anybody</u> knows I'm off work, really."

Behavioural features : No

Frequency rating : "High"

<u>S103</u>

["Would you say you ever found it embarrassing ?"] "Quite frequently, yes, like that, only about that, you know, not being working... the least people know about it the better ... strangers you can talk about [it], because they don't know you, but people you know you tend to avoid - some people who are in the same boat sort of thing, you could talk about it - [but] you don't advertise it."

Behavioural features : No

Frequency rating : "High"

S014

"You feel that you're not a superior person any more ... one time I could go anywhere - I was working - I had money - I had what I wanted, I had a car ... You felt you were as - equal to anybody else ... [Now] if I went out for a drink, and what I'd have in my pocket ... you'd just go in, and you're classif.. - you're on your own, because you don't want to be with anyone else, you'd like to be maybe, but you can't... They [friends in the pub] have got money, I haven't, I'm not a sponger, I couldn't do it, I couldn't say, well, you know ; no, I'd prefer not to have it."
"We go to Mass on Sunday, and I come out of there and we shoot straight home like - normally they'd have a bit of a congregation for talking like, but I don't, just straight home... I feel out of place completely."
"I always like to keep myself tidy... things were getting a bit threadbare, I used to feel very self-conscious ... I never like going out unless I'm clean, tidy and what have you - you think people are looking at you, and they're not

looking at you at all really."

Behavioural features : Yes

Frequency rating : "High"

S086

["Would your neighbours know you are out of work?"] "Possibly the one round the corner... I'd prefer they didn't know, because it's embarrassing for me to say I'm out of work - it's one of them unfortunate things - it's not as if I'm not looking for work... it's just the fact that I can't find any."

Behavioural features : No

Frequency rating : "Low"

S104

"Yes it is [embarrassing] - I wouldn't say it was dreadfully earth-shatteringly embarrassing but it's something I don't like to have to announce ... more so with my family, ... because all of my family have been so damned successful ... But it's not something to be ashamed of, I mean it's something that's happening with increasing frequency."

Behavioural features : No

Frequency rating : "Low"

S041

"I get very paranoid in the labour exchange ... I just get embarrassed at being there - going up there and having to sign a piece of paper for £20... I do get embarrassed [in various other places] ... anywhere where I've got to sit down and wait or stand around and wait - I'm not really paranoid, you know, looking over my shoulder ... but I feel uneasy - you feel like everyone's looking at you, you know what I mean ? - wondering what you're doing there."

"Things make you think - you see a friend of yours coming back, he says "Coming in for a pint ?" or you see a friend walking up the street with a shopping bag, "I've just bought a pair of trousers." You know, it makes you think ... if only I had a job, if only I had this, that,.. I could just be normal ... You [are] expected to go right downhill and walk around with your feet hanging out of your shoes, your trousers hanging off, and you're walking around and your family's looking at you and thinking, my God, he's gone right downhill, all your friends, your social life disintegrates because ... you've got no clothes, or you don't look clean and decent [any] more."

"People have asked you to go [to a party] and you go home and you haven't got no clothes to wear ... you have to go and ask your mate ... "can you [lend] me a pair of trousers, my stuff's at the cleaners"."

Behavioural features : No

Frequency rating : "Low"

S098

"I'd prefer them [the neighbours] not to know - I suppose they must know, seeing me walking around, but I just keep it to myself." "Sometimes I get a bit embarrassed about it [i.e. being out of work]."

Behavioural features : No

Frequency rating : "Low"

S105

"I am sensitive about it, sometimes I get embarrassed when it's talked about - I certainly wouldn't advertise it - we try to keep it to ourselves as much as possible - I don't talk about it to the neighbours ... That's why I didn't go to the job centre all that time, I didn't want to go there ... because it's embarrassing."

Behavioural features : Yes

Frequency rating : "Low"

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