

In a small, but interesting number of cases, subjective and objective experiences of health improved. This was the case for a man who was chronically disgruntled with his job, and for wives who assumed a central wage-earning role to supplant that lost by her husband. In those families in which no health problems were reported, members were more likely to be mutually supportive, the husband retained some authority despite his joblessness, the wife was already working prior to her husband's registration or the husband had turned to other interests whilst he was on the dole. Social class did not appear to be a crucial factor, as far as one can tell from the size of the sample: if anything, those in higher status jobs appeared to suffer more dramatically in the initial months of their unemployment.

If unemployment is a cause of illness, how is this mediated? In the thirties, the prevailing thoughts were that the misery caused by unemployment, such as malnutrition, poverty and inactivity, would contribute to ill health. Although one can by no means dismiss these factors, there was no doubt that the families we interviewed experienced severe distress, that this had a lot to do with present social attitudes towards the unemployed, and that factors such as loss of identity, loss of family role, loss of wage earning capacity, reduced socialization, inability to control one's affairs, loss of skill, inability to fill one's time, all contributed to these feelings of distress.

Since the completion of our pilot study, other researchers have found associations between unemployment and minor psychiatric morbidity, in adults as well as in school-leavers, and most agree that although the subject is a complex one for study, unemployment and employment seem to be major contributory factors in determining well-being. Although more research is needed, there is a great deal of concern for those masses of unemployed currently experiencing distress and specially those at risk of developing health problems. These appear to be the jobless in their fifties, the disabled, those with previous records of physical or mental ill-health,

the non-achieving school leavers and those in ethnic minorities. Health care professionals must be alerted to the fact that unemployment can manifest itself in terms of ill health, and be aware of their educative and counselling role. Many of the unemployed are oblivious to the possible effects their experience has in store for them and their families, and preparing them for it may have preventative results. This is particularly important in view of the finding that 'unemployment leaves scars which remain even after re-employment' in terms of irreparable damage to self-confidence and self-esteem.⁷

Lastly, we must not be expected to be able to patch up ills that are generated by decisions made by social planners, economists and Government, who often lose sight of the human response to their actions. Although this moves medical practitioners into the political field, in my opinion it is part of our practice and responsibility to make representation to those in power and create a lobby of resistance for the sake of our present and future patients. Perhaps the College, aware of the impact that their stand on Russian dissidents has had on the Soviet misuse of psychiatry, may discuss these matters and influence politicians.

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