



Clinical report

Scand J Work Environ Health [1997;23\(3\):79-83](#)

Unemployment as a disease and diseases of the unemployed
by [Janlert U](#)

The following articles refer to this text: [2001;27\(6\):365-372](#);
[2008;34\(2\):81-82](#); [SJWEH Supplements 2008;\(6\):177-183](#)

Key terms: [alcohol](#); [death](#); [health indicator](#); [smoking](#)

This article in PubMed: www.ncbi.nlm.nih.gov/pubmed/9456072



This work is licensed under a [Creative Commons Attribution 4.0 International License](#).

Unemployment as a disease and diseases of the unemployed

by Urban Janlert¹

Janlert U. Unemployment as a disease and diseases of the unemployed. Scand J Work Environ Health 1997;23 suppl 3:79—83.

There is a causal link between unemployment and the deterioration in health status, but there is also an act of selection so that people with health problems have more problems in getting a new job. Unemployed men, especially the young, increase their alcohol consumption as compared with employed referents. Unemployed persons are smokers to a greater extent than employed persons, and smokers have a higher risk of becoming unemployed. Psychological indicators have been studied well in connection with health effects of unemployment. Losing, or gaining, employment has clear effects on psychiatric symptoms and on well-being. The death rate is increased among unemployed persons.

Key terms alcohol, death, health indicators, smoking.

Throughout almost the whole of human history, work has been regarded as something evil, and idleness as something good. People have always worked, but the concept “work” is a product of the 18th century. An etymological analysis of the different words for work in European languages will consistently show that the words stand for notions like “trouble”, “worry”, “toil”, or something similar. The French word for work, “travailler”, is derived from Latin “tripotium” which was the name of a feared instrument of torture (1).

Unemployment as a disease

In many countries it has been against the law to be unemployed. The last Swedish law that prohibited unemployment was abolished in 1885. Before that, unemployed persons could be put into prison (2).

Thus, in this situation, it is clear that unemployment was looked upon as a deviation from the norm, a defect in character, a type of “disease” with low motivation to work.

Even today, and especially in periods when unemployment rates are low, there is a tendency to look upon unemployment as mainly an individually caused predicament. Obviously, the lower the general unemploy-

ment rate, the higher the probability that the unemployment of a particular person has something to do with that person's personal qualifications (lack of capacity, handicap, etc). In a situation in which the unemployment rate is high, individual unemployment is more randomly distributed.

Diseases of the unemployed

With the Age of Enlightenment a new perspective on work was introduced. Work came to be seen as a very positive factor. It was the hallmark of mankind, something which separated human beings from animals. This revolution of the concept was introduced at the same time as work overflow changed into periods of work shortage (2).

Unemployment is closely connected with the industrial period in Western societies. Even though there were brief reports of unemployment already during the 16th century in England, unemployment is mainly a problem of our time.

Unemployment research requires unemployment. As can be seen from figure 1, the relations between unemployment and the relative frequency of articles on unemployment in the Medline data base since 1966 are rather close (2).

¹ Department of Epidemiology and Public Health, Umeå University, S-901 85 Umeå, Sweden.

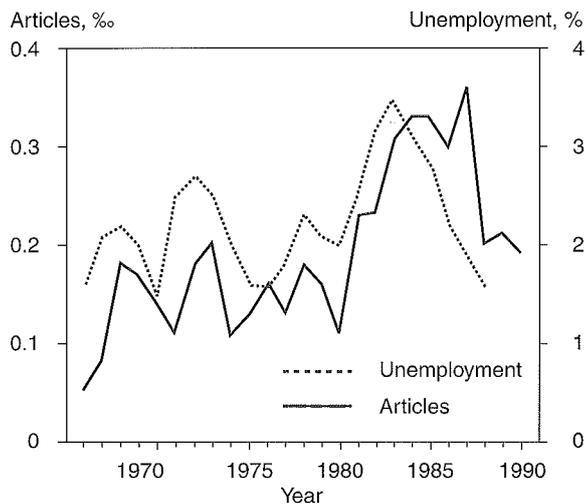


Figure 1. Unemployment in the OECD countries (right axis) and published articles on unemployment and health in Medline (left axis) 1966—1990.

The classic controversy in research regarding unemployment and health is whether unemployment causes ill health or vice versa (3). Today it is rather obvious that both directions in causality are relevant. There is a causal link between unemployment and deterioration in health status, but there is also an act of selection so that people with health problems have more problems in getting a new job. The health effects of work deprivation can be classified into the following groups: risk exposure, health behavior, risk indicators, health status, sick role behavior, and mortality.

During unemployment the risk of exposure to work hazards is lowered, but at the same time exposure to

other unfavorable situations is higher. Health behavior, such as smoking and alcohol consumption, may change, as well as risk indicators (blood pressure, stress hormone levels, etc) when one is unemployed. Studies using clinical methods have found various health effects during unemployment. Sick role behavior (visits to physicians, drug sales, etc) is also affected by unemployment. Several studies have demonstrated increased risk of death among the unemployed. Unemployed men double their death risk in most age groups when compared with the employed, and in some age groups the risk is even tripled.

Alcohol

There are two plausible hypotheses regarding alcohol and unemployment: (i) alcohol consumption rises among the unemployed due to increased stress and (ii) alcohol consumption decreases among the unemployed due to lack of money. There are some contradictory results on this topic, however, but most studies point towards an increase in consumption (4).

It has been clearly shown that young men tend to increase their alcohol consumption during unemployment (4). In a longitudinal study in which young people were followed for 5 years after completing comprehensive school, long-term unemployed men showed a significant increase in alcohol consumption compared with those employed or unemployed for only short periods (figure 2). This increase was evident both in the group with low alcohol consumption at the age of 16 years, and in the high consumption group. The situation of young women was differed (figure 3). The differences between the groups with different unemployment load were small in the low consumption group, but, in the high consumption

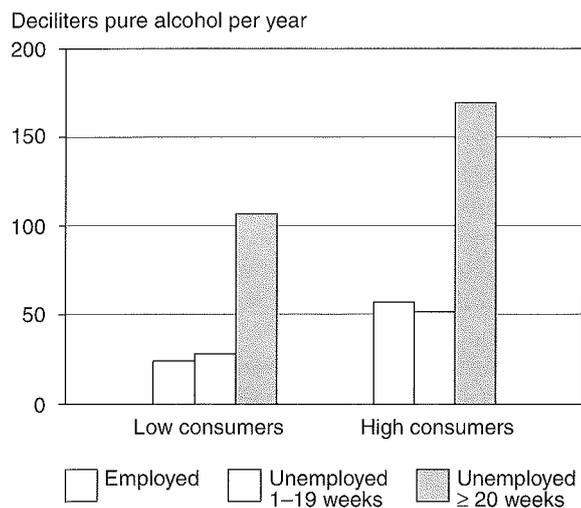


Figure 2. Mean alcohol consumption difference between men 16 and 21 years of age in relation to employment.

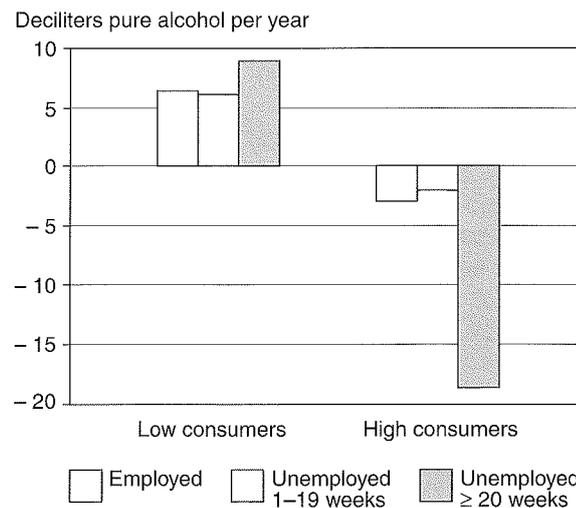


Figure 3. Mean difference in alcohol consumption between women 16 and 21 years of age in relation to employment.

group, there was a substantial decrease in alcohol consumption among those with the longest unemployment. This result is partially explained by the fact that many of the long-term unemployed women gave birth to children during their unemployment.

Work is usually looked upon as involving several risks—chemical, physical, psychosocial. But work may also be looked upon as a possibility for maintaining a good life. For alcohol abusers who can stay within the limits when they work, but who fall into addiction when unemployed, work is a very important factor as a health-promoting agent.

Smoking

Many studies have shown a correlation between smoking and unemployment. Unemployed persons are smokers to a greater extent than employed persons (5). Smokers also have a higher risk of becoming unemployed (6). This difference can partly be explained by phenomena like a correlation between smoking and a low level of education and smoking and a low socioeconomic status, but even when these factors are controlled for, an unexplained part of the correlation between smoking and unemployment seems to arise from unemployment per se.

Some studies support the hypothesis that unemployment increases the inclination to smoke among young people (7). The smoking habits of those who did not smoke at 16 years of age were followed to the age of 21 years. When, after the 5 years of follow-up, the smoking habits were compared between different employment groups, there were clear differences between the numbers of new smokers (figure 4). Even after adjustment for social background factors, there

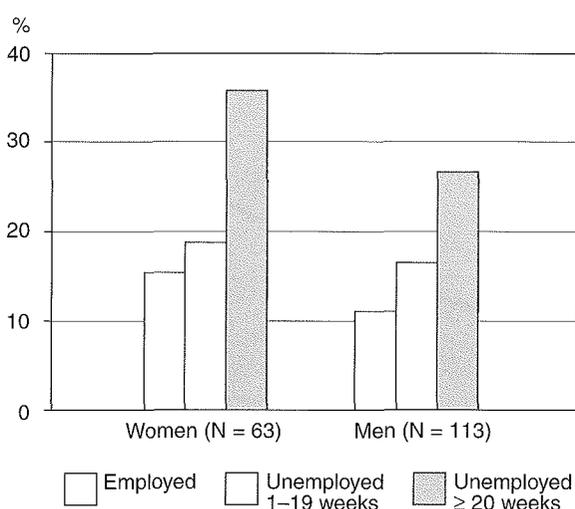


Figure 4. Smokers at the age of 21 years who did not smoke at the age of 16 years in relation to unemployment in the meantime.

is an elevated risk among the long-term unemployed to start smoking.

British (8), Norwegian (9), and Swedish (10) studies show a connection between unemployment and the use of narcotics, mainly cannabis.

Psychological health

Psychological health is one of the most well-studied factors in relation to the health effects of unemployment (11). A measure that has been extensively used in unemployment research is the General Health Questionnaire (GHQ), as a 12-item version (12).

Figure 5 shows the results of a Danish study on the effects of the close down of a shipyard (13). The GHQ score of those in a stable situation, whether employed or unemployed, did not change. But for those losing or gaining employment, a change was seen in the expected direction. It is also interesting to note that, in the changing groups, there was a different GHQ level already at the outset; this finding may imply both selection and premonition of the coming change.

Psychological health indicators

It is sometimes said that in surveys people give the answers which they feel they are supposed to give, not what they really think. This assumption is probably at least partly correct. As most people think that unemployment is an unwanted condition, they may be prone to propose negative effects on their health, due to unemployment.

Blood pressure, however, is a condition which cannot be normally controlled; neither can the level be registered without instruments. In a study in which we followed 300 construction workers for 2 years and also registered the unemployment load as well as the blood pressure changes, we found that the longer the unemployment, the greater the rise in blood pressure (14).



Figure 5. Psychiatric symptoms and work situation. A higher GHQ (General Health Questionnaire) level indicates more symptoms.

Figure 6 shows that the unemployed workers had a greater increase in blood pressure than those not unemployed during the study period. It also shows that the greater rise in blood pressure as the length of unemployment increases may imply a causal link between the two phenomena.

Unemployment and death

Death is the type of hard fact that epidemiologists like most. And there are several studies—from Finland, Sweden, Denmark, the United Kingdom, the United States, and Italy—which show an increase in death rate for those unemployed compared with those employed (15–19).

A Danish study in which a huge cohort was followed for 10 years showed that the death rate in almost all the age groups tended to be about two to three times higher among the unemployed than among the employed (figure 7). The overrepresented causes of death were violent deaths (accidents and suicide) and alcohol-related deaths, but also diagnoses such as cardiovascular deaths were overrepresented (18).

A problem in this type of study is to know whether those unemployed were sicker already at the start of the study. Diseases may contribute both to death risk and to unemployment. Attempts have been made to screen out the “sick unemployed”. A study on this topic was done by Martikainen in Finland (15); he adjusted for drug consumption and sick leave before the start of the study and collected information on civil status, educational level, and socioeconomic status. When adjusting for all these factors he found

that, the relative risk for death was reduced from about 2.5 to 2. In other words, there still was a substantially higher risk of death for the unemployed than for the employed.

Unemployment—a challenge for public health

Unemployment is both an individual and a group phenomenon. Unemployment levels in the society also affect those who still have jobs and groups outside the labor market (children and pensioners). One of the first modern studies on unemployment, the Marienthal study in Austria, clearly demonstrated how the time spent together and the connections between people gradually diminished during unemployment (20). In a series of ecological studies M Harvey Brenner has shown the effect of economic recession on, for example, mental health and cardiovascular diseases (21, 22).

Unemployment, however, is still mainly looked upon as an economic question. The health aspects of unemployment seldom enter public discussion. In order to get a more complete picture of the dimensions of unemployment, the health consequences ought to be incorporated.

In contrast to many other causes of disease, unemployment is completely in the hands of mankind. Unemployment is a problem of organization. It is a question of priority. Is the most important issue to be coped with inflation or unemployment?

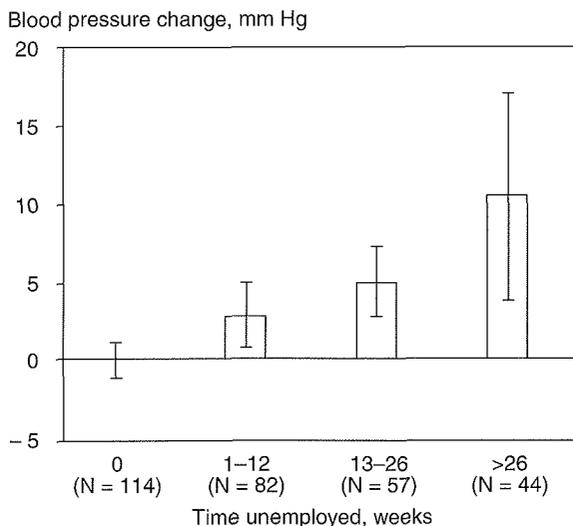


Figure 6. Changes in systolic blood pressure (95% confidence intervals) according to different unemployment loads between the first and last measurement.

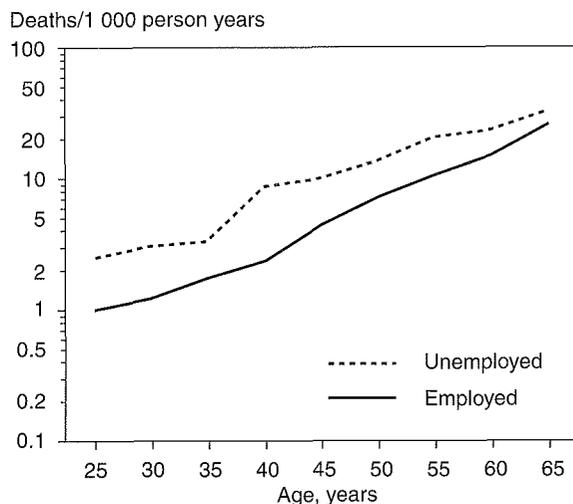


Figure 7. Age-specific death rate of employed and unemployed men, 1970–1980.

References

1. Garraty JA. Unemployment in history. Economic thought and public policy. New York (NY): Harper and Row, 1978.
2. Janlert U. Work deprivation and health: consequences of job loss and unemployment. Luleå/Sundbyberg: Karolinska Institute, 1991.
3. Dooley D, Catalano R, Hough R. Unemployment and alcohol disorder in 1910 and 1990: drift versus social causation. *J Occup Organ Psychol* 1992;65:277—90.
4. Janlert U, Hammarström A. Alcohol consumption among unemployed youths: results from a prospective study. *Br J Addict* 1992;87:703—14.
5. Lee AJ, Crombie IK, Smith WC, Tunstall Pedoe HD. Cigarette smoking and employment status. *Soc Sci Med* 1991;33:1309—12.
6. Waldron I, Lye D. Employment, unemployment, occupation, and smoking. *Am J Prev Med* 1989;5:142—9.
7. Hammarström A, Janlert U. Unemployment and change of tobacco habits: a study of young people from 16 to 21 years of age. *Addiction* 1995;89:1691—6.
8. Peck DF, Plant MA. Unemployment and illegal drug use: concordant evidence from a prospective study and national trends. *BMJ* 1986;293:929—32.
9. Hammer T. Unemployment and use of drug and alcohol among young people: a longitudinal study in the general population. *Br J Addict* 1992;87:1571—81.
10. Hammarström A. Health consequences of youth unemployment—review from a gender perspective. *Soc Sci Med* 1994;38:699—709.
11. Winefield AH. Unemployment: its psychological costs. In: Cooper CL, Robertson IT, editors. *International review of industrial and organizational psychology*. New York (NY): John Wiley & Sons Ltd, 1995:169—212.
12. Goldberg DP. *Manual of the general health questionnaire*. Windsor: NFER, 1995.
13. Iversen L, Sabroe S. Psychological well-being among unemployed and employed people after a company closedown: a longitudinal study. *J Soc Issues* 1988;44:141—52.
14. Janlert U. Unemployment and blood pressure in Swedish building labourers. *J Intern Med* 1992;231:241—6.
15. Martikainen PT. Unemployment and mortality among Finnish men, 1981-5. *BMJ* 1990;301:407—11.
16. Stefansson CG. Long-term unemployment and mortality in Sweden, 1980—1986. *Soc Sci Med* 1991;32:419—23.
17. Sorlie PD, Rogot E. Mortality by employment status in the National longitudinal mortality study. *Am J Epidemiol* 1990;132:983—92.
18. Iversen L, Andersen O, Andersen PK, Christoffersen K, Keiding N. Unemployment and mortality in Denmark, 1970—80. *BMJ* 1987;295:879—84.
19. Junankar PN. Unemployment and mortality in England and Wales: a preliminary analysis. *Oxf Econ Pap* 1991;43:305—20.
20. Jahoda M, Lazarsfeld PF, Zeisel H. *Die Arbeitslosen von Marienthal. Ein soziographischer Versuch*. Leipzig: Hirzel, 1933.
21. Brenner MH. Economic change and ex-specific cardiovascular mortality in Britain 1955—1976. *Soc Sci Med* 1982;16:431—42.
22. Brenner MH. *Mental illness and the economy*. Cambridge, (MA): Harvard University Press, 1973.