

# [Psychological and sociological concepts explaining depression behaviours](https://assignbuster.com/psychological-and-sociological-concepts-explaining-depression-behaviours/)

The aim is to identify the impact of psychological and sociological concepts relevant to Edward’s depression to explain why he is exhibiting certain behaviours. The possible options available to Edward will be identified to enable him to reduce his feelings of depression, and allow him to attempt to change his current perceived lack of opportunities and options.

This will begin with the psychological aspects effecting Edward and exploring the theory behind this. Leading in to this the sociological effects will be explored, and the implications discussed. It is important to point out that sociological perspectives link in closely to the psychological perspectives, and the line in between the two is easily blurred.

Relevant social policies will be researched to establish what governmental policies are in place to assist Edward. A conclusion will then attempt to summarise the discussion.

In Haralambos and Holborn (1993, p384), Fagin and Little identified four main reactions to unemployment. The first reaction was shock, then denial and optimism, anxiety and distress, and finally resignation and adjustment. Psychologically it is the third stage that appears currently relevant to Edward. This stage found people who remained unemployed for any length of time became anxious and distressed about their future.

Edward was made redundant 6 months previously from a job in which he held a position of authority. Losing this could have had a psychologically detrimental effect on Edward’s perceived status. He is now in a position where his employment status point of view as well as his position in the family has drastically changed. Edward has also moved social classes, from class 1, higher managerial and professional occupations, to class 8, never worked and long term unemployed (Office for National Statistics 2008). This change could lead to loss of confidence and self esteem.

Edward may have had to make many adjustments in his life which this change in status may have caused. Edward would have been used to getting up each day with a purpose, a place in his mind of who he was, and what he does. For many work provides structure around which a person bases much of their identity, and offers a place outside of the family in which to socialise, including out of work such as after work beers or office parties.

In Haralambos and Holborn (1993, p383), Fagin and Little suggest that work structure’s a sense of who people are and their role in society giving them their identity, a source of relationships external to that of the family, and it has been found that in the majority of cases unemployment leads to a reduction in social contacts.

Edward may feel psychologically that he has lost control, not only of perceived status but also of control over his daily actions and routines. Work aids to structure an individual’s mind, giving purpose and meaning to each day, for instance, weekdays in which you have a societal/professional role to fulfil, and the weekend is personal time for which you can plan recreational activities.

According to Grant and Barling (1994, p312), Jahoda believes that the loss of employment and the daily structure it provides is a contributing factor toward negative mental health, and reduces an individual’s sense of purpose in life.

To begin with Edward may have felt a loss of status and purpose, but may have retained a sense of confidence about the future and job prospects, and this could have given him a renewed purpose in life. Having now been out of work for 6 months, this length of time without a job has reduced his sense of purpose, and Edward feels at his age he will not work again. This type of feeling and thought process can lead to depression, and can compound a sense of loss and hopelessness.

These feelings can deteriorate over time, especially if the long term goal of re-employment seems unachievable. This can lead to further feelings of losing control, and increase negative thoughts causing symptoms of stress.

While many face stressful situations, the impact of this stress can be minimised by how the individual views these situations, and an influencing factor is how much perceived control the person has in these situations.

The feeling that an individual exerts control over stressful situations has been known for many years to influence how people cope with stress (Bandura 1977, cited in Taylor 1995, p264). If Edward perceives that he has no control, he may not be able to cope with his situation and become depressed due to lack of hope for the future.

This is highlighted by Frese and Mohr who state:

‘ The concept of control can be extended by not only looking at the immediate control over ones present environment but also at the potential control one has in the future. This implies that one is able to withstand temporary loss of control so long as one is confident of achieving long term control in the future’ (Frese and Mohr 1987, p173).

This feeling of hopelessness is directly linked with depression, in some cases it can be part of the cause, but is also one of the main symptoms used to identify depression (Helpguide 2010). From a psychological perspective, hopelessness is not just something which causes depressive symptoms, it is a result of experiences that are perceived to have happened to an individual.

Being unemployed for this length of time may have reduced this level of hope, as pointed out by Frese and Mohr:

‘ A decrease of hope is not is not just a matter of sudden change within a short period but, more importantly, a matter of day to day disappointments that eventually lead to giving up hope (e. g. being told that one is too old to get a certain job etc)’ (Frese and Mohr 1987, p174)

These psychological changes happened over time, and it is this impact of this that appears to have led to Edwards feelings of depression. It is believed to be the period of time that Edward has experienced unemployment that has been the main factor in his depression and sense of hopelessness, as highlighted below:

‘ Depression may occur in some people following prolonged and/or repeated periods of unemployment. These more significant forms of depression may be accompanied by diminished self-esteem, by perceptions that unemployment will continue irrespective of one’s actions (helplessness), by very low expectations of finding a job (hopelessness)’ (Feather and Davenport 1981, cited in Feather and Barber 1983, p186).

Further to this, evidence suggests that the person who is unemployed for longer periods show’s links with motivational issues and low esteem (Feather 1982, cited in Feather and Barber 1983, p186).

Depression, viewed by the biomedical perspective is considered to stem from biological factors like hormone imbalances. This perspective tends to be held by most G. P.’s, and the response to the depressive state is to give medication in order to stabilise this imbalance and improve mood (Taylor 1995, p12).

Edward has been given anti-depressants but is reluctant to take them, and it is possible that he may be of the opinion that his depression is a result of his situation as opposed to a hormonal imbalance. Further to this, perceived stigma often associated with having a mental illness affects the patient’s willingness to partake in treatment for depression, and it has been suggested that this could be improved by addressing psychological preconceptions prior to and during treatment (American Psychiatric Publishing Inc. 2001, p1615).

As well as a feeling of hopelessness, there are many other symptoms impacting upon Edwards. Feelings of inadequacy feature highly in the form of self loathing, as does the tendency to criticize oneself and experience feelings of guilt. Another factor in depression is the symptoms of irritability, feeling agitated and having low tolerance levels toward everyone and everything, and this is clearly exhibited by Edward (Helpguide 2010).

Edward may feel guilty because he is unable to contribute toward the household income, where previously he would have, and if they are experiencing financial hardships this will only exacerbate these feelings.

Edward’s son is currently attending an expensive school. With Edward being unable to pay for this it is now down to his partner to pay the expense, and although it may not be the case Edward may feel that this may be begrudged by his partner. From a fathers point of view Edward is currently not able to provide for his son, having to rely on others to maintain his schooling. This could impact on his feelings of inadequacy and guilt.

Edward and his partner may live in an affluent area, but this could still have a negative impact. He may view that being unemployed has changed how people view him, and the social circles in which he and his partner socialise may well have the perception of the unemployed as being of a lower class, or to be pitied. If this is the case it could help to compound Edward’s social isolation/exclusion, and could in turn affect the social standing of his partner.

Studies have shown that the spouse of someone who is unemployed can be greatly affected, in social standing and socially and psychologically. Although these studies have been predominantly carried out between heterosexual partners, studies between homosexual partners have failed to highlight any differences between the relationships, including that of parenting. In these relationship studies, results have shown that the partners have had increased stresses both in their relationship and socially (Jackson and Walsh 1987, p205; Patterson 1996, p271)

Unemployment can also cause issues between partners in a relationship. Over time the relationship between the supporter and the supported can change. Initially the supporter, in this case Edwards partner may have been emotionally, financially and possibly socially highly supportive during the early stages of the redundancy, but as time goes on may become less supportive as his own social and emotional status is affected. This can cause symptoms of depression in the partners of the unemployed, which can then affect their ability to provide support to the unemployed, such as providing help, encouragement, social care and concern for their partner. This in turn has been shown to increase the symptoms of depression in the unemployed partner, as well as decreasing the feeling of satisfaction in the relationship (Vinokur and Price 1996, p175)

Incidentally, although unemployment can cause stress in relationships, studies have shown that if the unemployed person is not supported financially this can have a detrimental affect on their physical health, with levels of cholesterol and symptoms of illness being reported as significantly higher, so remaining in affluent surroundings and being financially stable has health benefits for the unemployed (Gore 1978, p157).

Due to Edward’s age he feels that he will not work again. There is evidence to support Edwards feeling’s here, and this may not aid in improving his outlook. A study in 1982 highlighted that out of the total number of people unemployed 52% were over the age of 50, and although there were many young people unemployed statistically they were most likely group to find subsequent employment (Glyptis 1983, cited in Haworth and Evans 1987, p242).

Age also plays a role in how people react to unemployment:

‘ As newcomers to the workforce young people have no established occupational identities to shatter. Since they have not experienced work they do not lose the sense of identity that work provides for older unemployed people’ (Roberts 1986, cited in Haralambos and Holborn 1993, p386).

Socially, there are many government and local initiatives in place to assist Edward. Firstly under the welfare system Edward could claim jobseekers allowance, which is currently £65. 45 per week for the over 25’s (DirectGov 2010). Whilst on this allowance, the new government policy is to ensure that training opportunities are made mandatory in order to aid gaining employment, and this could assist Edward in moving into a sector in which he could be re-employed. This is facilitated at the Jobcentre Plus centre’s using interviews to identify skills and liaise with local businesses to find suitable employment (Great Britain, Social Security Advisory Committee 2009, p4).

Other financial assistance available is council tax benefits, child maintenance and family tax credits (DirectGov 2010). If Edward’s depression does not improve there are government initiatives to assist with this. Financially he could move from Jobseekers allowance to Employment Support Allowance (formally incapacity benefit) claiming up to £91. 40 per week (Patient UK 2010)

According to the World Health Organisation (2010) depression is the leading cause of disability, and as such has a large impact on public health.

Advice on depression can be found in a variety of places. Local organisations such as MIND, primary care trusts, local council, social workers, community psychiatric nurses or referral’s from G. P.’s for counselling (DirectGov 2010). Counselling such a cognitive behavioural therapy (CBT) may be able to assist Edward:

‘ When CBT was combined with employment support to aid job seeking…there was a positive change in customers’ mental health (lower levels of depression/anxiety and higher levels of self esteem) and some increases in job seeking’ (Kellett 2008).

Depression Alliance is a national charity which offers support groups, self help, therapy, information for sufferers and carers and advice and courses to aid in employment (Depression Alliance 2010)

If Edward was unable to find employment it is important to attempt to form a new social network, and several studies highlight the importance of this to reduce the negative psychological caused by unemployment (Haworth and Evans 1987, p242). Government policies like The National Social Inclusion Institute assist in a wide variety of issues to aid engagement in communities, including art and culture opportunities, day care services, connecting communities, education, learning and skills, housing issues, primary care initiatives, and assisting in employment options (National Social Inclusion institute 2010).

Smoking causes the highest amount of preventable deaths in the U. K., and as such the government has many policies to try to reduce this. Some of these policies include smoking cessation groups, NHS stop smoking, the smoking ban in public places, photo’s/warnings on cigarette packaging, and free Smokefree aids (Department of Health 2010).

The Disability Discrimination Act 2006 and The Employment Equality (Age) Regulations Act 2006 are social policies in place to reduce discrimination against mentally illness and prevent ageism in the workplace (Great Britain, The Disability Discrimination Act 2006; Great Britain, The Employment Equality (Age) Regulations Act 2006).

Edward has been impacted in many ways unemployment. It has caused depression, social exclusion, lack of structure in his life and has had a detrimental affect on his lifestyle such as increased smoking. Psychologically he has experienced loss, shock, a lowering of self esteem, loss of purpose, lowered motivation, increased anxiety, depression and irritability, and a sense of hopelessness and helplessness.

Socially Edward has been affected by loss of status, role and function, a change in his social class, adverse affects on relationships, reduced social network/social exclusion. There are many organisations to assist in re-employment but how effective this would be in a period of recession is difficult to tell. Mental health organisations are in place but the stigma of mental illness is still strong, and as good as these services may be many will simply not utilise what is available. As with smoking cessation, with Edward being depressed smoking may be the one pleasure he feels he has in life at present, so getting him to stop may prove difficult.

Impacts on public health in cases similar to Edwards could be an increase in depression and the disability that can cause, leading to further unemployment, lower tax revenue, increase in benefit claims, increased pressure on already limited public services, longer waiting lists and a detrimental effect on the public at large. Increased smoking could further burden the NHS with more cases of respiratory diseases, and whilst the government is looking to cut budgets in the recession this could have far reaching consequences to public health in general.

During this discussion much of the literature relating to unemployment psychology and sociology appears to have been published during the 1980’s/1990’s. It is assumed that the reason for this was due to the last recession being during this period, so a large amount research was focussed in these areas. During the 1990’s/2000’s there was much prosperity in the western world, up until recently. It would be a fair assumption to surmise that due to the current economic climate an increase in publications surrounding this issue will become widespread during the next five years, and this could highlight further impacts on public health.