Acknowledgements
To L. J., thank you for being there.

D. R. T.

'It makes far better sense to rely on a fence
Than an ambulance down in the valley.'

Anonymous

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16 ‘Health dividends’: The use of co-operative inquiry as health promotion intervention with a group of unemployed women

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**Introduction**

From the publication in 1938 of Eisenberg and Lazarfeld’s classic work on the psychological consequences of unemployment, the adverse effects of unemployment upon psychological well-being have been well documented. With regard to the extent of these negative consequences, Jackson and Warr (1983) stated that twenty per cent of unemployed people experience a deterioration in their mental health as a result of unemployment. In more specific terms, the same authors reported increased anxiety, depression, insomnia, irritability, lack of confidence, listlessness, inability to concentrate, and general nervousness among the unemployed men whom they studied. This list succinctly summarises the biopsychosocial consequences of unemployment that other studies have also identified. Additional characteristics that others have noted include anomie, self-blame, anger, aggression, reduced life satisfaction, decreased motivation to work, and a feeling of helplessness and of not being in control of one’s life (Kaufman, 1982); loss of self-esteem (Shamir, 1986); and disturbance in family relationships (Hill, 1977; Jackson & Walsh, 1987; Martin & Wallace, 1984). Some authors have sought to locate psychological reactions to unemployment within a stage framework and have identified stages of shock and disbelief; denial, optimism and the making of concerted efforts to secure re-employment; anxiety, distress, self-doubt, anger and pessimism; and resignation, fatalism, withdrawal and adjustment (Fagin & Little, 1984; Harrison, 1976; Hill, 1977; Kaufman, 1982).
Focusing on the benefits of paid employment that are lost when a person becomes unemployed, Warr (1983) outlined nine features of the unemployed role that may mitigate against psychological well-being, i.e., a decrease in income and, consequently, in the variety of one's life; a reduction in the number of one's goals; decreased scope for significant decision-making; reduced opportunities for the development and practice of skills; an increase in psychologically threatening activities and experiences such as rejection and social stigma; insecurity about the future; decreased variety in one's interpersonal contacts; and changes in social position. Others have itemised additional losses consequent upon unemployment, including the loss of the predictable temporal division of one's day; the potential for positive feedback on one's competence and worth; a sense of purpose; habitual activities; and one's role within the family context (Brenner & Bartell, 1983; Fagin, 1979; Fagin & Little, 1984; Fineman, Jahoda, 1982).

In a more socially-oriented analysis, Breakwell (1986) pointed to the way in which the dominant social representation of 'the unemployed' threatens the identity of unemployed people. This social representation, which is expressed in various cultural forms and which exists in people's attitudinal and belief systems, is negative in tone. It equates unemployment with laziness and lack of motivation, representing unemployed people as 'social miscreants' who have failed in some way to comply with society's requirements and are being legitimately chastised through the loss of paid work' (Breakwell, 1986, p.57). There is evidence that people who believe that the unemployed negatively and that unemployed people believe that others despise and deprecate them, to an even greater extent than they actually do (Breakwell et al., 1984). If unemployed people believe that others perceive them in terms of this negative social representation, or if they view themselves in this way, their psychological well-being in general and their self-esteem and identity in particular may suffer.

Warr (1983) has listed various factors which may mediate the effects of unemployment, including gender. Research on the effects of unemployment has traditionally either ignored women or has studied them only as the spouses of unemployed men. There is evidence that women's psychological well-being is adversely affected when they themselves are unemployed (Hall and Johnson, 1988; Martin and Wallace, 1984). Some studies have reported similar psychological outcomes for both men and women following unemployment (Ensinger and Celentano, 1990; Gore and Magione, 1983), while others have suggested that unemployment has more serious consequences for men than for women (Fagin, 1979; Jahoda, 1982; Snyder and Nowak, 1984).

In 1991, a health promotion worker from Enfield Health Authority in north London decided to construct a project that would address the mental and physical health needs of unemployed women in her locality. However, she felt that the inconclusive findings reported by those studies which have attempted to describe the effects of unemployment on women's mental health were an unsatisfactory basis for a health promotion intervention. She therefore decided to undertake an assessment of the mental and physical health needs of unemployed women in Enfield so that appropriate health promotion interventions could be designed to address these needs. She wished to undertake this needs assessment in such a way that the research process itself would constitute a health promotion intervention with unemployed women. As the chosen method was somewhat innovative, a detailed account of the project's methodological content and process will be provided, partly to contextualise and explain the approach taken, and partly to guide those health promotion workers who wish to apply the method in their work.

Methodological issues

Co-operative inquiry

The health promotion intervention that was undertaken was based upon principles of co-operative inquiry, which has been characterised as a new paradigm methodology (Reason, 1988; Reason & Rowan, 1981). The prime characteristic of co-operative inquiry or - as it is also termed - participatory research is that the researcher interacts with those who, within an orthodox research approach, are construed as passive research 'subjects'. The principal aim of this interaction is to establish 'a dialogue between research workers and the grass-roots people with whom they work' (Reason, 1988, p.2) and to enable them to contribute actively to the research process at every stage as co-researchers (Heron, 1981). Such a method may also be located within the community development approach to health promotion, which operates when 'a group or groups of like-minded people, who recognise themselves as having common experiences in health matters, come together to discuss and review their concerns, take stock of their situations, identify mutual problems and to share in the process of clarifying options, working out appropriate joint action and setting about the process of trying to change their circumstances' (Beattie, 1991, p.176). In that the health promotion worker responsible for initiating the project operated within a community development framework, the adoption of a co-operative inquiry approach
accorded with her theoretical assumptions about health promotion.

Recruiting participants

As the research issue that was to be addressed concerned the health needs of unemployed women, it was decided that women from this target group should be involved in the project as co-researchers with the project initiator, i.e., with the health promotion worker. One of the advantages of involving unemployed women as co-researchers is that they may more easily be able to contact other unemployed women through their social networks and motivate them to participate in the needs assessment research than would the project initiator if she were action as sole researcher. The difficulty of contacting unemployed women and of motivating them to participate in research or in health promotion projects - noted by Warr (1987) - was encountered in an earlier attempt to initiate a health needs assessment using a more traditional research framework. At the outset of this intended project, the health promotion worker assiduously visited local job centres and Department of Social Security offices and distributed handbills and displayed posters that outlined the nature of the research and sought participants. This strategy failed to elicit any response from the target group. From this experience, it was clear that a more innovative approach was required in order to contact unemployed women and to motivate them to participate in the needs assessment.

It was felt that the use of a co-operative inquiry methodology would motivate women to participate in the project as co-researchers by offering them many of the psychosocial benefits of paid employment, thereby helping to promote their sense of psychological well-being. For example, it was hoped that involvement in the project would provide the women with new goals; variation in their everyday routine; new social contacts; the opportunity to develop and practice new skills, to participate in significant decision-making and to receive positive feedback on their competence; and a renewed sense of purpose. These aims overlap considerably with what Warr (1983) considered to be the psychosocial characteristics of ‘good unemployment’, i.e., an unemployment situation which would help to maintain psychological well-being. Also, the women’s psychological well-being could be boosted by their being involved in a meaningful project that would have demonstrable results, as their research findings would inform the design of subsequent health promotion interventions for unemployed women: Haworth and Evans (1987) concluded that involvement in meaningful activity can moderate the negative psychological consequences of unemployment. It was felt that involvement in the project might also allow the women to construct an identity as a researcher or - if they became involved in resultant health promotion programmes - as a voluntary health promotion worker. The adoption of such an identity might prove less corrosive to psychological well-being than would an ‘unemployed’ identity, in that the women might cease to regard the negative social representation of ‘the unemployed’ as applicable to them. To the extent that this personally adopted social identity becomes recognised and accepted by others in the women’s social networks, these others may cease to apply the negative social representation of ‘the unemployed’ to them. For the unemployed women who would participate in the project as co-researchers, the research therefore constituted a mental health promotion intervention.

In order to gauge the extent to which the intervention succeeded in promoting psychological well-being, the women completed the 30-item version of the General Health Questionnaire (GHQ-30) (Goldberg, 1978) at the beginning and at the end of the project. This instrument provides an indication of a person’s psychological well-being on the basis of whether or not they have experienced certain symptoms or exhibited certain behaviours during the previous few weeks. The extent to which any psychological benefits persist after the completion of the research will depend upon such factors as the degree to which the women can become involved in further goal-directed projects, such as the establishment and maintenance of health promotion programmes that seek to address the health needs identified by their research.

The research can additionally be viewed as offering three potential psychological benefits to those who adopted the traditional role of research subjects. Firstly, their accounts of the ways in which unemployment has effected their mental and physical health will shape health promotion interventions that will address their health needs. Secondly, the process of verbalising their accounts of unemployment may prove cathartic. Thirdly, this process may help them to construct a coherent, interconnected, psychologically-pleasing account of the changes that have been demanded in their identity by their experiences of unemployment.

In selecting those women who would act as co-researchers and/or as participants in the research, it was impossible to employ techniques such as random or quota sampling, for various reasons. Firstly, the only way of gaining access to comprehensive information about women in the locality who were registered as unemployed would have been through the Department of Social Security, which properly regards this information as confidential. Secondly, even if access to such information were granted, it would be incomplete, as many women who are unemployed...
do not register as such because they are unable to obtain benefits if their partner is in paid employment or is in receipt of benefits.

In the light of the aforementioned recruitment difficulties, it was decided to adopt an opportunistic approach to the recruitment of co-researchers. Four women were therefore enlisted as co-researchers through various community health networks. All had attended discussion groups on a range of health-related topics that had been facilitated by the same health promotion worker who was responsible for initiating the co-operative inquiry project. All four women were unemployed and three were actively seeking work or further training. Three of the women were in their twenties and one was in her fifties. These particular women were recruited because they were involved in part-time voluntary work and were therefore deemed likely to have access to other unemployed women in the community.

The methodological process

The co-operative inquiry group met four times over a period of one month. The proceedings of each session were recorded and later transcribed. Edited versions of these transcripts have been presented elsewhere (cf. Daniels, 1992). The group consisted of the four unemployed women, the health promotion worker who assumed the role of group initiator, and a female participant observer. The term ‘initiator’ is used rather than ‘leader’ or ‘facilitator’, as the person who assumes this role works actively with the group during the initial stages of the co-operative inquiry process in order to help establish the group’s aims and methods of working. However, beyond this point, she transfers responsibility for the group onto the group members and moves towards adopting the role of a co-worker. The principal role of the participant observer within the group was to act as a debriefing partner for the initiator and to provide her with feedback on the nature of the group dynamics.

During the first group meeting, the initiator’s role involved establishing rapport with the women, administering the GHQ-30, and conducting a minimally structured group interview to ascertain the various ways in which unemployment had affected the women. To reduce the likelihood of self-presentational effects occurring on the GHQ-30, the women were told that it was being used simply to supplement the data from the group interview. The discussion that arose in the interview was at first generic but then focused upon how unemployment had affected the women’s health, attending particularly to its mental health implications. Through this discussion, the women identified their health needs in the light of unemployment. In consultation with the initiator, the group proceeded to design a research task that would identify the mental and physical health needs of other unemployed women. The women decided that they would contact other unemployed women in the locality and would talk to them in a loosely structured manner about the ways in which unemployment had affected them. They would then seek to identify the women’s health needs, i.e., those health-related issues on which they would like information, training, or opportunities for discussion. With regard to data recording, the co-researchers decided to make notes about the content of their conversations after they had taken place. Over the next month, the four women contacted and interviewed six other unemployed women.

It may be legitimately argued that the implementation of health promotion interventions on the basis of the opinions and experiences of only ten subjects is unwarranted. However, the research was designed as a pilot study for a larger scale future assessment of the health needs of unemployed women. Lest the small sample should identify idiosyncratic needs, it was envisaged that the health promotion interventions established in the light of the research findings would be relatively small in scale and low in cost. This strategy was necessary to avoid channelling a disproportionate amount of funds into addressing the specific health needs of a small number of people.

The second and third meetings of the co-operative inquiry group focused on processing feedback from those women who had conducted interviews and on clarifying the research protocol in the light of their feedback. This procedure was continued in the fourth and final session during which key comments from the accounts of unemployment provided by the four co-researchers and by the six research participants were displayed on flipchart paper. The group then engaged in a collective thematic content analysis of the research findings. Having identified the main themes in the data, the group offered suggestions about how these could inform potential health promotion interventions and discussed the roles that they could play in these interventions.

At the close of this process, the initiator saw each woman individually and asked her to complete the GHQ-30 again, while the other women talked with the participant observer. In the one-to-one interview, each woman was given the opportunity to discuss any issues that had been raised by the research in general or by the GHQ-30 items in particular and which she did not feel comfortable in discussing with the group. Finally, before the group engaged in closure exercises, each woman completed an evaluation form which asked her to identify what, if anything, she had enjoyed about or had gained from her participation in the project. Six
months later, a follow-up session was convened at which the health promotion worker shared her official written report of the research with the group and sought their feedback on this document. The preparation of this report was therefore also characterised by consultation, negotiation and co-operation with the group. At this session, the women were additionally given feedback on the progress that had been made in establishing health promotion interventions to address the health needs identified by their research.

Results
In considering the outcome of the co-operative inquiry project, we will first report the ways in which the ten women said that unemployment had affected them and examine the findings of the health needs assessment. Secondly, we will identify changes in psychological well-being among the four co-researchers during the project in order to determine how effective participation in a co-operative inquiry group might be as a mental health promotion intervention.

With regard to the interviews with the ten women, several thematic clusters were identified in the analysis of the replies given by the women when they were asked to describe the ways in which unemployment had affected them. Accounts of the practical effects of unemployment focused on the consequences of a reduction in income: the women spoke of constantly having to ‘scrimp’ and of being unable to afford to take a holiday or to engage in meaningful time-occupying activities such as using leisure facilities or taking language classes. The somatic effects that were mentioned included reduced levels of sleep and activity and increased smoking. The psychosocial effects that were cited centred on feelings of depression; a lack of confidence; a lack of control over one’s life; an awareness of the low value ascribed to unpaid and/or voluntary work (although some said that engaging in voluntary work made them feel better about themselves) and of other people’s negative opinions of ‘the unemployed’; having to ‘keep up appearances’; isolation; loneliness; limited access to other people; segregation; and the stress of having to stay at home. The health needs that the women identified were diverse. Those directly relevant to mental health included the need for self-help groups, free and easily accessible psychotherapy, relaxation techniques and stress management skills. However, many of the other health needs that the women cited also incorporated a mental health component.

The mental health implications of involvement as a co-researcher in a personally relevant co-operative inquiry project were assessed through the pre- and post-project administration of the GHQ-30 - the results of which are presented in Table 1 - and through the completion of evaluation forms at the close of the research project.

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<th>scores at the beginning of the project</th>
<th>scores at the end of the project</th>
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<td>Woman 1</td>
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<td>Woman 4</td>
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The establishment of a profile of psychological well-being for any group on the GHQ usually involves selecting a ‘threshold score’ above which a respondent is considered to have a low level of psychological well-being. From their review of studies that have used the GHQ-30, Goldberg and Williams (1988) reported that the most commonly chosen threshold score was five. Another method of interpreting the scores obtained by the four women is to compare them with scores obtained by women from the general population. In this respect, the mean score of 4.41 obtained on the GHQ-30 by the women studied by Cox et al. (1987) constitutes a useful yardstick. Two of the women in the co-operative inquiry group recorded scores above this mean and above a threshold score of five at the beginning of the co-operative inquiry project, whereas none recorded such scores at the close of the project.

Some of the comments that the women made in the evaluation of the project provide further insights into the ways in which their involvement in the group had affected their psychological well-being. One woman stated that ‘it was good to have a regular activity to do and the sociable aspect’. Another said that ‘it seems like a little job’. Another woman found that it was ‘very encouraging to be asked views on health/community issues - from a self-esteem point of view’. One woman said that through her involvement in the group she had learned ‘how much of the various problems/drawbacks I have had, being out of work, are similar to other
people', while another said she had 'learnt about what employment can mean to other women'. Others emphasised the mental stimulation that they had gained through their involvement, saying that they had enjoyed 'talking about various topics with other women - especially in a friendly environment'; 'talking and listening to other women - working as a group, sharing experiences'; and 'sharing ideas / discussing common or differing views'. One woman said that after each session, she felt that she was 'left with something to think about, or an idea to challenge or reflections on the group processes and their discussion'.

Discussion

A significant degree of overlap was observed between the effects of unemployment outlined in the literature on the topic and the effects identified by the ten women who were interviewed. Their descriptions of feelings of depression, lack of confidence and reductions in their levels of sleep and activity mirrored Jackson and Warr's (1983) account of the mental health implications of unemployment. The women's inability to engage in meaningful time-occupying activities because of the financial cost of such activities may be seen as supporting Warr's (1983) claim that the reduction in income associated with unemployment leads to a decrease in the variety of a person's life, which may exert a detrimental effect on psychological well-being. The women also echoed Warr (1983) in their emphasis on the restriction in their social life caused by unemployment and on their resultant feelings of isolation, loneliness, segregation and stress. It appears that, for these women, the social ramifications of unemployment figured prominently in their hierarchy of those consequences of unemployment that militate against psychological well-being. The effects of unemployment that they identified did not differ significantly from the effects reported by those studies which investigated the experiences of unemployed men.

After the research project had been completed, attempts were made, where feasible, to construct health promotion interventions that would meet the women's explicitly expressed health needs and that would also try to counteract some of the negative psychosocial effects of unemployment that they described. These interventions often involved putting the women in touch with agencies and individuals that could meet their needs, with the health promotion worker facilitating this communication. For example, some women complained that it was impossible for them to go swimming with more than one child without another adult because of the difficulty of attending to their children simultaneously in the pool. The health promotion worker therefore contacted the local voluntary services council and arranged for volunteers to meet mothers at the pool in order to look after their children. This meant that the mothers felt comfortable in bringing all their children to the pool. They could also leave their children in the care of the volunteers and swim independently. Not only were they accorded access to the physical and psychological benefits of exercise but they were also able temporarily to transfer responsibility for their children onto others and to create time for themselves which they could use as they wished. Such an intervention may help to promote psychological well-being among women who have adopted a domestic maternal role since losing their job and whose scope for independent functioning had consequently become limited. By linking the women with the volunteers and by placing them in a context in which there is potential for social interaction, the intervention may also help to counteract the social isolation of unemployment.

One of the aims of using a co-operative inquiry method was to provide the women with many of the psychosocial benefits that usually accrue from paid employment. Indeed, one of the women explicitly likened her involvement in the co-operative inquiry group to a 'little job'. However, Breakwell (1986) claimed that interventions which aim to replace the work-related psychosocial benefits that unemployed people have lost are inadequate in rectifying the psychological distress and social dislocation occasioned by unemployment. She regarded these consequences as resulting more form the effects of the application to the unemployed person of the negative social representation of 'the unemployed'. The themes that emerged from the analysis of the interview material provide examples of the effects of the application of this social representation: the women spoke of other people's negative opinions of 'the unemployed'; the low value ascribed to work that is unpaid and/or voluntary; and the pressure of having to 'keep up appearances' and to deny that unemployment has had any adverse practical or psychological effects. Rather than trying to replace the psychosocial benefits of paid employment, Breakwell advocated that efforts should be channelled into modifying the negative social representation of unemployed people so that its judgemental character is mitigated.

However, this must be seen as a long-term goal, because, as she admitted, the attitudes which inform this social representation have evolved over a period of six hundred years. In the shorter term, any intervention should be welcomed if it offers unemployed people the psychosocial benefits that are usually derived from paid employment, and the opportunity to escape their identity as unemployed and to construct an identity which may be less detrimental to their self-esteem.
It could be claimed that the increased psychological well-being and the practical marketable skills and experience which the women gained through their involvement in the co-operative inquiry project may help them to secure paid employment and to escape the unemployed role on a long-term basis.

In that the co-operative inquiry project unearthed mental and physical health needs among unemployed women that could then be addressed through health promotion projects, it can be adjudged a useful tool for health needs assessment and for the design of subsequent interventions with this group. However, the use of co-operative inquiry proved to be more than an effective methodological tool. Of the four unemployed women who were involved in the project as co-researchers, three demonstrated increased psychological well-being on the GHQ-30 during the course of the project: the psychological well-being of the remaining woman, which was high at the outset, was unchanged at the close of the project. The comments that the women made in their evaluation of the project stressed that their involvement had increased their self-esteem and had given them the opportunity of exchanging their ideas about and experiences of being unemployed with others who were in similar situations, thus countering any sense of physical of psychological isolation that they may have felt. As the women were given the opportunity of becoming involved in the health promotion projects that resulted from their research, they could potentially continue to avail of the psychosocial benefits that they had gained from their involvement in the co-operative inquiry group and could construct a positively-evaluated identity as a voluntary health promotion worker.

Conclusion

On the basis of these considerations, it can be concluded that the use of the co-operative inquiry group itself constituted a valuable intervention in the promotion of the women's mental health. Furthermore, through the channelling of the results of the research on needs assessment into specific health promotion interventions, the project yielded considerable mental health dividends for all the unemployed women who participated in it.

References


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17 Developing community resources for carers: A prevention model in practice (or the Rime of the Ancient Mariner)

L. Goodbody

Introduction

In this paper, I shall be describing and analyzing the development of the South Devon Carers' Helpline project as an example of a community approach to the prevention of mental health problems. Although the design of the project is well grounded in relation to theory and research, it is not my aim to make this a traditional academic presentation. Nor is it my intention to give a '1066 and All That' account of what happened on the basis that it was 'A Good Thing' which people ought to know about. Rather, it is my aim to find a way of telling the story of the Helpline that picks out themes to grapple with from the rich untidiness of the tale. A number of questions of practical and theoretical significance, to which I don't have many answers, arise from this exploratory analysis. These questions may stimulate discussion in this symposium on 'Promoting Community Resources for the Prevention of Psychological Distress' so that we can start to construct a discourse of ideas and experience around health-promoting community interventions.

The Ancient Mariner, you may remember, stops a guest on his way to a joyful wedding, and regales him with the story of his strange and eventful journey.

Theoretical context: community psychology and models of prevention

Community psychology is a fairly new discipline in this country, the subject of which is 'located at the interface between person and context'