

Adolescents and Work Difficulties

By JOHN EVANS and LAWRIE MOLONEY

As the staff in a psychiatric adolescent service become more experienced, they invariably develop hunches and hypotheses about the young people referred to them. These ideas, which are essentially clinical in origin, can often be tested if relevant information is systematically collected; previously unsuspected associations may also be found in such a body of data. For these reasons, the Young People's Unit adopted the routine use of a pre-coded assessment form.

During an eighteen-month period in 1968/69, 239 youngsters, aged twelve to twenty, were referred to staff of the Young People's Unit and were rated for 131 items concerning the adolescent and his family. The item 'Work Difficulties' was found to be unexpectedly frequent (Evans and Acton, 1972). Sometimes these difficulties were the reason for referral; at other times, the item appeared as an additional disability. In either case, work difficulties are obviously of considerable importance to the youngster, his family and the community. It was felt relevant to investigate this further, especially as very little has been written on the psychiatric aspects of work difficulties in adolescents (Friedman and Soloff, 1967; Goldman *et al.*, 1970).

In contrast, there have been a number of sociological investigations, such as those of Ferguson and Cunnison (1951), Carter (1966), Hill (1969), and Maizels (1970). With the exception of the first of these, their frame of reference differed considerably from ours and the investigations are not comparable.

METHOD

In our series of 239 adolescents, 103 had finished full-time education. Of these youngsters 36 were judged by the assessing psychiatrist to have no work difficulties; that is, they were judged to have no more problems with employment than the average adolescent. The remaining 67 with work difficulties were classi-

fied by the presence or absence of a history of unemployment (absence being defined as less than two months unemployment per annum). They were independently classified by the presence or absence of a history of frequent job changing (absence being defined as three jobs or less in the first year of employment and two jobs or less per annum subsequently).

It was found that the cases were distributed as follows:

TABLE I
History of unemployment

	Yes	No
Frequent job changing	Yes 17	16
	No 13	21

It is clearly valuable to attempt to estimate how much the patterns of unemployment in our referred sample deviate from a comparable non-referred sample of adolescents. Ferguson and Cunnison (1951), in their survey of 1,314 boys aged 14 to 18, found that the average unemployment was one week per year. However, we could not compare our sample with that of a slightly different age group assessed twenty years earlier. The authors are therefore grateful to the Edinburgh Youth Employment Service for providing data relating to job changing and unemployment for all persons on their files on a particular day in June 1972 ($N = 319$). We found that mean age and mean length of time during which the youngster was eligible for employment were almost identical in each sample. Analysis revealed that, on average, those in the referred sample changed jobs slightly more often and spent slightly more time unemployed than people registered with the Youth Employment Service. This service, by definition, deals with adolescents who have a

history of unemployment or who change jobs frequently. In addition, between the eighteen months period in which our sample was assessed and June 1972, the unemployment situation in Scotland had worsened. The evidence, therefore, points to the fact that youngsters referred to the Young People's Unit are having much greater difficulty than the average adolescent, both in finding jobs and in keeping them. This, in turn, supports our feeling that work difficulties are related to psychiatric problems, and that the area warrants further investigation.

RESULTS

We were interested firstly to discover what factors differentiated the 67 youngsters who were clinically assessed to have work difficulties from the rest of the sample. Table II illustrates the variables with which 'Work Difficulties' correlated.

Table III illustrates the variables which correlated significantly with the more objective criteria of 'Frequent Job Changing' and 'History of Unemployment'.

Next, it was felt that further information might come to light if one considered as a single unit those with a 'Poor Work Record'—that is, those with an objectively scored History

TABLE II
Variables associated with Work difficulties
Sample = 67

Variables	Work difficulties	
	χ^2	P<
Mother absent for more than one month during infancy or more than one period	5.8 1 df	.02
Psychosomatic symptoms	4.1 1 df	.05
No present education	11.7 1 df	.001
Disturbed behaviour	14.1 3 df	.01
Poor tolerance of frustration	12.0 2 df	.01
Unreasonable expectation on part of adolescent	4.4 1 df	.05

of Unemployment or Frequent Job Changing or both and contrasted this group with the rest of the sample. In particular at this stage we were looking for the influence of variables concerned with the family on the work records of adolescents. Table IV illustrates the additional variables which correlate significantly with this group of 46 adolescents.

Finally, we felt it was particularly important to try to discover any common factors which might have led the psychiatrists to classify 21 youngsters as having work difficulties though

TABLE III
Variables associated with History of unemployment or Frequent job changing
Sample = 46

Variable	History of unemployment S = 30		Frequent job changing S = 33	
	χ^2	P<	χ^2	P<
Basic educational attainments only	4.9 1 df	.05	4.1 1 df	.05
No present education	4.6 1 df	.05	4.8 1 df	.05
Poor tolerance of frustration	14.2 2 df	.001	18.9 2 df	.001
Poor objectivity concerning condition	7.4 2 df	.02	13.8 2 df	.001
Little wish for insight	6.1 2 df	.05	11.3 2 df	.01
Inactive partic. in assess. procedures	6.0 2 df	.05	4.4 2 df	N.S.
Problem seen outside self	6.1 2 df	.02	1.3 2 df	N.S.
Poor peer relationship (solit. or superfic.)	5.6 1 df	.05	1.7 1 df	N.S.
Relative youth	1.3 1 df	N.S.	6.0 1 df	.02
Delinquency6 1 df	N.S.	4.8 1 df	.05

TABLE IV
Variables associated with Poor work record = History
of unemployment and/or Frequent job changing
Sample = 46

Variable	Poor work record	
	χ^2	P <
Father often away	4.5 1 df	.05
Learning difficulties	4.2 1 df	.05
Treatment lapsed	6.7 2 df	.05
Shorter duration of treatment ..	4.3 1 df	.05

on the more objective criteria their work records appeared to be satisfactory. When this group was compared with the rest of the sample, the following significant correlations emerged.

TABLE V
Variables associated with Work difficulties—Subjective
assessment only
Sample = 21

Variable	Work difficulties (clinical only)	
	χ^2	P <
Psychosomatic symptoms	5.5 1 df	.02
Unreasonable expectations of adolescent	5.4 1 df	.05

DISCUSSION

The reasons for referral of youngsters to our unit are most frequently family tensions, identity problems and impulsivity, reflected in such behaviour as delinquency and attempted suicide, but we were surprised by the number who were bewildered by, and in difficulties with their work. Clinical experience has shown that many had expected immediate maturity and resolution of problems on leaving school, but instead found former difficulties being repeated at work; former school phobics, for example, often become work phobics.

Our expectation that the clinical concept of work difficulties would more or less coincide with frequent job changing and a history of unemployment was not substantiated (Table I). Neither was our presupposition that a history of unemployment and frequent job changing

would usually co-exist in the same individual (Table I). Ferguson and Cunnison found a correlation between number of jobs and number of spells (not duration) of unemployment, but their sample differed, for they used a cohort of the Glaswegian teenage population. They showed a correlation between frequent job changes and unemployment. Our techniques showed that the two groups had differences as well as similarities. We were not surprised to find that those with a poor work record tended to have received only a basic education and were not interested in pursuing any form of further education, such as apprenticeships or part-time courses (Table III). When histories of unemployment and of frequent job changing were considered together (Table IV), there was also a significant correlation with learning difficulties as well as with poor tolerance of frustration, poor objectivity concerning problems and little wish for insight and understanding (Table III), all factors which can impair ability to make effective use of education. Thus it would appear that work difficulties are a repetition of educational difficulties.

Poor frustration tolerance, poor objectivity, and little wish for insight were included in our routine assessment because such qualities are linked with a bad response to insight therapy (Rayner and Hahn, 1964; Malan, 1963). Therefore we were not surprised to discover in the poor work record group (Table IV), that the duration of treatment was significantly shorter and that a significantly greater number of cases lapsed through patients abandoning treatment.

It had been felt in clinical interviews that many of the youngsters who had problems with work were somewhat under-involved in life generally. On the other hand, others appeared to be sufficiently involved but tended to be over-impulsive. As Table III illustrates, those with a history of unemployment were more likely than the remainder of the sample to have experienced poor peer relationships and to have attributed their difficulties to people and agencies outside themselves. In addition, they tended to take a less active part in our assessment procedure, though it should be noted that this factor almost reaches significance with frequent job changers also.

In contrast with this rather uninvolved group, the frequent job changers were significantly younger and significantly more delinquent than the sample as a whole. They form the more impulsive group of people with poor work records.

What of the 21 youngsters who were judged to have work difficulties, yet who appeared, on the more objective criteria, to have good work records? We had hypothesised that these cases were likely to be the anxious ones, but we discovered that neither anxiety nor depression correlated significantly. Our figures (Table V) indicated that a slightly different formulation was more accurate—that these youngsters showed specific responses to anxiety and stress at work, rather than withdrawal from work or frequent job changing; they tolerated tension either by somatising it, or by attributing its origin to the environment (unreasonable expectations). In contrast with those with a poor work record, who showed significantly greater learning difficulties, less objectivity, less wish for insight, less participation in the assessment procedure, and more frequent withdrawal from treatment—qualities which would make them unlikely to overcome their difficulties at work—this group persisted and tolerated the stress.

Our awareness of the influence of family difficulties on adolescent functioning has led us to rate 16 relevant variables, such as marital tension, separation and alcoholism, and we were not surprised to find that mother being away for a period and father often being away had a significant effect on work problems. The general lack of significant correlation with these variables was, however, very much in opposition to what we had expected. Even when we had controlled for sex (assuming that boys identified with their fathers and girls with their mothers), most variables still failed to correlate significantly. The result was the same when certain variables were added together to form meaningful areas of family difficulty. On re-inspection we concluded that this was probably due to the sample size being too small to bring out the differences, as our clinical impression remains otherwise.

Work problems did not correlate with sex, birth rank, number of siblings, social class of

father, mother's current occupation, social and domicile mobility, a history of previous psychiatric disturbances in the youngster, or grossly inadequate childhood experiences.

Finally, we were somewhat surprised to find that the 22 cases of drug experimenting (this does not mean drug addiction) showed no correlation at all with work problems. The reason for this may be that drug experimentation is akin to alcoholic experimentation. It is the dependence on either, rather than the experimentation as such, that is pathological. Of the total sample, of 239, only two youngsters were considered to be actually addicted to drugs.

CONCLUSIONS

Youngsters referred to a psychiatric unit because of emotional disturbance, family difficulties, impulsivity etc., are found to have a high incidence of work difficulties. This blanket term covers a number of specific problems correlating with specific types of behaviour and defence mechanisms.

The conclusions of a Working Party of the National Youth Employment Council, 1970, has led to the passing of the Employment Medical Services Act. The Act, which increases the medical services of the Department of Employment, has recognized the psychiatric component of work difficulties. Experience in the Young People's Unit shows that skilled psychiatric help is required in many of these cases. Our findings underline the relevance of the Act, while indicating that further research is required to clarify the various syndromes.

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- DEFINITIONS
- Work difficulties*: A value judgement by assessing psychiatrist based on family interview, reports and clinical judgement.
- History of unemployment*: More than two months unemployment per year since first job.
- Frequent job changing*: Four jobs or more in first year of employment, three jobs or more per annum subsequently.
- Disturbed behaviour*: Marked or moderate disturbance causing upset to others at the time of referral.
- Unreasonable expectations on part of adolescent*: This implied that his expectations of his parents and employers are in a form judged to be out of accord with the average adolescent.
- Poor tolerance of frustration, Poor objectivity, Little wish for insight, Inactive participation in assessment procedures*: Clinical value judgements.
- Delinquency*: This implied the commission of acts which could have led to institutional placement.

John Evans, B.Sc., M.R.C.P., M.R.C.Psych., Consultant Psychiatrist,
Lawrie Moloney, M.Sc., Psychologist,

The Young People's Unit, Tipperlin House, Tipperlin Road, Edinburgh EH10 5HF

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