Chapter Two

Review of Literature

Review of literature provides a comprehensive understanding about the current research. The literature review serves to explain the topic of research and builds a rationale for the present problem that is studied. Thus researchers use the literature review to identify the rationale for their studies and the present review of literature examines the studies which lead to formulation of the present problem of research.

Alienation and unemployment related studies

The term alienation is a sociological concept and is derived from the word alien means ‘foreign’ or estranged. In other words alienation describes the condition of the subject who no longer recognizes himself or rather can only recognize himself by others. In short, alienation is loss of the feeling of one’s own personhood. By reviewing the various literatures available on alienation, it has been seen that alienation has deep relationship with unemployed adults as revealed by various studies that showed alienation has great impact on the health of unemployed adults. Studies reported that unemployed adults are expected to exhibit poorer mental health due to elevated levels of anxiety, frustration, disappointment, and alienation and depression. So, unemployment leads direct to alienation which results into the later health problems.

Dean (1961), explained in his theory that social isolation is the feeling of loneliness even such moments one is in the society and among others. Persons who feel socially isolation tend to separate from common social groups because of perceived insignificance feeling, lack of close relationship with others, family and broader society. They think that they don’t have relationship with others and generally think that others don’t notice them.
Roberts (1987) stated the methodological issue related to conduct of alienation. In his investigation of the multidimensionality and structure of alienation, data from a multicultural sample of 3,101 male workers from the United States, Poland and Japan were analyzed using Second-order confirmatory factor analysis. He found clearly improved knowledge regarding the structure of adult alienation while confirming multidimensionality, Roberts (1987) also argues that self-estrangement and powerlessness are most closely related to alienation. Further, his statistical model suggests that manifestations of alienation are similar to original Marxian conceptualization.

Winefield, Triggerman, and Winefield (1991) studied social alienation and unemployment status in young adults. They revealed that young people social alienation is a consequence of unemployment rather than a predisposition towards it, but high social alienation at schools leads to later job dissatisfaction. In their study cross-sectional and longitudinal observation are reported from questionnaire survey of more than 300 South Australian school leavers and the questionnaire were administered before the participant had left school and again four years later, when they all left. This study attempted to identify the relationship between unsatisfactory workforce experiences and social alienation that found, those who were engaged in unsatisfactory jobs and unemployed responded differently from those engaged in satisfactory jobs.

In another study by Elliot (1996) who examined that the long term unemployed becomes marginalized in society and alienated from due to the excessive poverty and their alienation may be dependent by their exclusion from the consumption culture which surrounds them. Furthermore, the findings revealed that the advertising could have unintended consequences on the unemployed by instilling a sense of inadequacy and self-denigration through the presentation
of attainable, idealized images which may magnify their alienation, lower their feelings of self-esteem and damage their sense of identity.

A study by Singh (1996) also shows a close association between alienation and unemployment. In this study 21 items 4 point scale was administered on randomly selected group of 400 educated youth equally divided into (1) technically educated unemployed, (2) Non technically educated unemployed, (3) technically educated employee, and (4) Non technically educated employee. The main purpose of this study was to ascertain among subjects’ feeling of alienation and its dimensions. The results revealed that those who were technically and non-technically educated unemployed exhibited relatively a greater vulnerability to the feeling of alienation in comparison to their counterpart that is technically and non-technically educated employed youth.

A study conducted by Lane and Timothy (1999), found that women reported less social alienation than men. Similar findings were also confirmed by another study among the elderly men which reported greater feelings of alienation than women (Calicchia & Barresi, 1975).

Nordenmark (1999) noted that unemployed face risks of depression, stress and harassment as employment is a source of personal and social satisfaction and the lack thereof can be tough not only for identity and social status but also for mental well-being. The problems related to unemployment are defined as mental health problems, but they are also linked to a broader idea of well-being and sometimes of happiness. Yet, these terms remain quite vague and sometimes cover different meaning.

Skarzynska (1999) findings from the early nineties showed that the most significant predictor of young Poles’ estrangement (aged 18-20) is an uncertainty in the labor market and a fear of unemployment. The relationship between the political alienation and the fear of
unemployment was also confirmed by a study on a representative sample of young Swedes (Westholm & Niemi, 1986).

One of the study revealed that unemployment may lead to social alienation, criminal or other antisocial activity and higher incidence of suicide (Mitchel, Betts, & Epling, 2002). Further, this study discovered that unemployed youth are slipping into a spiral of self-defeating, anti-social and risky behavior and there is little evidence of health and social care agencies working in partnership with voluntary sector organization to tackle the growing problem of dual diagnosis and youth unemployment.

A study by Bronowicka (2007) showed that the fear of unemployment is significant predictor of political and social alienation. The persons with high level of fear of unemployment are more politically alienated, estranged, powerless and less optimistic. Furthermore, it has been examined that the sense of economic threat is also a source of alienation and was analyzed in two factor model of political alienation by long as well as in other studies.

Carl and Hammer (2005) examined the effect of labor market marginalization, particularly long-term unemployment, on the political attitudes and behavior of young people. Drawing on survey research from a study carried out in 10 different European countries and authors explored several propositions. Three questions were investigated: What type of political channels do young people use? Do young unemployed people have a feeling of trust in the political system? Do they trust the traditional political channels for political influence or not? The findings revealed that, although there is some evidence of apathy among unemployed youth and greater involvement in informal action by the longer-term unemployed and their attitudes to politics vary little from those of young people in employment.
Rosas and Rossingnotti (2005) revealed that lack of work is often accompanied by the feelings of uselessness and worthlessness which can later lead to reduce self-esteem, depression and general unhappiness. They further argued that unemployment results in feeling of economic powerlessness and alienation. It has also found that social dominance orientation had significant negative relationship with powerlessness dimension of self-alienation. These researchers concluded that powerlessness feeling can be a main element in person’s powerlessness for changing the situation and condition (Nicol, 2007).

Southwell (2008) investigated the alienational relationships between powerlessness, meaninglessness and cynicism among U.S. voters between 1964 and 2000 found a correlation suggesting powerlessness and meaninglessness as important dimensions in political alienation. Individual perceptions of powerlessness and meaninglessness appeared to be prominent dimensions of social alienation.

Khaola (2010) conducted a study on the impact of the feelings of economic powerlessness and alienation on self-employment intention of young people. The data was collected through a survey of students at the national university of Lestho. The study was based on the two factors distinctions resulted from self-employment intentions, namely, self-employment intentions regardless of unemployment and self-employment in response to unemployment. In the similar fashion unemployment was also separated into two factors namely economic powerlessness and business exploits. The results suggested that feelings of economic powerlessness impacted negatively on self-employment intentions and the feeling that the business exploits impacted positively on self-employment intentions in response to unemployment. The results further suggested that young people who have high feeling of economic powerlessness’ would normally plan to start their own business.
Reijntjes, Thomaes, Bushman, Paul, Boelen, Castro and Telch, (2010) investigated whether alienation moderates the effects of acute peer rejection on aggression in youth. Participants (N = 121; mean age = 11.5 years) completed a personal profile (e.g., “How do you describe yourself?”) that was allegedly evaluated online by a panel of peer judges. After randomly receiving negative or positive feedback from peer judges and participants were given the opportunity to aggress against them (i.e., by reducing their monetary reward and by posting negative comments about them online). As predicted, alienation increased participants’ aggression against peers who had rejected them, but not against peers who had praised them, even after controlling for peer-nominated chronic rejection and peer-nominated aggression. Thus, alienated youth are more aggressive than others when they experience acute peer rejection.

Tummers and Dulk (2013) studied the effects of work alienation on organizational commitment, work effort and work-to-family enrichment. The findings of the study indicated that work alienation (powerlessness and meaninglessness) influence organizational commitment, work effort and to a lesser extent-work-to-family enrichment. High work meaninglessness, in particular, has negative effects on these outcomes. However, they further concluded that when people feel that they have no influence in their work (hence, when they feel ‘powerless’) and especially when they feel that their work is not worthwhile, (when they feel ‘meaningless’) this results substantial negative effects.

Kaur (2014) investigated the levels of alienation among college students of Jammu and Kashmir in relation to their emotional maturity and home environment. She conducted the study on a sample of 200 students of Jammu and Kashmir and the findings revealed that there was a negative relationship in alienation and emotional maturity and no significant relationship was found between alienation and home environment among college students Jammu and Kashmir.
That means that alienation is not due to home environment. She further found that there was no significant positive relationship between emotional maturity and home environment among college students of Jammu and Kashmir.

**Alienation and health related studies**

High levels of alienation and powerlessness are related to low levels of motivation to seek information, particularly health information, and less value placed on health outcome (Groat, & Neal, 1967; Seeman & Evans, 1962).

Sue and Peter (1975) examined the influence of familism and occupational stability on alienation and health care utilization among lower-class Mexican Americans. They found that familism and occupational stability were positively related to timing of prenatal care, but negatively related to consulting a physician when ill. Powerlessness was negatively related to timing of prenatal care and positively related to consulting when ill. The results suggested that it is important to distinguish preventive and curative components of health care behavior in measures of utilization. In addition, the role of familism should be considered in the complex relationship between alienation and health care utilization.

Alienation, powerlessness, hopelessness and social isolation significantly decreased the use of preventive services among low-income mothers in Los Angeles and the effect was most pronounced for African American mothers (Bullough, 1992). Although poverty was a potent predictor of the use of preventive services in this sample, alienation and powerlessness were critical intervening variables in determining health promotion behaviors. Similarly, high levels of alienation and powerlessness have been associated with higher rates of AIDS risk behaviors (Kavanaugh, Harris, Hetherington, & Scott, 1992). Powerlessness may also directly affect health status. Wallerstein (1992) has shown that powerlessness or lack of control over one's destiny is
an independent risk factor for disease. Powerlessness has been linked to higher rates of physical, mental and behavioral health problems (Wallerstein, 1992). Furthermore, Feelings of powerlessness, hopelessness and alienation may also influence life priorities and affect motivation to seek health promotion and disease prevention information. Motivation to seek information depends on an individual's feelings of powerlessness and the value placed on an outcome (Dodge, Lochman, Harnish, Bates, & Petit, 1997).

Bobak, Pikhart, Hertzman, Rose, and Marmot (1998) observed that a low perceived control over life and health, concepts related to alienation have under the present disruption of social institutions contributed to poor health among the Russians. Health related life styles and feeling of alienation of the citizens of Helsinki and Moscow was studied by Palosuo (2000), this study investigated the feeling of alienation that was more pronounced in Moscow. In the both cities alienation was more clearly associated with socioeconomic life chances factors than with life styles factors. However in Helsinki feeling of alienation had stronger association both with health and health related lifestyles which possibly points to conventional stratification effect of market based class society.

Levenstein, Smith and Kaplan (2001) attempted to study on psychosocial predictors of hypertension in men and women. The results suggested that low education, African American race, low occupational prestige, worry about job stability feel less than very good at one's job, social alienation and depressive symptoms each had significant (P< .05). They also found that associations were weakened by adjustment for body mass index, alcohol consumption, smoking status and leisure time physical activity especially the associations of anomie and depression which persisted in women but not in men. In multivariate models, job insecurity (odds ratio, 1.6), unemployment (odds ratio, 2.7) and low self-reported job performance (odds ratio, 2.1) remained
independent predictors of hypertension in men whereas low-status work (odds ratio, 1.3) was an independent predictor of hypertension in women. However they concluded that in the general population, low occupational status, performance and the threat or reality of unemployment increase the likelihood of developing hypertension especially among men, independent of demographic and behavioral risk factors. Psychological distress and social alienation may also increase hypertension incidence especially in women, chiefly through an association with health risk behaviors.

Tomako and Palacious (2006) studied that social alienation is related to the negative health outcomes. Further their study indicated significant relationship between sense of alienation and health.

Rayce, Holstein, and Kreiner (2008) focused on aspects of “alienation and symptoms among adolescent”. The study demonstrated an association between alienation and experiencing daily physical and psychological symptoms. In their study, the symptoms load was split into two dimensions that are physical (headache, Stomach ache, back pain and dizziness) and psychological symptoms (feeling low, irritated, nervous and sleep difficulties). They suggested more research is needed to identify the pathway between alienation and symptom load.

Crinson and Yuill (2008) conducted theoretical study about alienation and inequalities in health. They attempted to investigate how alienation theories can be applied with respect to health outcomes. Based on previous research, they attempted to determine how sense of alienation can be associated with poor health and health outcomes such as stress, emotional deadness, psychological and physical wellbeing, aggression and dissatisfaction.

Cornwell and Waite (2009) examined the extent to which social disconnectedness and perceived isolation have distinct associations with physical and mental health among older
adults. The Results suggested that that social disconnectedness and perceived isolation are independently associated with lower levels of self-rated physical health. However, the association between disconnectedness and mental health may operate through the strong relationship between perceived isolation and mental health. Further, they suggested that health researchers need to consider social disconnectedness and perceived isolation simultaneously.

Social isolation is a major health problem for older adults living in the community leading to numerous detrimental health conditions. Social isolation is defined as "a state in which the individual lacks a sense of belonging socially, lacks engagement with others, has a minimal number of social contacts and they are deficient in fulfilling and quality relationships" (Nicholson, 2009). Current estimates of the prevalence of social isolation in community-dwelling older adults indicate that it is as high as 43 %, ranging from 10 to 43 % (Nicholson, Molony, Fennie, Shellman, & McCorkle, 2010; Smith & Hirdes, 2009).

Safipour (2010) investigated the relationship between sense of alienation and self-reported health. He considered 446 high school students around age of 15-19 and Jesser and Jesser alienation scale and Nottingham Health Profile applied to gather data. The results suggested that sense of alienation is importantly related to the domain of self-reported health. He further found that the alienation variable mediated between mental health (energy level, sleep, emotional reaction) and physical health (pain and physical mobility). However, they concluded that in general, female students reported more health problems than male students and the contrast is larger among the students with an immigrant background. The findings also showed that the feeling of alienation and self-reported health problems are higher among students with immigrant background, regardless of the country of origin and self-reported health problems are higher among students from the Middle East. Additionally, the results also indicated a strong
association between the feeling of alienation and having more self-reported mental health problems that suggests the mediating role of the feeling of alienation between mental health and physical health.

Ahmad (2012) attempted to explore the general health and alienation status of divorced women of Bangladesh. He used General Health Questionnaire (GHQ) by Goldberg and Hiller and Alienation Scale developed by Kureshi and Dutt (1979) to assess the health and alienation and health status. The findings showed only 5.5% divorced women are normal and among 200 divorced women 31.0% had all kinds of psychiatric problems. While as 94.5 women were suffering from alienation problem.

Cheng, Ho, Xie, Wong, and Cheng-Lai (2013) investigated that non-engagement is conceived as a manifestation of spiritual emptiness characterized by alienation and despair. Three scales with satisfactory reliabilities, alienation, despair and hope, were developed and used as predictors of health, coping and social and family non-engagement among 428 non-engaged youths (309 males and 119 females) aged 15–24 years in Hong Kong. The results suggested that that alienation and despair were associated with (a) poorer health, (b) more frequent use of negative coping, especially by hiding oneself and, to a lesser extent, (c) non engagement. They argued that hope is associated with better health and more frequent use of positive coping. These results supported the contention that non-engagement is a loss of hope, meaning and purpose in life.

Ifeagwazi, Chukwuorji, and Zacchaeus (2014) assumed the radical perspective of perceived alienation in interpersonal, political and socio-economic domains of life and examined their relationships to psychological wellbeing. They also investigated the moderator role of resilience on the relationship of the three facets of alienation and psychological wellbeing. The
sample includes the 337 undergraduate students (164 males, 173 females; \( M_{age} = 23.42, SD = 3.70 \)) who were indigenous young adults of the oil-rich Niger Delta region of Nigeria. They used Pearson’s correlations and multiple regressions for data analysis. The results of their study showed that interpersonal alienation, political alienation and socio-economic alienation were positively associated with psychological distress while resilience was negatively related to psychological distress. They further suggested that Psychological distress was also predicted by alienation and resilience. Resilience neither moderated the relationship of interpersonal alienation and psychological distress nor political alienation and psychological distress but the relationship between socio-economic alienation and psychological distress was moderated by resilience. However, they concluded that initiation of resilience building programmes as a form of cognitive-behavioral and existential interventions may buffer the negative relationship of alienation to psychological distress.

**Hopelessness and unemployment related studies**

Hopelessness is a psychological construct that has been observed to underlie a variety of mental health disorders. Hopelessness is a pattern of thinking where individual believes they are trapped in misery with no expectation of things ever getting better. After reviewing the literature on hopelessness construct, hopeless individuals believe (1) that nothing will turn out right for them, (2) that they never succeed at what attempt to do, (3) that their important goals can never be solved. Hopelessness as first studied in adults with creation of hopelessness scale by Beck, Weissman, Lester, and Trexler (1974) asserted that hopelessness in adults was composed of feeling about the future, a loss of motivation, and future expectations.

In a study of Platt and Dyer (1987), it has been reported that hopelessness may be a key social-psychological variables for inclusion in any model of pathway which links unemployment
with Para suicide. This study attempted to examine variation in clinical features associated with unemployment among sample of male Para suicide. Further, it has been found that employed and unemployed persons did not differ in mean scores on the unemployed rated significantly worse on measures of depression (Beck Depression Inventory) and hopelessness (Hopelessness Scale). A covariance analysis showed that hopelessness rather than depression is important discriminant.

Miller, Hicks, and Wincur (1993) investigated the gender difference in psychological wellbeing of employed and unemployed Australian clerical Workers. The study includes 109 subjects were divided into four groups according to gender and employed status. Data were collected using a survey from comprising demographic data. In this study Coppersmith, Becks Depression and Hopelessness, GHQ, Life satisfaction scale and Profile of Mood States Questionnaire were used to collect data from the respondents. The results revealed that unemployed males and females had low level of self-esteem and vigor and high level of psychological distress and tension and fatigue as compared to employed males.

Durant, Getts, Cadenhead, Emans, and Woods (1995) conducted study on non-exposure to violence and victimization and depression and hopelessness and purpose in life among adolescents living in and around public house. They examined the relationship between exposure to violence and depression,hopelessness and purpose life among black adolescents living in around public housing developments. They found that family conflicts, corporal punishment and unemployed head of house hold explained 11% of the variation in hopelessness scale. They further argued that unemployed head of house hold, the corporal punishment scale and number of sexual partners explained 97% of the variation in purpose in life. Even when they related other
special factors and exposure to violence in home was associated with psychological distress in sample of adolescents.

Schulz, Bookwala, Knapp, Scheier, and Williamson (1999) advocated that pessimism may not affect mortality in this age group. They further suggested that pessimism or hopelessness may be more normative in older persons. Studying members of various ethnic minority groups would also be of particular interest. Given the relative lower socioeconomic status of many minority group individuals, one might hypothesize that those who survive into old age would be a particularly hardy group and less susceptible to a health effect of hopelessness than similar members of the majority population.

A study by Gibbs and Bankhead (2000) investigated that high level of hopelessness; anger and alienation were associated with high rate of unemployment and lack of economic development in the community. In this study, the authors were investigated the responses of African- American youth including semi structured interviews with 17 focus groups (n=144) and the youth (n=32) aged from 15-30 years. The total sample of the study includes 58% males and 42% females with mean age of 19.3 years. Whooley, Kiefe, Chesney, Markovitz, Karen-Matthews, & Hulley (2002) found that depression strongly predicts future job and income losses, suggested reverse causation is an important threat to such comparisons.

Haatainen, et. al (2003),pointed out that ‘Life events are important in the course of Hopelessness- A 2 years follow up study in general population. The main purpose of the study was to examine the course of hopelessness and how positive and life events are associated with it. In this study 15 occasional life events during follow up was assessed and the course of hopelessness with the Becks Hopelessness Scale (BHS) was used. The results showed that 4% of the subjects with no hopelessness at baseline and56% of those with hopelessness at baseline
reported hopelessness at follow up. However, it also found that those subjects with worsening financial situation were revealed as the most important life event; both in becoming helpless during follow up and in continued hopelessness.

Dunn (2005) analyzed hopelessness as a psychological response to physical illness, differentiates hopelessness from depression and discuss measures of hopelessness. He found that the hopelessness was closely related to depression, distinct characteristics of hopelessness were identified and a continuum of attributes of hopelessness and depression were derived. He further concluded that hopelessness as a psychological response to physical illness is needed including the continued differentiation of hopelessness from depression. Research to validate this conceptualization will enhance accuracy of the diagnosis of hopelessness and testing of nursing interventions.

Soares, Macassa, Gross, and Viitasara (2008) reported that unemployment, retirement, depression and post-traumatic symptoms were associated with increased risk for moderate/severe hopelessness. This study was cross sectional and the participants were 517 men randomly selected from general population. They further reported that 12% of men with moderate/ severe hopelessness and those with severe hopelessness were mostly unemployed/retired, older, divorced and low educated and financially strained.

Hashmi and Malhotra (2012) aimed to explore the relationship between hopelessness and life satisfaction among adults. Sample of the study consisted of 300 people (adult men, 142), women (158) from four different cities of Pakistan. Their age ranged between 18 to 40 years and all of them were employed. Their education was at least senior secondary. For the purpose of data collection they used Beck Hopelessness Scale (Beck, Lester, & Trexler, 1974) and life satisfaction with life satisfaction scale (Diener, 1985). The results suggested that adult men
experience higher level of hopelessness and life satisfaction as compared to adult women. Marital status has also impact on hopelessness. Whereas, married adults have non-significant difference on life satisfaction then unmarried adults. Employed adults have significant difference on hopelessness and satisfaction with life as compared to unemployed adults whereas meaning in life remains equal in both adult life.

Mair, Kaplan, and Everson-Rose (2012) attempted to find out that feelings of hopelessness are prospectively associated with increased risk of death, progression of atherosclerosis and other health outcomes. Places as well as people may promote a sense of hopelessness. They used the Chicago Community Adult Health Study to investigate whether feelings of hopelessness cluster at the neighborhoods level. They used Random-intercept logistic models to examine associations of hopelessness with neighborhood conditions (physical disorder and decay, perceived violence and disorder, social cohesion) and census-based measures of neighborhoods socioeconomic conditions (poverty, unemployment, % high school dropouts) from 1980–2000. Further they reported that out of the 3074 participants, 459 were categorized as experiencing hopelessness. However, greater physical disorder and perceived disorder and a higher unemployment rate were associated with increased odds of hopelessness. Furthermore, they suggested that Individuals' reports of hopelessness reflect physical, socioeconomic and opportunity characteristics of their neighborhoods above and beyond their individual characteristics. Changing opportunity structures in a neighborhood may play a key role in reducing individuals' feelings of hopelessness.

Andrijic, Loga, Alajbegovic, Zec, and Loga (2014) examined suicidal ideation and thoughts of death in epilepsy patients. The present study conducted on 50 epilepsy inpatients and outpatients of both genders, aged 18 years and older, treated at the department of neurology,
clinical centre university of Sarajevo in the period from Ist of April – October 1st 2007. The results revealed that suicidal ideation and thoughts of death were present in 38% epilepsy patients. Symptoms of depression as well as feelings of hopelessness were found in half of the participants (52% and 48%), and were significantly more common in epilepsy patients with suicidal ideation. There was a significant relation of suicidal ideation with the presence of chronic pain (3.86; p=0.49), sexual/physical abuse history (5.95, p=0.015), level of hopelessness (20.7; p=0.000) and severity of depression (14.48; p=0.000) in epilepsy patients. Multiple logistic regression analysis showed that unemployment (Exp (B) 33.9; p=0.007) and the level of hopelessness (Exp (B) 14.9; p=0.001) were independently related to suicidal ideation in these patients. They further concluded that the level of hopelessness and unemployment has a predictive value for appearance of suicidal ideation in epilepsy patients. In the prediction of suicidal ideation in this population of patients, there is no single variable that should be considered as specific and separate.

**Hopelessness and health related studies**

Schmale and Iker (1970) investigated hopelessness as predictors of cervical cancer. The researcher selected a group of healthy women considered biologically predisposed to cancer of the cervical criteria for hopelessness prone personality feeling of hopelessness were applied to interview data and the prediction were matched with the pathological reports of cone biopsies and were found to be statistically predictive of cancer and no cancer.

A study by Bowman, Jackson, Hatchett, and Gurin (1982) on black adults have revealed a degree of independence between the cognitive and the behavioral components indicating that may who come to believe that job search is hopeless nevertheless continue to search ritualistically for job. The national study also found that a mere belief that job search was
hopeless regardless of job search activity associated with expression of psychological distress - a general sense of powerlessness and low self-esteem and satisfaction with life.

Feather and Barber (1983) examined that frustration of ambition job search expectation was associated with mild depressive effect but the sense of hopelessness was related to more serious emotional distress of hopelessness in job search of depression. The prediction that sense of hopelessness in job search is also linked to self-blaming attribution, although supported by basic research on learned helplessness, is also clear existing studies on unemployment.

Beck, Brown, Berchick, Stewart, and Steer (1990) reported that hopelessness have been found to successfully predict over 90% of cases who commit suicide 5 to 10 years after treatment termination. Taken together these findings suggested that hopelessness is more strongly associated with suicide than depression in a wide range of populations.

Bonner and Rich (1991) examined that hopelessness, a state characterized by thoughts and feelings of negative future expectations are triggered by intra-psychic crises and/or external stresses. Furthermore, they contended that emotional alienation, cognitive distortions and deficient reasons for living render an individual vulnerable to ineffective action during times of stress or crisis. With an impaired ability to cope, feelings of hopelessness and despair are likely to develop as the crisis persists. Thus, it is hypothesized that the interaction of stressful or crisis events with the psychological vulnerability factors of loneliness, irrational beliefs and a paucity of reasons for living leads to the development of hopelessness.

Ringdal (1995) reported that gender, level of education, and marital status had no effects on hopelessness in cancer patients. Older age and lower economic status, on the other hand were significantly correlated with increased levels of hopelessness.
Watson (1995) has proposed a psycho-social framework for analyzing the health outcomes of the socialist modernization or its awes which were disclosed as high levels of frustration and anomie as well as a growing relative deprivation felt by the East European people in comparison with western people. This development had resulted in hopelessness concerning future and turning away from the public into the private sphere. The ways to cope with everyday demands were centered and dependent on the family which under socialism not only retained but even strengthened its position. A family-oriented neo-traditionalism’ or traditionalism in Russia (Piirainen, 1994, 1997) and elsewhere in Eastern Europe may have provided women with better resources to cope with change which has been suggested as one possible explanation for their better survival as compared to that of men (Watson, 1995).

Everson, Goldberg, Kaplan, Cohen, Pukkala, Tuomilehto, and Salonen (1996) examined the relationship among low moderate and high level of hopeless, all cause and cause-specific mortality and incidence of Myocardial Infarction (MI) and cancer in a population based sample of middle aged men. Participants were 2428 men and the participants were followed up for a period of 6 years. The results revealed that moderately and highly hopeless men were at significantly increased risk of all cause and cause specific mortality relative to men with low hopelessness scored. High hopelessness also predicted incident MI and moderate hopelessness was associated with incident cancer. It was therefore concluded that hopelessness is a strong predictor of adverse health outcomes independent of depression and traditional risk factor.

Young, Fogg, Scheftner, Fawcett, Akiskal, and Master (1996) described base line hopelessness in a study mainly 80% comprised psychiatric in patient (n=316). According to these investigators an individual’s hopelessness at a given time is a function of severity of depression and two stable individual traits: baseline (when not depressed) and hopelessness sensitivity. The
negative consequences of hopelessness such as suicide attempts and depression may be more related to a trait level of hopelessness.

In another study examining the psychosocial aspects of Amyotrophic lateral sclerosis (ALS), Ganzini, Johnston, McFarland, Tolle, and Lee (1998) showed that, among ALS unwilling to consider the possibility of ending their lives. In addition, the sufferings of ALS patients were statistically correlated with hopelessness and more hopeless patients experienced a greater degree of suffering (Ganzini, Johnston, & Hoffman, 1999). However, the present study did not evaluate the psychosocial factors that might render a person vulnerable to the development of hopelessness following a diagnosis of ALS.

Johnson, Alloy, Panzarella, Metalsky, Rabkin, Williams, and Abramson (2001) found that hopelessness was a mediator of the relationship between low levels of social support and increases in depressive symptoms in a 6-month longitudinal study of HIV positive men.

Stern, Rahul, and Helen (2001) evaluated the relationship between hopelessness and mortality in a bi-ethnic cohort of older community-dwelling Mexican Americans, the most rapidly growing segment of the elderly and European Americans. They found that, 29% of the 73 hopeless subjects had died, compared with 11% of the hopeful, a highly significant difference. The mortality rates for cardiovascular disease and cancer were significantly greater among the hopeless subjects (7%) than among the hopeful (3%). Hopelessness predicted all-cause mortality in a Cox proportional hazards model adjusted for age, ethnic background, current smoking status, number of comorbid medical conditions, self-rated health and frequency of social contacts (risk ratio = 2.23, 95% confidence interval = 1.33 to 3.76, p=.0026). Neither sex nor probable depression was a significant predictor of mortality in this model. However, they further concluded that these findings together with those of others suggested that hopelessness is a
significant predictor of mortality in older and middle-aged adults of various ethnic backgrounds. Further, research is needed to evaluate the mechanisms that underlie this phenomenon and the effects of treating hopelessness on the quality and duration of subjects’ lives.

Meeks and Tennyson (2003) found positive correlation between depression and hopelessness with suicide related ideation. In addition, the relationship between suicides related ideation and hopelessness was not affected by controlling physical health problems.

Argaman, Gidron, and Ariad (2005) carried out a study on hopelessness and cancer progression. The researcher proposed a Psycho-Neuro Immunological (PNI) model that links helplessness-hopelessness (HH) with cancer progression via brain and systematic components (interleukin IB). The study led to conclude that feelings of hopelessness lead to elevated interleukin IB (harmful protein responsible for disease like CAD and cancer) which lead to cancer progression where positive of hope/optimism minimizes the activity of interleukin IB and thus has positive influence on cancer.

Dennis, Wakefield, Molloy, and Friedman (2005) considered social factors, hopelessness and other depression symptoms and examined in a group of older adults at risk for suicide, hopelessness and poorly integrated social network were among the factors that differentiated the depressed older adults who engaged in suicide-related behavior. They argued that hopelessness among older adults therefore deserve clinical attention as well as depressive symptomatology in order to appropriately address the issue of elderly suicide.

Chioqueta and Stiles (2007) examined the role of psychological buffers (life satisfaction, self-esteem, perception of family cohesion, and perception of social support) in the development of hopelessness and suicidal ideation. In their study, the participants were 314 university students, 71 males and 243 females who were asked to complete a battery of instruments
measuring the psychological buffers mentioned above. A hierarchical multiple regression analyses suggested that life satisfaction and self-esteem are independent predictors of lower levels of hopelessness while perception of social support seems to be the major predictor of lower levels of suicidal ideation independent of depression and hopelessness severity. Thus, hopelessness seems to be minimized by the level of life satisfaction and level of self-esteem exhibited by the individuals while the key factor to mitigate on of suicidal ideas seem to be perception of social support.

Whipple, Lewis, Sutton-Tyrrell, Matthews, Barinas-Mitchell, Powell, and Everson-Rose (2009) examined associations of hopelessness and depressive symptoms with carotid artery Intimal-Medial Thickening (IMT) in 559 women (62% white, 38% black; mean±SD age, 50.2±2.8 years) without evidence of clinical CVD from the Study of Women’s Health Across the Nation (SWAN) Heart Study. Hopelessness was measured by 2 questionnaire items; depressive symptoms were measured with the 20-item Centre for Epidemiological Studies Depression Scale. Mean and maximum IMT were assessed by B-mode ultrasonography of the carotid arteries. The results revealed that increasing hopelessness was significantly related to higher mean (P=0.0139) and maximum (P=0.0297) IMT in regression models adjusted for age, race, site, income and CVD risk factors. A weaker pattern of associations was noted for depressive symptoms and mean (P=0.1056) and maximum (P=0.0691) IMT. Modeled simultaneously in a risk factor-adjusted model, hopelessness was related to greater mean IMT (P=0.0217) and maximum IMT (P=0.0409), but depressive symptoms were unrelated to either outcome (P>0.4). No interactions with race or synergistic effects of depressive symptoms and hopelessness were observed. However they concluded that among middle-aged women, higher levels of
hopelessness are associated with greater subclinical atherosclerosis independent of age, race, income, CVD risk factors and depressive symptoms.

Hamzaoglu, Ozkan, Ulusoy, and Gokdogan (2010) determined the prevalence of hopelessness and its association with the current health condition, disability and other socio-demographic characteristics. They reported that the prevalence of hopelessness was 30.9% that was higher among the literate (60.0%) ($P < 0.05$), males (35.0%) ($P > 0.05$), and agricultural workers and peasants (50.0%, 41.9%) ($P < 0.05$). Almost half of the participants were disabled and 44.6% of the subjects with disabilities were hopeless ($p < 0.05$). Being without hope was statistically significant with gender, social class, perceived health and disability ($p < 0.05$). The risk of hopelessness increased in subjects with perceived bad health lowered social class and disability compared with the reference groups. In present study, hopelessness prevalence was high and it was also associated with the current state of health, perceived health, disability and some socio-demographic variables.

Malik and Khan (2014) aimed to find hopelessness as the predictors of general health among unemployed adults. The study was conducted on the sample of 300 unemployed adults. Becks Hopelessness Scale (1974) and General Health Questionaire-28 (1978) were used for data collection. Multiple regression analysis was done and correlation was obtained. The results showed that there was a significant positive relationship between general health and hopelessness among unemployed adults. Hopelessness was found as a significant predictor of general health among unemployed adults.

**Health and unemployment related studies**

Gore (1978) investigated the effect of social support on health in involuntary unemployed married men. The sample included 54 rural and 46 urban displaced workers and 74
employed controls. The data was collected six weeks before job loss, at the time of job loss and six months after jobless. The results indicated that the rural unemployed reported having statistically significantly higher level of social support than the urban unemployed. However, no differences were found between supported and unsupported unemployed in terms of stress or duration of unemployed spell. They further argued that the unsupported unemployed reported more mental and illness symptoms than those conceived that they were receiving some support. The mean values of depression were found higher (2.3-2.5) among unemployed/unsupported adults as compared to those with employed and got support (1.6-1.8).

In an important study, Kasl and Cobb (1979) examined cardiovascular functioning in relation to job loss. The authors broadly concluded that their results failed to provide reasonable support for the hypothesis that the job-loss unemployment experience increased the risk of heart disease.

Adams (1981) found a generally inverse association between annual unemployment levels and rates of overall mortality. Adams gave the following possible reasons for finding an inverse relation: (1) faulty assumptions concerning lag times between increases in unemployment and increases in mortality rates, (2) "dilution" of the association between joblessness and actual financial hardship by unemployment insurance benefits, (3) a decrease in "societal [business] activity" as a result of unemployment, and therefore lower risks of work-related deaths, (4) reduced alcohol and tobacco consumption because of lack of employment income and therefore lower mortality risks, and (5) confounding of the relation between unemployment and adverse health outcomes because of inequality in income.

Donovan and Oddy (1983) investigated the psychological wellbeing and mental health of employed and unemployed school leaver of both sexes. They found that those school leavers
who were unemployed were found to be more depressed and more anxious than those who were employed and showed a higher incidence of minor psychiatry morbidity. They further observed that those who unemployed were showed lower self-esteem than their employed peers and poorer subjectivity well-being and the unemployed were also found to be less socially adjusted. Not only men but women also show poorer psychological wellbeing than young man irrespective of employments status.

Linn, Sandifer, and Stein (1985) attempted to find out the impact of stress on health in 300 men assessed every six months, men who became unemployed after entering the study were compared with an equal number, matched for age and race and who continued to work. They also reported that Psychological and health data after unemployment were compared between the two groups by multivariate analysis of variance and covariance. However, they found that after unemployment, symptoms of summarization, depression and anxiety were significantly greater in the unemployed than employed men. They also argued that large standard deviations on self-esteem scores in the unemployed group suggested that some men coped better than others with jobless stress. Further results showed that those with higher esteem had more support from family and friends than did those with low self-esteem. Furthermore, unemployed men made significantly more visits to their physicians, took more medications and spent more days in bed sick than did employed individuals even though the number of diagnoses in the two groups was similar.

War and Jackson (1985) in their study investigated that middle aged men showed a greater increase in psychological distress than young adults across 9 months of continuous unemployment.
Kessler, Turner, and House (1988) found that financial strain was the strongest mediating factor between unemployment and reported ill health in their American study and was far more important than reduced social integration or an increased number of life events.

Winefield and Triggerman (1989) compared three target groups were employed, or full-time students, or unemployed. The unemployed were further divided into five subgroups based on how long they had been continuously unemployed. The employed and student groups overall displayed well-being significantly superior to the unemployed, although within the latter group those unemployed for intermediate periods were worse off than those unemployed for shorter or for longer periods.

Foster (1991) was the first researcher who used modern meta-analytic techniques in summarizing and integrating research results concerning the mental health effects of unemployment. His very interesting work which he called an “exploratory meta-analysis” with the goal to “take a quick and dirty look at what a cross-study effect size might be”, is not well known in the field, presumably because the author hid it in the appendix of his dissertation thesis. Foster integrated 22 effect sizes from 10 primary studies that had been recently published at the time he conducted his meta-analysis and computed an average (unweighted) effect size of \( d = 0.19 \). This is surprisingly small and seems to contradict the conclusions of earlier narrative reviewers who concluded that being unemployed has a considerable negative effect on mental health.

Leeflang, Klein-Hesselink and Spruit (1992) studied health effects of unemployment, the factors related to these health effects and socio-cultural differences. They considered the Long-term unemployment as social phenomenon that restructures individual’s social positions into multiple deprived positions due to the lack of socio-structural resources, low social participation
and emotional problems. Independent effects on the health status (perceived somatic and depressive complaints and self reported chronic disease) have been found to exist among both the rural and the urban unemployed. However, there was no clear effect of unemployment on health care use but regional differences in health care use among rural and urban unemployed have been found. Between the urban and rural unemployed there are more similarities than differences in the factors and models explaining ill-health. The most important factors that they found are: loneliness, disadvantageous consequences of unemployment, money worries and ill-health prior to job loss (health selection at the labor market). They reported that one important difference was that among the urban unemployed the perceived size of the network is an explanatory factor, but among the rural unemployed perceived stigmatization is more important. In general, ill-health can be better explained for the rural unemployed than for the urban unemployed.

Leeflang, Klein-Hesselink, and Spruit (1992) compared the life situation and health effects of short term and long term unemployment in 30-50 years old urban men and women. They concluded that present or anticipated financial problems were the mediating factors between unemployed status and reported health problems in both men and women.

Van der Horst, Nijhuis, Muris, Philipsen, and van der Grinten (1992) studied whether poor somatic health among unemployed results from unemployment or whether poor health conditions are related to the permanent characteristics of unemployed. The data of the first panel study on health and high risk life style used a representative national wide panel during the year 1981 and 1983. A total of 1193 respondents were included in the health survey. In the sample of the study being unemployed referred to those men who had been displaced for economic reasons; work in capacituated referred to men who had lost their jobs because of poor health. Data from the
second panel was gathered from the general practitioners during the period of 1987 to 1990 and the total sample consisted of 2158 respondents. Health was measured with problem lists of long standing illness, symptoms and health related behavioral disorders. In the second panel study, the health status of employed and non-unemployed men according to medical records were compared with the self-reports gathered using questionnaires sent to the homes of the respondents. The purpose was to validate the results of self-reports of health. Multivariate models were fitted using analysis of variances. In the sample, most of the dropouts occurred in the incapacitated group due to severe health problems or death.

Tiggemann and Winefield (1992) examined the effects of unemployment on the mood, self-esteem, locus of control and depressive affect of 761 Australian school-leavers. They found that the unemployed were generally less well-adjusted than their employed counterparts. More specifically, all unemployed participants reported greater negative mood and had higher depression scores while the unemployed female school-leavers also displayed lower self-esteem.

Cassidy (1994) in a study of 181 recent graduates found that those who were employed (n = 88) scored higher on both summarization and interpersonal sensitivity than those who were unemployed (n = 93). A large percentage also reported not being in the job to which they aspired and scored low on job commitment. The unemployed graduates had a more positive approach to problem-solving, higher achievement motivation; more perceived social support, were more assertive and felt less hopeless than their employed peers. They also engaged in more constructive leisure activities than the employed group. The data provided tentative support for the hypothesis that graduates are better at coping with unemployment. However, there was an indication that any advantage to be gained is relative to the type of job occupied by the employed group to whom they are compared. Over all it was concluded that opting for a job which does not
meet expectations or aspirations may be more psychologically damaging in the short term than being unemployed and hopeful. This is a function of the individual's vulnerability or resistance to stress and highlights the need for graduates to be prepared more effectively for the path to a career.

Analysis of the Census Longitudinal Study for England and Wales showed that for younger unemployed men, mortality from injuries and poisoning including suicide was particularly high. Unemployed young women were found to have high mortality from coronary heart disease and from injuries and poisonings, including suicide (Bethune, 1997).

Theodossiou (1998) suggested that unemployment deprives people of the positive aspects of work. He found that even in comparison with poorly paid work, unemployment is related to poor mental health outcomes. Rantakeisu, Starrin, and Hagquist (1999) also found that both the financial hardship that can arise with unemployment and the shame of not holding a job affected the health of persons.

Kortteinen and Tuomikoski (1998) indicated that mental ill-being of unemployed people does not seem to increase as the unemployment extends but settles on a certain level. The level is, though, higher than that of employed people. The connection between physical ill-being and length of unemployment seems to be stronger. However, it appears that the proportion of those unemployed who have a long-term illness is twice as large among those who have been unemployed for a longer period compared to the employed or those having been unemployed for a shorter period. The connection is also strong between long-term unemployment and having illnesses causing handicaps in working ability. Almost half of the respondents claimed to have such an illness.
Murphy and Athanasou’s (1999) analyzed the effects of unemployment on mental health especially concerned with problems of causality. They sought to identify whether unemployment is simply correlated with distress or whether it directly causes psychopathological symptoms and diminished well-being. They included 16 longitudinal studies in the review, nine of which could be used in the meta-analysis. They concluded that unemployment is great cause of mental health problems. As they suggested job loss provokes psychological distress, rather than the reverse”. They further reported effect sizes of $d = 0.36$ for status-changes from employment to unemployment and of $d = 0.54$ for changes in the opposite direction. This means that job loss was longitudinally associated with an increase in distress symptoms whereas finding a new job was associated with a strong reduction of distress and the effects were of medium size. These longitudinal results provided insight that unemployment is not only correlated with distress but actually causes distress.

Flatau, Galea, and Petridis (2000) examined the relationship between mental health and wellbeing and unemployment utilizing the 1995 National Health Survey (1995 NHS) and the 1997 National Survey of Mental Health and Wellbeing of Adults (1997 SMHWB) data sets. Three indicators of mental health and wellbeing were adopted. The first is a psychological wellbeing measure derived from responses to questions included in the 1995 NHS on time felt down, happy, peaceful and nervous (the SF-36 mental health scale). The second indicator relates to diagnoses of mental disorders including substance use disorders, affective disorders and anxiety disorders. The third and final indicator relates to suicidal thoughts and plans and (unsuccessful) suicide attempts. On the basis of these measures unemployed persons exhibit poorer mental health and wellbeing outcomes than the full-time employed.
Berslin and Mustard (2003) reported that unemployment led to increase in the distress and to some extent, clinical depression among the 31-35 years old. However, in their study the association between unemployment and mental health was not found among young adults between aged 18 to 30 years old, but they argued that possible explanation for null finding among young adults such as decreased likelihood of low household income or increased likelihood of distressed young adults completely withdrawing from workforce were supported. But the baseline mental health affects the chance of being unemployed at the time of 24 months follow up were partially supported and further they concluded that both causation and selection process lead to association between unemployment and distress among older adults.

Waters and Muller (2003) study compared the direct effects of time structure and financial deprivation on psychological distress to determine which had the greater impact. The indirect effect of financial deprivation on psychological distress, through its effect on time structure, was also examined. Time structure, financial deprivation, and psychological distress (consisting of scores of self-esteem, anxiety and depression) were examined in 201 short-term unemployed adults (49% female) from Victoria and 113 long-term unemployed adults (54% female) from Queensland. These samples formed part of two separate longitudinal surveys which assessed variables at baseline, 6-month and 12-month follow-up. Data were analyzed using correlation analysis and structural equation modeling. Results showed that psychological distress was directly affected by financial deprivation and time structure. Furthermore, financial deprivation had an indirect effect upon psychological distress through its impact on time structure but only at baseline in the short-term unemployed sample.

Ervasti (2004) found strong association between health and the length of unemployment. He believes that health problems increased as the unemployment period prolonged. Also, Reine,
Novo, and Hammarstrom (2004) study showed that a connection between poor psychological health and unemployment was found to be greater among the young respondents than adults.

McKee-Ryan, Song, Wanberg, and Kinicki (2005) found that the negative effects of unemployment on mental health were greater in studies with long-term unemployed people (> six months) than those with short-term unemployed people (≤ six months) and in studies with unemployed school leavers than in studies with unemployed adults. Likewise, Hamalainen, Poikolainen, Isometsa, Kaprio, Heikkinen, Lindeman, and Aro (2005) also found that long-term unemployment was connected with an increased risk of depression and the risk became significantly higher with frequent alcohol intoxication.

Kennedy and McDonald (2006) examined how the stresses associated with the transition to a new country combined with additional stress arising from a period of unemployment affect the mental health of immigrants. They results revealed that Australian immigrants were found to have poorer mental health at 6 months after arrival in Australia compared with 18 and 42 months. Furthermore, unemployment, and especially a long duration of unemployment, is found to be associated with poor mental health. They also found that although immigrant women appeared unaffected by their spouses’ labor force status and further there was evidence that immigrant men’s mental health was affected by spouse labor force status.

Mossakowski (2009) examined whether unemployment while looking for a job and being out of the labor force while not seeking work have distinct effects on symptoms of depression among young women and men in the United States. He also investigated whether past unemployment duration predicts depressive symptoms. The Cross-sectional results suggested that current unemployment status and out-of-the-labor-force status were significantly associated with depressive symptoms at ages 29 through 37 years. The association between being out of the
labor force and depressive symptoms was stronger for men while as longitudinal results revealed that past unemployment duration across 15 years of the transition to adulthood significantly predicted depressive symptoms, net of demographics, family background, current socioeconomic status, and prior depressive symptoms. However, duration out of the labor force did not predict depressive symptoms. This study leads to conclude that longer durations of unemployment predict higher level of depressive symptoms among young adults.

Paul and Moser (2009) found that long-term unemployed people, young people and people older than 50 suffered more from unemployment than middle-aged people and those short-term unemployed. In contrast, Paul and Moser (2009) did not find that being in a relationship had a moderating effect on the impact of unemployment on mental health. Also they found that men were more often distressed by unemployment than women.

Lundin and Hemmingsson (2009) found that at least two thirds of the increased relative risk of suicide associated with becoming unemployed could be explained by a higher prevalence of mental illness or risk factors for mental illness. They further concluded that the excess risk of suicide among the unemployed in their study might not have been caused by the stresses associated with job loss.

Stankunas, Kalediene, and Starkuviene (2009) aimed to evaluate the associations between sense of coherence and psychosocial health among unemployed adult population. The data were collected during a cross-sectional study in 2005. There were 429 filled-in questionnaires received (response rate, 53.6%) from unemployed persons registered at the Kaunas Labor Market Office (Lithuania). For the assessment of the sense of coherence, a short 13-item version of the Orientation to Life Questionnaire was used. Long-term unemployment was defined as lasting 12 months or longer. Logistic regression was used to estimate the risk
factors having influence on sense of coherence. The risk was evaluated using odds ratio. The results suggested that the mean score for sense of coherence was 56.6±11.2 (min, 13; max, 91). Significantly higher sense of coherence found among the short-term unemployed as compared to the long-term ones. Analysis showed that sense of coherence was significantly higher in males more educated and less materially deprived groups. The findings indicated that persons with depression, suicide intentions, more intensive alcohol consumption (after the job loss), poor self-reported health, feelings of loneliness and shame, and poor relations with family reported lower sense of coherence. The risk of low sense of coherence was significantly higher for females (OR=2.97) and the long-term unemployed (OR=1.81). Nevertheless, higher education (OR=0.73) and income (OR=0.83) were the factors that significantly improved sense of coherence.

Omoniyi and Osakinle (2011) examined the psychological impact of unemployment on the mental health of Nigeria graduates and the place of entrepreneurship education as a panacea. Five research hypotheses were raised to guide the study. A self-constructed 25 items questionnaire was employed to elicit information from the 167 subjects for the study. The face and content validities of the instrument were ensured while its reliability was ascertained through a test-re-test method with a reliability coefficient of 0.75. The data collected were subjected to appropriate descriptive (means and standard deviation) and inferential (t-test) statistics. The results revealed that: the perceived level of stress among both male and female unemployed graduates is not significantly different. The results further indicated that irrespective of how long graduates have remained unemployed and their levels of education and the perceived level of stress are not significantly different. The place of entrepreneurship education to assist under graduates and graduates to acquire relevant entrepreneurial skills that will make them self-
employed and have positive mental health was stressed as a way to reduce restiveness in our nation and the achievement of the 20:2020 visions.

Pharr, Moonie, and Bungum (2012) examined the impact of employment status and unemployment duration on perceived health, access to health care and health risk behaviors. Data from Nevada's 2009 Behavioral Risk Factor Surveillance System (BRFSS) were analyzed. They compared participants who were unemployed (greater than and less than one year) to those who were employed and those who were voluntarily out of the labor force (OLF). Unemployed participants had significantly worse perceived mental health profiles were more likely to delay health care services due to cost and were less likely to have access to health care than employed participants and OLF participants. OLF participants were not significantly different from employed participants. Contrary to previous findings, unemployed participants were not more likely to binge drink, smoke or be physically inactive. Findings suggested that the impetus for unemployment be it voluntary or involuntary may significantly impact a person's mental health.

Reine, Novo, and Hammerstrom (2013) conducted a study to analyze the association between unemployment and sub-optimal self-related health as well as high school consumption and to examine the role of possible mediating factor explaining the association from a gender perspective, the result showed that strong relation was found between unemployed and sub-optimal related health among women and unemployment and high alcohol consumption among men even after controlling for health related selection potential mediators and background factors. They concluded that long term unemployment at young age could have various health effects in men and women.

Ferrarini, Nelson, and Sjoberg (2014) carried out a study on the the role of unemployment insurance for deteriorating self-rated Health in the working age population at the
onset of the fiscal crisis in Europe. The results revealed that unemployment insurance significantly decreases transitions into self-rated ill-health and particularly programme coverage was important in this respect. They also found that unemployment insurance was importance for the socioeconomic gradients of health at individual level where programme coverage significantly reduces health risks attached to educational attainment. Though, they concluded that unemployment insurance mitigated adverse health affects both at individual and country level during the financial crisis. Due to the significance of programme coverage, reform to unemployment insurance should focus on extending the number of insured people in the labor force.

To sum up, it could be said that previous findings provide depth understanding regarding the relationship between alienation, hopelessness and general health. It means that alienation and hopelessness in relationship with general health are important variables to be studied among unemployed educated adults. Hence this was the basic reason that the investigators choose this area as his research problem only to know cause and affect relationship between alienation, hopelessness and general health among unemployed educated adults.