“Back to Square One”: The Experience of Straddling Adolescence and Early Adulthood in Unemployed UK University Graduates With Common Mental Health Issues: An Interpretative Phenomenological Analysis

Christopher J. Cockshott¹, Gundi Kiemle², Paula Byrne³, and Mark B. Gabbay³

Abstract
We investigated the experiences of unemployed university graduates with common mental health issues. After conducting semistructured interviews with 12 unemployed bachelor’s degree graduates with common mental health issues, we used interpretative phenomenological analysis to generate three superordinate themes: “fall from grace,” “vulnerability,” and “life on hold.” Our focus in this article is life on hold and its constituent themes: “stagnation,” “moving backward,” and “feeling left behind.” Graduates struggled to complete the broader structural life transition from university student to the adult world of work, experiencing a nebulous state of straddling adolescence and early adulthood. This undermined their sense of adult maturity, leaving them vulnerable to becoming entrenched in their mental health-related difficulties. We discuss these findings in relation to the developmental perspectives of life-course theory, status passages, and separation–individuation in early adulthood, which raise important issues for the applicability of life-course frameworks for these graduates, who are a disadvantaged minority group.

Keywords
university graduates, unemployment, common mental health issues, early adulthood, interpretative phenomenological analysis (IPA)

While graduating from university is a time of jubilant celebrations and buoyant spirits, it also marks a critically important juncture in the lives of many young graduates. It represents the culmination of several years’ hardwork and the end of the student journey, and it is also a new beginning of great importance, as most graduates must face the daunting task of seeking suitable work and converting their hard-won degrees into a career.

Unfortunately, sizable numbers of graduates struggle with this task: They are unable to find suitable jobs and endure intermittent and lengthy bouts of unemployment (Higher Education Careers Service Unit [HECSU] and Association of Graduate Careers Advisory Services [AGCAS], 2013; Higher Education Statistics Agency [HESA], 2011; Office for National Statistics [ONS], 2012). Not only do these graduates fail to make the expected jump from university to work (career), but they fall into unemployment at a developmentally pivotal stage in their lives and socialization, as they seek to complete the transition from adolescence to early adulthood (Levinson, 1978, 1986, 1996).

This developmental period is a key transitional stage and one of the high-risk periods for developing mental health issues

¹Institute of Psychology, Faculty of Education, Health, and Wellbeing, University of Wolverhampton, Wolverhampton, UK
²Doctorate in Clinical Psychology, University of Liverpool, Liverpool, UK
³Institute of Psychology, Health, and Society, University of Liverpool, Liverpool, UK

Corresponding Author:
Christopher J. Cockshott, Institute of Psychology, Faculty of Education, Health, and Wellbeing, University of Wolverhampton, Millennium City Building, Wulfruna Street, Wolverhampton, WV1 1SB, UK.
Email: c.cockshott@wlv.ac.uk
in the entire life span (Robinson, 2012). While there are no data on the prevalence of unemployed university graduates who have common mental health issues, the numbers are likely to be worthy of public attention, given that one in five of all working-age adults (ages 16–64) in England have a common mental health issue (McManus, Bebbington, Jenkins, & Brugha, 2016), and the strong evidence for the detrimental impact that unemployment has on mental health (e.g., McKee-Ryan, Song, Wanberg, & Kinicki, 2005; Paul & Moser, 2009).

Despite the importance of university graduates to the global economy and substantial investment made by society in this group, there are no extant studies investigating the impact of unemployment on graduates with common mental health issues, as they attempt to make the transition to early adulthood. Our study therefore uses interpretative phenomenological analysis (IPA; Smith, Flowers, & Larkin, 2009) to shed some light on the key issues for this group of graduates.

The Early Adulthood Period

According to life-course development theory, the early adulthood period (approximately between the ages of 17 and 28; Levinson, 1978, 1986, 1996) entails core developmental tasks relating to the exploration of new adult roles, opportunities, and expectations in relation to work (career) and relationships (Erikson, 1968, 1980; Levinson, Darrow, Klein, Levinson, & McKee, 1976).

It is therefore a crucial time for the development of the self and the process of separation-individuation (Blos, 1962; Grotevant & Cooper, 1985; Josselson, 1980, 1988; White, Speisman, & Costos, 1983). Young adults must redefine family ties by extricating those dependent features of their sense of self that are embedded in family relationships and differentiate themselves from these by establishing a more autonomous and independent self (Baxter & Montgomery, 1996; Blos, 1979; Daniels, 1990; Lapsley, Rice, & Shadid, 1989).

One of the most pivotal steps to realizing these core developmental tasks is the education-to-work transition (Herr & Cramer, 1984). Work appears to be important in the developmental transition from adolescence to adulthood, and the failure to move from education and into work hinders the transition to financial independence, marriage, and parenthood— all of which are associated with adulthood (Arnett, 2000; Reitzle & Silbereisen, 2000).

The Changing Context of Early Adulthood for University Graduates

There have been major economic and sociocultural changes to the broader context in which individuals who pursue higher education in the United Kingdom experience early adulthood in the late 20th and early 21st centuries. These changes have created a less rigid and more pluralistic society in the United Kingdom, which challenge the traditional notions of the early adulthood period described above.

Firstly, the UK economy’s shift away from manufacturing and toward knowledge and information, along with the associated expansion of UK higher education in the 1990s through increased opportunities and removal of barriers to access, has significantly reshaped the lives of many who pursue a university education. Not only are more young adults going to university than ever before, but they are staying in education for longer, as degrees, and increasingly, higher degrees, have become necessary for access to many occupations (Elias & Purcell, 2004).

Secondly, there have also been significant changes to work structures, practices, and relations, as well as partnership, marriage, and parenthood patterns. The taking up of adult roles, such as marriage, parenthood, and full-time work, increasingly lag behind the conferred legal rights of adulthood (usually granted at the age of 18 in Western countries; Robinson, 2012).

More recent developments in life-course theory that have attempted to accommodate these changes and the prolonged transition to adulthood include Côté (2000) and Arnett (1998, 2000, 2004, 2006). Based on research in Europe and the United States, Arnett (2000, 2006) proposed a separate developmental stage of “emerging adulthood” (approximately between the ages of 18 and 25), situated between the end of adolescence and the attainment of young adulthood. This period is characterized, in part, by a sense of ambiguity regarding adulthood status, where individuals might feel like adults in some ways, but not in others (Arnett, 2000, 2001).

Current Issues in the Life-Course Approach

Despite the recent theoretical developments outlined above, which attempt to accommodate the significant changes to the modern life-course structure for young adults in the late 20th and early 21st centuries, there remain several contentious issues for life-course development theories in general, which are relevant for the graduates in our study. The changing economic and sociocultural context in which individuals experience early adulthood has meant that life-course structures have become less “standardized” and increasingly “differentiated” and “individualized” (Macmillan, 2005).

The increased social differentiation across groups and the increased variability in life-course structures and trajectories into early adulthood stimulates debate whether this has increased inequalities by further undermining life opportunities in work/employment (Macmillan, 2005). For example, the expansion of higher education has perhaps created smaller pockets of disadvantage where inequalities might develop. The increased numbers of graduates holding degrees within an economic context of limited graduate-level job opportunities have meant that large numbers of graduates are experiencing unemployment or underemployment after university (HECSU and AGCAS, 2013; HESA, 2011; ONS, 2012).

Of greater concern is where multiple disadvantages, like being unemployed with mental health issues, overlap and interact with each other, thereby compounding inequalities further. For example, poor mental health may hinder an individual’s...
capacity and willingness to seek out employment opportunities (Dooley, Catalano & Brownell, 1986; Kasl, 1982). Mental health issues are now the most frequently reported reason for claiming health-related incapacity/unemployment benefits and sickness absence (Gabbay, Hillage, & Shiels 2016; Gabbay, Shiels, & Hillage 2015; Kirkwood, Bond, May, McKeith, & Teh, 2008). Moreover, UK government statistics in 2016 reported that only 0.9 million (32%) of the 2.6 million disabled people recorded as having mental health issues were in employment (Department for Work and Pensions and Department of Health, 2016).

One UK government initiative to tackle the increased prevalence of common mental health issues and to help people get back to work has been the Improving Access to Psychological Therapy program, introduced in 2008 to increase the availability of psychological “talking” therapies in England. In 2015/2016, the program received 1,399,088 new referrals, of which 953,522 entered treatment with 537,131 completing a course of treatment. Of those, the program achieved a 46.3% recovery rate for the 490,395 clinical cases of anxiety/depression (Community and Mental Health Team, 2016). Despite these advances, concerns have been raised about the program’s high dropout rate (Centre for Social Justice [CSJ], 2012), low recovery rate (CSJ, 2011), and its scope to tackle the complexity of issues affecting people with mental health issues and their capacity to maintain employment (Marzillier & Hall, 2009).

A further and related issue for the life-course approach concerns its endeavor to produce a universal framework for the life course and its strongly normative connotations for life-course development (Erikson, 1968, 1980; Levinson, 1978, 1986, 1996; Levinson et al., 1976). This means that these theories might mask the challenges and difficulties faced by disadvantaged minority groups, such as the university graduates of this study.

These concerns therefore underscored the importance of our study’s experiential focus using IPA. By focusing on the unique (idiographic) meanings and understandings of these graduates, our approach enabled the in-depth exploration of any tension or conflict, as they negotiate the broader (nomothetic) context of the developmental challenges that characterize the early adulthood period.

**Study Aims**

Given the recent changes to UK higher education and concerns relating to the potential disadvantages and inequalities that might arise due to the increased variability in life-course trajectories into early adulthood, such as those relating to employment and mental health, we aimed to explore the lived experience of unemployed university graduates with common mental health issues. Our use of IPA (Smith et al., 2009) prioritized the voices of participants, their meanings, and understandings, which enabled our in-depth exploration of how they experienced and made sense of their unemployment.

**Method**

**Design**

We carried out an exploratory investigation into what it was like to be an unemployed university graduate with common mental health issues using IPA.

**Participants**

**Recruitment of Participants**

The first author selected participants using purposive homogeneous sampling methods. Using social media and networking websites, we targeted student/graduate employment and mental health forums and blogs, which enabled the wide dissemination of our research to graduates.

**Sampling Considerations and Use of Inclusion/Exclusion Criteria**

We purposively selected participants in their 20s because they were all in the beginning of the early or young adulthood stage of their lives (Erikson, 1980; Levinson, 1978). We also required participants to be recent graduates, which we arbitrarily set for a period of up to a maximum of 5 years since graduation. This was not too distant and provided sufficient time for a suitable period of unemployment to arise.

Our focus of inquiry was on those mental health issues that were deemed to be “common” (McManus, Meltzer, Brugha, Bebbington, & Jenkins, 2009; National Institute of Health and Clinical Excellence, 2011). We excluded individuals if they had severe mental health issues (e.g., psychosis and/or bipolar disorder), concomitant physical/mental health condition(s), and/or severe or problematic substance dependency/abuse problems, as these might have significantly affected their experience of being unemployed with common mental health issues or impacted on their ability to take part in an in-depth reflective interview.

We initially set the duration of unemployment criterion between 12 months and 3 years; however, difficulties recruiting participants led to us reducing the minimum length of unemployment to 5 months. While this decision led to a wider range of unemployment duration in the sample (see Table 1), we found no appreciable divergence in the accounts of 7 of the 12 participants who had been unemployed between 5 and 9 months compared with the other participants, who had been unemployed for longer. This was reflected in the strong convergence of shared understandings and meanings held among all participants, which was manifested in how well represented the themes were in the sample as a whole.

**Sample**

Twelve participants (nine females and three males), all of whom were in their 20s, took part in the study. They had graduated between 2008 and 2012 with their bachelor’s degrees in a range of disciplines, comprising psychology, biology, biology/
<table>
<thead>
<tr>
<th>Participant&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Age</th>
<th>Sex</th>
<th>Ethnicity</th>
<th>Graduation Year</th>
<th>Length of Unemployment (Months)</th>
<th>Work History Since Graduation</th>
<th>Onset of Mental Health Issues</th>
<th>Diagnosis of Mental Health Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laura</td>
<td>26</td>
<td>Female</td>
<td>White/British</td>
<td>2008</td>
<td>24</td>
<td>Support work in play/respite care (2008–July 2010); agency work in nurseries (2010)</td>
<td>Bullied at high school/relationship breakup while at university</td>
<td>Anxiy (2005); depression (2001)</td>
</tr>
<tr>
<td>Jessica</td>
<td>23</td>
<td>Female</td>
<td>White/British</td>
<td>2012</td>
<td>5</td>
<td>Retail, customer service (July 2012)</td>
<td>Family issues growing up</td>
<td>Anxiety (2005); depression (2001)</td>
</tr>
<tr>
<td>Alison</td>
<td>25</td>
<td>Female</td>
<td>White/British</td>
<td>2009</td>
<td>24</td>
<td>None</td>
<td>Throughout university</td>
<td>Anxiety/panic attacks (2010)</td>
</tr>
<tr>
<td>Sophie</td>
<td>22</td>
<td>Female</td>
<td>White/British</td>
<td>2012</td>
<td>7</td>
<td>None</td>
<td>Unsure</td>
<td>Depression (2010); generalized anxiety (2008)</td>
</tr>
<tr>
<td>Elizabeth</td>
<td>25</td>
<td>Female</td>
<td>White British</td>
<td>2011</td>
<td>5</td>
<td>Internship with a charity (January to May 2012)</td>
<td>Throughout school/university</td>
<td>Generalized anxiety (2010); depression (2009)</td>
</tr>
<tr>
<td>Rebecca</td>
<td>23</td>
<td>Female</td>
<td>White/British</td>
<td>2012</td>
<td>8</td>
<td>None</td>
<td>Pressure of university work/unemployment fears</td>
<td>Anxiety and depression (2012)</td>
</tr>
<tr>
<td>Mark</td>
<td>27</td>
<td>Male</td>
<td>White/British</td>
<td>2010</td>
<td>21</td>
<td>Cafè assistant (March to September, 2011; community volunteer (October to December 2011)</td>
<td>Stress of university</td>
<td>Depression/anxiety/panic attacks (2012)</td>
</tr>
<tr>
<td>Fabio</td>
<td>25</td>
<td>Male</td>
<td>Latin-American/British</td>
<td>2010</td>
<td>17</td>
<td>Administrator (November 2010 to April 2011; February to June 2012)</td>
<td>Bullied at lower school/university pressure</td>
<td>Depression and anxiety (2010)</td>
</tr>
<tr>
<td>Paul</td>
<td>28</td>
<td>Male</td>
<td>White/British</td>
<td>2009</td>
<td>17</td>
<td>Shop volunteer (April to June, 2010); administrator (May 2011; December 2011; April to July 2012)</td>
<td>Unsure, possibly moving house/new school as a child</td>
<td>Depression (2005)</td>
</tr>
<tr>
<td>Paula</td>
<td>25</td>
<td>Female</td>
<td>Persian/British</td>
<td>2009</td>
<td>7</td>
<td>Taught English abroad (2009–2010); administrator (January to April, 2011); voluntary work (June to November, 2011); supermarket assistant (April 2012 to May 2013)</td>
<td>Unemployment/being abroad away from home</td>
<td>Anxiety (2010)</td>
</tr>
</tbody>
</table>

<sup>a</sup>Participant pseudonyms.
plant technology, environmental science, popular music, creative writing, visual art, law, English language and philosophy, primary education, and economics.

Participants’ duration of unemployment ranged between 5 and 24 months. Three participants had been unemployed since graduation, while the other nine had experienced intermittent periods of transitory employment, with most unemployed in temporary, part-time, or voluntary positions.

Participants self-represented as having a common mental health issue(s), diagnosed by a General Practitioner (GP)/psychiatrist between 2001 and 2012, with diverse origins and reasons for onset. These had predated their unemployment in all but one participant (Paula). All participants were receiving some form of medical treatment and/or psychological therapy at the time of interview (see Table 1 for a more detailed and specific overview of participants’ characteristics).

**Topic Guide Development**

IPA’s approach to data collection has been set by a strong convention of employing one-to-one interviews using a semi-structured topic guide (Smith et al., 2009), and we also made use of this format in our study. We discussed draft versions of topic areas, questions, and their prompts, as part of considering the topic guide’s suitability, coherence, and comprehensibility. Questions explored participants’ unemployment and mental health issues in relation to their lives, how they thought or felt about themselves, and their feelings toward work/employment and their careers. We also devised prompts to help accommodate less forthcoming and reticent participants by providing concrete examples to clarify the sorts of questions that we asked.

**Data Collection**

We received research ethics approval by the University’s Ethics Committee (November 2012). The first author carried out face-to-face interviews with the 12 participants between November 2012 and December 2013 in private and quiet surroundings. All interviews were audio recorded with participants’ permission and lasted between 45 and 80 min.

**Data Analysis**

The first author transcribed and then analyzed participants’ interviews in accordance with the underlying methodological principles and steps for carrying out data analysis in IPA, as laid down by Smith, Flowers, and Larkin’s (2009). Following these steps, we drew out the phenomenological content incorporating the interpreted meaning of participants’ accounts. We enhanced the rigor of this process in two ways. Firstly, by discussing (as a research team) the first author’s interpretations and analyses, testing the emergent findings against data samples and different potential viewpoints. Secondly, we assessed the prevalence (recurrence) of the superordinate theme of “life on hold” and its constituent themes across the group. All themes were clearly present in all participants and therefore strongly represented in the data set.

We generated superordinate themes for the group as a whole, which represented a conceptual structure that succinctly reflected the phenomenon at hand, expressing its shared and underlying psychological meaning. Our focus in this article is the superordinate theme of life on hold.

**Findings**

Central to participants’ accounts was their strong feeling that their lives after university had stalled and come to an abrupt stop or halt. They were unable to take their lives forward because of their mental health issues, which were largely outside of their control, leaving them waiting for an opportunity to obtain suitable work or to get themselves into a position where they felt ready to do so. This sense of a life on hold was the continuous thread by which the constituent themes of (i) “stagnation,” (ii) “moving backward,” and (iii) “feeling left behind” were interwoven. Throughout our presentation of these themes, below, we have deliberately used emotive terms, which we considered to reflect the strong emotional distress expressed by participants.

**Life on Hold: Stagnation**

The theme of stagnation related to participants’ sense that their lives had stalled and come to a grinding halt. The progress they felt they were making with their careers prior to their unemployment had been brought to a standstill, and they were left in a motionless and inactive state, where they felt increasingly stagnant and stale, as the duration of their unemployment grew longer.

There was a strong temporal dimension to participants’ sense-making of their circumstances. They equated the development and progression of their lives and careers with a sense of onward movement, but being unemployed with mental health issues represented a cessation of activity and motion, which was often described as a “standstill.” Sophie, below, worried that her inactivity might be perceived as laziness, when, in fact, she, like all participants, was engaged in an ongoing and complex struggle to get better. She lamented her poor mental health, expressing her strong desire to get her life back on track again by fulfilling her career ambitions:

I need to get over this [her mental health issues], ‘cos it’s just like, it’s put everything on hold. . . . I do want to get a job, it’s not like I’m being lazy . . . benefits isn’t exactly how I imagined my life after university, but, I just, I feel like it’s brought it all to a standstill. I want to get a job, I really want to be a [occupational role], but I can’t because I’m not stable enough. (Sophie)

Elizabeth, by contrast, was less certain of her career plans. Her understanding of standstill related to the “absence” of the progress and forward momentum that came with having a purpose or an objective and something worthwhile to strive for. Even being left
Participants expressed a strong sense of frustration toward their stagnation and with not being able to get on, as they had hoped. This was exemplified by Elizabeth’s recurring use of “should” in the excerpt below, typifying the strong normative pressures they felt to make progress with their lives and careers. Elizabeth understood her activity levels in terms of a hierarchy, where she even struggled to accomplish the base-level needs and activities:

I should be, I should be doing this, this, this, this, lots of shoulds . . . . Well, there’s the base level, I should be doing the base level things of getting up, eating well, exercising, just general everyday things, and then on top of that I should be progressing in terms of career because some of my friends are doing and, you know, I want to be moving towards something as well. (Elizabeth)

There was also a spatial dimension to participants’ temporal sense-making of their circumstances, which they likened to a journey where they were struggling to reach their desired destination by obtaining suitable work. On this journey, they were unable to find their way and worried that they might never arrive, which related to their underlying fear that they would forever remain “lost” or trapped in the present stage of their lives. Work (career) was therefore central to participants’ understanding of themselves and their circumstances. It helped them to locate where they were in their lives by establishing their bearings, giving them a sense of direction, while the advancement of their career was crucial to their general sense of making progress with their lives. Jessica, below, expressed these concerns, which prompted comparisons with her younger and happier self, prior to her mental health issues, where she was relatively untroubled and carefree:

I was just, like, a little bit worried that I’d never actually get anything [a suitable job] and kinda lost in a . . . . So, [cries] . . . sort of, I see myself as not going anywhere . . . I’m not where I want to be . . . . I don’t even know [where she wants to be], I’d just prefer not to be me right now. I’d prefer to be me when I was younger. I didn’t worry about anything at the time . . . um, well, I did worry about things, but all I worried about was getting marks that I needed to get like good grades that I needed to make my parents happy . . . um, I worry about money now, about what other people think of me, about what my parents think about me. (Jessica)

Participants also felt an increasing unease as the duration of their unemployment continued to lengthen, acting as a further time-related pressure that contributed to their general sense of angst about losing or wasting time. Mark, for example, who had been unemployed for 21 months (see Table 1), expressed concern that the length of his unemployment had transgressed an acceptable or respectable period of time that people would consider to be understandable:

I do spend a lot of time thinking how have I wound up in this situation. It does, the amount of time, it’s so easy to sort of not remember how long it’s been and you can do these short term focuses that carry you from like one month to the next or
something like that, and so... yeah, a lot of my time, I will just be like, oh god, I’ve spent too much time trying to work this out, and there is that kind of underlying worry all the time with every day that goes by, I’m just like that this is just getting too long now. (Mark)

Paul, who had been unemployed for a similar period of time (17 months; see Table 1), also expressed concerns with the increasing length of his unemployment, as he did not anticipate it to have lasted so long. He felt that he was becoming less employable as his unemployment continued, which contributed toward his doubts about finding suitable work. His graduation had faded into the past, and with it, his sense of being a new graduate was lost. Participants’ eligibility for graduate-level roles was diminishing as opportunities passed by; they were no longer current and were becoming increasingly stale or obsolete, as if they were from a bygone era, albeit from only a few months ago:

...realistically, I’m unlikely to get a graduate level job now. It’s a long time since I left university... I’ve still got hopes of having a career, but I think the likelihood of me ever having one has faded a lot... it’s fading more as time goes by, um, and I think a lot of employers prefer someone who was fresh out of doing their degree, who was still 21 and quick at learning things and maybe more malleable in terms of doing, performing a graduate job. (Paul)

Both, Laura and Rebecca, who had been unemployed for 24 and 8 months, respectively (see Table 1), also expressed their worry that the opportunity to use their degrees and fulfill their career aspirations was now behind them, perhaps even lost for good. It was this sense of finality and feeling that it was all over before it had even started, which left participants disconsolate. Their lives seemed to have reached a premature and terrible conclusion because of their unemployment and mental health issues, while at the same time, they were afraid of suffering like this “forever.” Again, this demonstrated the central importance of work (career) to participants’ desire to make a life for themselves:

I just hope this isn’t the end. I don’t want this to be the rest of my life, you know, not working. (Laura)

It’s only been a few months, but if I go a full year still being unemployed, I can’t imagine what I’d feel like... just be in this rut forever... (Rebecca)

**Life on Hold: Moving Backward**

The temporal dimension to participants’ understanding of a life on hold as stagnation was accompanied by a feeling that they had also moved backward in their lives by becoming unemployed. In certain respects, they had returned to the beginning or were back to where they had started from before attending university. Their effort and hardwork had seemingly counted for nothing; they were no further on and had returned to their original starting point in terms of finding work and furthering their career. For example, Fabio, below, felt he had returned to “square one” and had to start again, despite acquiring important work experience:

Nine months had passed and I was back to square one, so to speak. When I found the job, I was elated, the first job in 2010. So, when it ended I thought I’ve got some experience, I’ll be able to get back on my feet easily... nine months had passed, I was back at the job centre. (Fabio)

A physical manifestation of participants’ sense of moving backward was returning to live with their parents. This was experienced as a hugely significant event in their lives, which was reluctantly undertaken, as they would prefer not to be living with their parents again. The physical act of moving back to their parents’ home was a watershed moment in terms of their temporal understanding of where they were in their lives, symbolizing their failure to succeed in the adult world by becoming independent and self-sufficient. Moving out of their parents’ home, in the first instance, was seen by participants to fulfill an important condition necessary for moving their lives forward, and so they considered a return to be a retrograde step. It was a move in the opposite direction to where they thought they should be heading—back to their original starting point and where they had begun. Elizabeth’s experience of returning home, described below, was compounded by the lack of social and employment opportunities where she lived. The absence of interesting and meaningful activities to occupy her time created a downward spiral of decreasing activity and deterioration of her mental health:

I moved back home to my parents because of my financial difficulties, being able to live sustainably in [location], and I didn’t want to do that because it felt like moving backwards, you know. I’d gone to university, I had a graduate internship and now I was moving back home, which was square one in my mind at the time... There wasn’t anything in the way of graduate opportunity of employment in the area. My friends I knew from university in [location] had moved elsewhere and my friends from home weren’t around either because they’d moved, so the social opportunities were very limited as well. I was basically coming back to nothing apart from my parents’ house. So, a typical day then increasingly became diminished activity, which increased the depression. I found it incredibly difficult just to do one thing a day, you know like one activity that I wouldn’t actually even think of if I was feeling okay. It became increasingly hard just to think, you know, what am I actually doing and to create a bit of an order in my head, you know breakfast, shower, brush teeth, you know. It was muddled in my head as to what I could do, so it was like washing machine on full spin, I think, with my mind really. (Elizabeth)

Participants’ unemployment and mental health issues had seriously challenged their capacity to be independent and self-sufficient. They had become heavily reliant on their family and friends for material and financial support, which they were very uncomfortable with, as it conflicted with normative expectations that they should be independent and providing for
themselves by now. For example, Fabio, below, refused to accept money from his parents:

I didn’t have any money and this was a point where I was already in debt. I didn’t have any money left over from my loans and me being a 21-year-old, I just couldn’t bring myself to ask for money from my parents. It came to the point where they [his parents] were literally shoving the money into my pocket and nudging me out of the door because I just wouldn’t take it otherwise. (Fabio)

Their state of dependency also led them to worry they had disappointed their parents or that they were a burden on their family. Rebecca, below, for example, was desperate to attain her own independence by becoming self-sufficient. She felt that her current dependency on her mother meant she had not lived up to her mother’s expectations of her and that she might be a burden on her:

Er, I’m concerned about my living arrangements, ‘cos obviously, I’m very much reliant on my mum at this time, so I don’t wanna rely on her for too much longer . . . . I feel very lucky that I’ve got a mum and she doesn’t pressure me to look for work because she knows I’m very hard working and that I’ll do my absolute best, but you do just feel like a bit of a let-down, maybe she’s disappointed in some way that, um, that you’ve come back to live at home and I know she’s stressed about money worries as well, so I’d hate to think I’m being a burden on her. (Rebecca)

Participants related the state of being independent and self-sufficient to the physical stage of development where they had attained adulthood and were strong enough to survive on their own without any assistance from others. For example, they would describe this achievement as being “a big girl,” “grown up,” and “standing on my own two feet.” By contrast, being unemployed with mental health issues had not only stifled their personal growth and development but left them in a weakened state unable to fend for themselves, as if they had returned to an earlier and less desirable state of adolescent dependence on others. They struggled to make the transition and become adults, which left them stranded in a no man’s land between university and employment, adolescence, and adulthood:

… I thought I’d go to university, I’d graduate, I’d get my degree, I’d start working straight away, you know . . . . I’ll have a house and a car, I’ll be settled and completely independent, and you know, self-sufficient and an adult, you know, sort of grown up and relying on myself, but actually, it’s been pretty much the opposite. I’ve struggled to get interviews for jobs, um, and I’ve had to rely on my parents a lot to give me money, feed me, pay for all my clothes. (Paula)

I need to be a big girl now and move out and stuff, and the only way I can do that is by getting a job. (Kate)

My parents have been remarkably supportive but . . . . it would do them and me good if I could stand on my own two feet. (Paul)

Not only did participants feel a sense of being held back by their mental health issues, they were upset because they felt that they should have made greater progress with their lives and careers than they had done. They expressed predetermined ideas or expectations about where they should or wanted to be with their lives and careers, often by invoking temporal concepts such as stages, years, and months as a unit of reference when articulating these sentiments. Kate, below, felt like she was back to where she was as a school leaver at the age of 16. Her unemployment led her to conclude that her decision to pursue higher education had not been worthwhile, given her huge debt and unmet expectations:

I feel disappointed ‘cos I’m 28, and it’s like, I’m at the stage I was at when I was like 16 in a way, do you know what I mean. Er, due to financial situation, stuff like that, I might as well be back at home, do you know what I mean, you don’t get chance to, kind of, like you think you’d have your own house by now and your little garden and dog and stuff like that, but, no, so that’s been hard like thinking . . . . like you’ve wasted, you’ve wasted all that time, like. I think because I was doing my gap years and stuff like that from being poorly, I think I’m 34, 35 grand in debt with student loans and it’s like I haven’t got anything to show for it. It’s like I’m on 55 pound a week [benefits] with no job and there’s no point really, there was no point doing it [going to university], I don’t think. (Kate)

Participants felt that their mental health issues had made a huge impact on their lives and current circumstances. As participants looked forward and considered their longer term future, their hopes were tinged with sadness, as they were generally pessimistic of ever completely freeing themselves from their difficulties, which cast a shadow over their lives. Paul, below, for example, viewed his mental health issues as a burden that he was likely to always have to carry, like a physical weight that had been impressed upon him, weighing him down, and holding him back by preventing him from functioning properly:

It’s [his mental health issues] had a massive impact. I don’t think I’ll ever be able to put them behind me . . . . I think if I could have found a job quickly after I graduated then I’d be in a much better state than I’m in now . . . . It’s probably a cliché, but it feels like a millstone around my neck and I’m never going to be able to get rid of it. (Paul)

Life on Hold: Feeling Left Behind

The temporal and social aspects to participants’ accounts combined, once again, in relation to locating themselves and tracking progress on their life journey. Participants often gauged where they were in their lives and careers in terms of the life activities and perceived fortunes of their peers and friends. These comparisons were mostly unfavorable, serving to highlight participants’ plight, which left them feeling left behind, excluded, and missing out on life and career.

These comparisons were often based upon material uploaded by others via social media websites and reminded participants of their upsetting circumstances, eliciting
frustration, and dissatisfaction. For example, both Sophie and Paula, below, were rankled by the exciting social and career-related activities that their friends reportedly enjoyed, while they remained at home with no money to be able to go anywhere:

All my old friends from the same University, doing the same course, they’re always waffling on their [Facebook] status about their new [job], their new [colleagues], the fact they even go on holiday together, and I have no money, do you know what I mean? So, it bugs me so much that I can’t get a job. (Sophie)

You see it on Facebook or whatever, people from university have got the job you’ve wanted for years, it’s so frustrating. What’s wrong with me, um, and you see people going out socialising, doing this and that, and you’re staying at home, no money, it’s really sad, difficult. It does make it worse. (Paula)

Alison, below, also expressed this strong sense of missing out on life. She found it difficult to not dwell on the positive personal achievements of those around her, as they were unavoidably brought to her attention. She, like the other participants, was also desperate to be pursuing these activities too, which upset her a great deal:

I have got other friends and people I went to school with that I stay in touch with and you know, they’ve got jobs or they’re getting married, or you know, my sister’s had a baby recently and got married, so . . . I do compare myself to them and think that I’m missing out, I guess [cries]. So, obviously that upsets me quite a lot. Er, I try not to think about it, but obviously, it’s something that gets shoved in your face quite a lot, so. (Alison)

Participants’ sense of their lives moving forward in a smooth and sequential manner, along with their friends (the bond and sense of togetherness from being part of a generational group, sharing the same experiences and progressing together through school and university, and feeling equal to their peers) had now been disrupted and broken by their unemployment and ill health. They not only experienced a physical separation from their friends, but a psychological and temporal one, too. Their lives had stagnated, leaving them feeling isolated and left behind, while their friends, who had gone on to find employment, were somehow ahead of them. For example, Mark, below, experienced this physical and temporal separation from his friends, which upset him and left him feeling left behind.

I didn’t feel that any of my old friends really wanted to see much of me anymore, really . . . [they] seemed to be moving on and meeting people elsewhere and didn’t seem to want to know me anymore . . . [they] have got worse, as far as I know, haven’t had any problems [mental health issues] like that . . . [they] always seem to be far more successful and much happier in everything they do and I think if I hadn’t had any mental health problems, that might have been me . . . I don’t feel, I don’t begrudge them, it’s . . . I always have a feeling of . . . what if, things could have been so different. (Paul)

Participants remained passive onlookers, as they observed their friends move on and away from them, seemingly leading far happier and more rewarding lives, which led to them feeling left behind and excluded with nothing to look forward to in the future. Paul, below, for example, reflected wistfully on what might have been, believing that he would have had a more interesting, exciting, and successful life, had he not experienced mental health issues. Despite their sorrow, participants were not resentful of their friends’ success or happiness; rather, they were mournful toward themselves, as if they were grieving a part of themselves that could have been, but were not given the chance to shine, having been blighted by their mental health issues:

Participants remained passive onlookers, as they observed their friends move on and away from them, seemingly leading far happier and more rewarding lives, which led to them feeling left behind and excluded with nothing to look forward to in the future. Paul, below, for example, reflected wistfully on what might have been, believing that he would have had a more interesting, exciting, and successful life, had he not experienced mental health issues. Despite their sorrow, participants were not resentful of their friends’ success or happiness; rather, they were mournful toward themselves, as if they were grieving a part of themselves that could have been, but were not given the chance to shine, having been blighted by their mental health issues:

By this time I should have a PhD, I should have done this, you know again, it’s all these ideas on what I should have been able to achieve. When I was young, I was really intelligent for my age, so, you know I don’t just expect myself to do what everybody else has done by now, I should be doing more . . . Er, my friend’s just finished her PhD and got a job at Cambridge University. I was like, oh shit, I’m unemployed [laughs], I’ve got one degree [laughs]. So, again, I know I shouldn’t compare myself to other people, but I do . . . It’s more berating myself for not being able to cope as well as everyone else is, um. (Laura)

Being unemployed with mental health issues had not only halted participants’ career aspirations but also had prevented them from pursuing personal goals in their private lives. These objectives were both inextricably connected in their minds, as
they understood work to be necessary to pursue their private lives and to take their lives forward. Louise, below, for example, described how her life plan had been ruined because of her mental health issues, meaning that she has had to adjust her hopes and expectations accordingly:

I felt like I should have been already half-way through building a career. I should have been in it for four years . . . . Er, yeah, I just felt awful . . . . being the age that I am, 26, and all of my friends around me have got good careers, have all bought houses and are planning their weddings, and I should be doing all that with my partner, but currently just can’t because I’m stuck in this position . . . . I felt very left behind because I was emotionally ready to do all those things. Me and my partner had planned all that. We wanted to get married in 2014, that was always like our year that we wanted to do stuff, and then we wanted to have kids just before I’m 30 and then we had a little life plan, but that was completely shattered when all this happened. So the timescale’s gonna be longer . . . . (Louise)

Participants’ longer term aspirations for their private lives were therefore uncertain, as they worried that their mental health issues would impede or even prevent them from pursuing their personal goals. Jessica, below, for example, indicated that the prospect of securing her material circumstances and settling down was a distant fantasy. All participants expressed a strong desire for a place of their own, which represented one of the crowning achievements of their lives by symbolizing the attainment of adult independence. They also held a humble but perhaps slightly romanticized vision of their future circumstances, as they yearned for a simple, modest, and tranquil existence where they were peacefully content. These aspirations reflected their desire to gain some stability and control over their lives, so desperately lacking at the present time:

God. Er, in my dreams I would have a house and that would be it. A house and a dog, maybe two, and, and literally go to work come home and be happy. Live in, yeah, a nice area . . . . but that’s about it. Career wise, as long as I’m employed in something I enjoy and getting paid enough. (Jessica)

Discussion

Our findings make strong connections with theoretical perspectives on life-course development theory, status passages, and separation-individuation, and our discussion below provides a bidirectional consideration of how our findings inform and are informed by this literature—a process that enabled a deeper understanding of the nature of participants’ experience.

Developmental Struggle Into Early Adulthood

In the context of life-course theory, participants’ plight can be understood in terms of developmental disequilibrium or imbalance (Caplan, 1964; Slaikeu, 1990), as they struggled to make the successful transition from one life structure (i.e., university student and adolescence) to another (i.e., the adult world of work). This left them in a nebulous state of straddling adolescence and early adulthood, which predominantly accounted for the negative psychosocial impact that their unemployment had on them, especially its role in denying them their moment of coming of age, and with it the attainment of maturity, recognition, and respectability that comes with being adults.

Participants’ circumstances corresponded to Levinson’s (1978) “Early Adult Transition,” which straddles adolescence and adulthood and is theorized to take place approximately between the ages of 17 and 22. Yet participants, who were all between the ages of 22 and 28, were undergoing this transition at an older age. Their struggle with their mental health issues and choice to continue their studies into higher education meant that they had, in effect, deferred the school-to-work transition between the ages of 17 and 22 and were now belatedly facing the issues of this transition after graduation.

Levinson’s (1978) early adult transition does not accommodate a delayed entry into adulthood by those individuals who graduate from university and enter a prolonged period of unemployment. However, it should be made clear that Levinson only intended his theory to serve as a conceptual template to aid understanding of life-course development in the Western world and did not intend his framework to be prescriptive or deterministic. Moreover, Levinson’s theory was developed in the 1970s, and significant economic and sociocultural changes to the broader context in which young adults in the United Kingdom experience early adulthood since this time have undermined the structural assumptions of his model to a large degree.

Despite the discrepancy between our findings and Levinson’s theory, participants still expressed normative values and beliefs relating to the appropriate order and timing of important life-course events, roles, and transitions, such as entry into work, establishing a career, marriage, and home ownership, that were in line with Levinson’s (1978) timetable for when these life events occur. Unfortunately, the disparity between where participants were in their lives and where they thought they ought to be in relation to these normative pressures generated a great deal of upset, frustration, and conflict for them.

This conflict was also intensified by a strong social dimension to participants’ understanding of their circumstances, as their feelings of being excluded, isolated, left behind, and missing out on life were often based on comparisons with their friends and peers. Despite clearly holding them back, their mental health issues did not diminish the equity of these comparisons in their eyes nor did their difficulties mitigate their belief that they should be pursuing the same goals as their peers. Thus, the notion of being disadvantaged from having mental health issues was not fully embraced by participants, and they struggled to regard themselves as such, which perhaps might be explained, in part, by a prevailing prejudice that common mental health issues are a sign of weakness, rather than a genuine illness (Byrne, 2000).
Betwixt and Between Adolescence and Adulthood

The more recently proposed developmental stage of emerging adulthood (Arnett, 1998, 2000, 2004, 2006) better captures participants’ circumstances than Levinson’s (1978) theory, as their sense of entry into adulthood lagged behind their legal status as adults (Arnett, 2000, 2006). A key feature of participants’ experience here was their strong sense of being betwixt and between, as they were no longer university students, nor part of the adult workforce—which left them suspended in an ambiguous state, somewhere between adolescence and adulthood.

This state of ambiguity resonated with the anthropological concept of liminality—or transition between two different states within the context of a status passage (Turner, 1969; van Gennep, 1908/1960). A defining feature of liminality is the “absence of a self-defining connection” to the social world (Ashforth, 2001, p. 136), and participants’ feelings of disorientation and absence of meaning in their lives were typical of being in a liminal state (Ashforth, 2001). Feeling excluded by society and separated from their friends, their unemployment represented an emptiness or vacuum, which was filled by a deterioration of their mental health issues and thus increasing stagnation.

Indeed, participants’ sense of ambiguity relating to their adult status, which is the characteristic of the emerging adulthood period, was marked by a strong sense that their progression into adulthood had stagnated. Because of their mental health issues, they felt they had lost their ability to take control over the direction of their lives and to be able to progress by driving it forward. This sense of stagnation revolved around their inability to complete the two tasks representative of adulthood, namely, separation from parents and the education-to-work transition, which we discuss in more detail below.

Returning to Live With Parents and the Separation–Individuation Struggle

Participants’ sense of failure to gain their independence by becoming self-sufficient was epitomized by returning to live at home with their parents, which had significant implications for their separation–individuation process. In the manner that a continued reliance on parents for financial and material assistance can lead to feelings of adolescent dependence that undermine adult maturity (Galambs, Turner, & Tilton-Weaver, 2005), participants were unable to establish “conflictual independence,” which is characterized by the absence of feelings of excessive guilt, anxiety, and resentment toward one’s parents (Hoffman, 1984). An additional concern for some participants, depending on the state of their mental health, related to an inability to establish “functional independence” (i.e., the capacity to organize and carry out every day personal and practical tasks without parental assistance; Hoffman, 1984).

Higher Education and the Fixation With Work and Career

In line with previous work connecting work/employment with adulthood (Arnett, 2000; Herr & Cramer, 1984; Reitzle & Silbereisen, 2000), participants’ understanding of attaining adulthood and independence seemed to be inextricably fused with economic expectations of work (career) advancement. This preoccupation with work (career) is not surprising, given a broader economic culture increasingly centered on competition and individual performance.

Today’s students pursue higher education at a time of sweeping neoliberal reforms, where universities are being increasingly directed toward the utilitarian purpose of serving the job market and increasing economic value. In this marketized system, students are strongly motivated to seek courses aligned with better job prospects, as well as acquiring experiences and skills that will enhance their employability and earning potential (Vasudeva & Barea, 2016). This narrow focus on employability has perhaps been to the detriment of other valuable functions of higher education, such as to “promote the general powers of the mind,” produce “cultivated men and women,” and to transmit “a common culture and common standards of citizenship” (Robbins, 1963, pp. 6–7).

Additional pressures that might sharpen graduates’ work (career) focus include increased levels of debt (after the increased tuition fees in England), and cutthroat competition in the graduate jobs market, as supply exceeds the number of graduate-level roles (Prospects and AGCAS, 2016).

This state of affairs has prompted Mary Curnock Cook, the chief executive of the Universities and Colleges Admissions Service, to suggest that the fixation with graduate employment and career-driven mentality was “unhelpful” and that students might do better to take some time out after university to consider their career options (Yorke, 2017). Our findings underscored these concerns by demonstrating how this group of graduates with mental health issues was especially vulnerable to these intense economic pressures, norms, and expectations. While these graduates shared the same strong desire and aspiration to meet these challenges by succeeding in their work (career) ambitions, they struggled with the devastating impact on their lives and mental health by not being able to meet these norms and expectations. This was experienced as a life on hold, leaving them with a sense of stagnation and vulnerable to becoming entrenched in their mental health-related difficulties.

Theoretical Implications of Participants’ Experience for Life-Course Theory

Our study has demonstrated the value of an idiographic approach using IPA. We have highlighted the difficulty that life-course theories have in providing an overarching “global” framework applicable to all young adults, especially in the late 20th and early 21st centuries, with the increased variability in life-course structures in the early adulthood period and the potential disadvantages and inequalities that might arise.
We draw attention to and provide valuable insight into the unique experience of a disadvantaged minority group of university graduates that are concealed by large-scale notions of life-course development. These theories tend to emphasize general patterns in individual structures and trajectories at the expense of situational factors and individual circumstances.

By focusing on how these graduates interpret and give meaning to what was a major life event and transition for them, our study provides rich and nuanced details relating to the impact of unemployment on university graduates with common mental health issues, as they negotiate the challenges of the early adulthood stage of the life course.

Practical Implications
Our research highlights the tensions between idiographic and normative concerns, which are important for the endeavor of developing and integrating a life-course perspective into adult mental health care. Our experiential approach has highlighted the unique (idiographic) and complex interrelationships among higher education, unemployment, and mental ill health among these graduates, within the broader (nomothetic) context of their developmental struggles and challenges that characterize the early adulthood period. Thus, their plight was of greater significance than finding a job: It constituted the delay of a major developmental transition into adulthood that had undermined their sense of adult maturity and compounded their mental health issues.

In this manner, the life-course perspective can be of much use to structure mental health professionals’ concern with the situational factors and individual circumstances of their patients. Its emphasis on integrating psychological and social factors, placing them in a temporal context, helps to personalize mental ill-health as part of a life process, rather than viewing it as a discrete episode of illness.

This life-course perspective is especially empowering, given that common mental health issues are treatable using psychological therapies (McManus et al., 2009). In this vein, the approach provides mental health-care professionals with a multidimensional, ecologically valid, and optimistic framework within the clinical setting, which might better enable them to guide their patients toward alternative life-course trajectories with positive implications for mental health.

Authors’ Note
The views expressed are those of the authors and not necessarily those of the NHS, the National Institute for Health Research, or the Department of Health.

Acknowledgment
We would like to thank our study participants for giving their time to share their experiences with us.

Authors’ Contribution
Christopher J. Cockshott contributed to conception and design, acquisition, analysis, and interpretation; drafted the manuscript; critically revised the manuscript; gave final approval; and agreed to be accountable for all aspects of work ensuring integrity and accuracy. Gundi Kiemle contributed to design, acquisition, analysis, and interpretation; drafted the manuscript; critically revised the manuscript; gave final approval; and agreed to be accountable for all aspects of work ensuring integrity and accuracy. Paula Byrne contributed to design, analysis, and interpretation; critically revised the manuscript; gave final approval; and agreed to be accountable for all aspects of work ensuring integrity and accuracy. Mark B. Gabbay contributed to design, analysis, and interpretation; critically revised the manuscript; gave final approval; and agreed to be accountable for all aspects of work ensuring integrity and accuracy.

Declaration of Conflicting Interests
The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding
The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: Our research was fully sponsored by a University of Liverpool Studentship. N. B. Professor Mark B. Gabbay is partly funded by the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care North West Coast.

References


**Author Biographies**

**Christopher J. Cockshott** is a lecturer in psychology at the University of Wolverhampton. His academic background is in occupational psychology, in which he has completed an MSc from the University of Sheffield’s Institute of Work Psychology and an MPhil from The Nottingham Trent University. He has recently completed his PhD in psychology at the University of Liverpool in 2015.

**Gundi Kiemle** is the academic director of the Doctorate in Clinical Psychology training program at the University of Liverpool. She is also a clinical psychologist with 32 years’ experience of working clinically in a range of services for the National Health Service (NHS). Her methodological expertise in terms of qualitative data analysis is interpretative phenomenological analysis.

**Paula Byrne** is a senior lecturer in the sociology of health and illness at the University of Liverpool. Research interests include well-being and resilience in medical students. She teaches social sciences on a variety of clinical courses.

**Mark B. Gabbay** is a professor of general practice and the head of the Department of Health Services Research at the University of Liverpool. He is the director of the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care North West Coast, with methodological expertise in mixed methods, evaluating complex interventions and implementation research.