

# UBI and Health

**Health-promoting potentials of basic income:  
an analysis of the psychosocial environment in work and  
welfare**

A DISCUSSION PAPER FROM THE CENTRE FOR WELFARE REFORM

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## **Contents**

Foreword .....	3
Summary .....	4
1. The concept of resources .....	6
2. The work ethic .....	7
3. The psychosocial work environment and health.....	8
4. The psychosocial welfare environment and health .....	10
5. Basic Income as a resource .....	13
6. Conclusions .....	17



# Foreword

Work is good for your health. This simple truth has been exploited by politicians in some countries to justify introducing coercive sanctions and welfare reforms in the belief that only force and threat will encourage people into work. Advocates of basic income often respond to these harsh measures by pointing out that basic income does not lead to more unemployment, but in fact offers better and more positive incentives for paid work.

However there is another response, for as Anna-Carin Fagerlind Ståhl rightly argues, only good work is good for your health. Bad work is bad for your health and unemployment can be good for your health. What is important about this argument is that it is not a theoretical argument, it is a matter of empirical fact. We have decades of occupational health data which shows us what factors make work healthy, and what factors make work unhealthy.

Income security, freedom to shape your work, personal development and positive social networks all help make work healthy. Take away these things and people start to suffer. Even more striking is the fact that if we start to create a welfare system that creates more poverty and insecurity, which ignores people's skills and development needs, which encourages fear and isolation then, unsurprisingly, we harm people. Our increasingly punitive welfare systems are harming people's health.

So, basic income is not just a tool for increasing work, it is even more importantly, a tool for increasing the chance of good work and reducing the risks of bad work. I am very grateful to Anna-Carin Fagerlind Ståhl for making this critical argument and for allowing the Centre to publish it.

Simon Duffy  
Director of the Centre for Welfare Reform

## Summary

A basic income, “an income paid by a political community to all its members on an individual basis, without means test or work requirement” (Van Parijs, 2004, p. 6), has to some extent been discussed from the perspective of the health and wellbeing of those dependent on paid labour or income replacement benefits. It has been argued to enable those with least resources to gain control over their existence and to reduce material deprivation, economic insecurity and inequality (Standing, 2017) and to challenge existing designs and use of assessments to determine eligibility in welfare (Ståhl et al). The arguments against basic income include the fear that its unconditional nature will reduce the incentives for work and result in mass-idleness or free-riding. In order to render the discussion somewhat less hypothetical, this text will utilise research on work and health in order to analyse how a basic income may affect health in terms of stress-related illness and subjective wellbeing for individuals dependent on paid employment as well as on income replacement benefits.

A basic income is likely to be a resource within the psychosocial environment. The psychosocial environment can be defined as the interaction between psychological and social aspects of the environment, the opportunities that are available to an individual to meet needs of wellbeing, productivity and positive self-experience (Siegrist & Marmot, 2004). Wellbeing as well as illness depends on the demands and resources available in the psychosocial environment. Concerning the psychosocial environment at work, research has been accumulating for half a century, while the organization of welfare has been less investigated. As social insurance systems in many countries are activation-oriented and implement increasing and stricter conditionality and means-testing in exchange for benefits, the knowledge gained from work- and organizational psychology is applicable also to the setting of welfare.

The aim of the text is to discuss potential effects of basic income on health by utilizing research concerning the psychosocial work environment and applying it also to the organization of welfare. It will discuss the relationship between work, welfare and health. Health is discussed in terms of stress-related illness such as depression, exhaustion/burnout and cardiovascular illness, and in terms of positive health outcomes, such as motivation and enjoyment. “Work” refers to the activity of paid labour or employment. “Welfare” refers to income replacement benefits such as sickness benefits and unemployment insurance within a social democratic welfare regime (Esping-Andersen, 1990). Basic income will be discussed as a sum of money on a subsistence level that is unconditional, universal, and paid on regular basis to individuals.

# I. The concept of resources

According to Hobfoll's (1989) Conservation Of Resources theory, we are motivated by the accumulation of resources and threatened by the loss of resources or the lack of resource gain after resource loss. Resources are personal characteristics, social circumstances, objects and conditions that are valued by the individual and functional for wellbeing, survival, or that serve as a means for further resource gain. Individuals seek to create and maintain personal characteristics such as competence or self-esteem, social circumstances such as networks and support, and objects and energies such as money, tenure and a safe home. The prospect of gaining resources motivates the individual to action. Conversely, stress can be understood as a reaction to an environment in which there is a threat of or actual loss of resources, or a lack of resource gain following resource loss. An activity – whether paid for or not – may lead to stress-related illness such as depression, exhaustion/burnout or cardiovascular disease if the investment of cognitive, emotional or physical effort is not reciprocated with adequate reward, such as social esteem, economic security, or opportunities for performance and development.

The framework of resources also explains our different predispositions for a health and wellbeing.

The resources that each individual has access to affects how sensitive we are to resource loss and how well we can gain further resources. For instance, individuals' financial resources can be used to buy relief from demands or to obtain an education, increase our social networks or enable access to information and support in how to deal with demands and how to accumulate further resources. Our psychological resources, such as self-efficacy, determine our alternatives and opportunities for action, and our health affects how well we can accumulate further resources and how hard resource loss will hit us.

## 2. The work ethic

In order to better understand the associations between work, welfare and health, the central position of work needs to be considered. In Western societies individuals are supposed to engage in paid labour in order to receive financial means. This norm is also central to the design of welfare systems. Most social insurance systems include some form of conditionality or means-testing in order to secure that only those unable to work will receive benefits, and to activate all others in some kind of work-like activity.

This norm is built around the work ethic. Paid labour is considered morally superior to unpaid activities, and it is assumed that nothing can be given for free as the lack of economical incentive to perform or participate would constitute a moral hazard and enable individuals – at least all without external assets such as inherited wealth (Widerquist, 2013) – to resort to immoral idleness. It may of course be questioned whether it is immoral to engage in unpaid caring for relatives or to write a book out of intrinsic motivation, rather than economic, and conversely whether the fabrication of weapons or emission of CO<sub>2</sub> becomes ethically right as long as you make money from the activity.

Since work is mandatory for all with work ability and without external assets, it becomes a vital institution: economically, socially and psychologically. Work provides basic financial security, social esteem and networks, and constitutes a source for contributing, performing and self-esteem. The central position of work is to some extent justified by the supposition that work is good for health and wellbeing (e.g. Waddell & Burton, 2006; Modini et al, 2016). The risks within the psychosocial environment at work have however been extensively investigated.

### 3. The psychosocial work environment and health

A job with fair work conditions may indeed have beneficial effects on health and enable resource gain in terms of money, skill development, social networks and self-efficacy. It is equally true that unemployment generally is more detrimental to health than employment, irrespective of the work conditions. There are however also several risks within the psychosocial work environment for stress-related illness, and there is nothing inherently detrimental for health in choosing to not sell your time and effort for the production of goods, information or services under the directives of an employer, the market or customers. Whether work is good for health depends on the psychosocial environment at work and in welfare: the resources lost and gained at work, and the resources lost and gained when outside work and dependent on income replacement benefits.

Psychological demands, decision latitude and social support are pivotal dimensions for the development of stress-related illness (Karasek & Theorell, 1990; Fagerlind Ståhl et al, 2018). Psychological demands concern the degree to which the design of work tasks requires physical, cognitive and emotional effort. Examples of emotional demands are such as caring for patients and aiming to help people in need, or interacting with complaining customers. Cognitive demands include the degree of concentration, problem solving or planning required, and physical demands are, for example, hard or intensive work with few breaks.

Resources may also be gained at work. Decision latitude (also termed “control”) concerns the degree to which the psychosocial work environment allows the employee to decide how to carry out work tasks, to use competencies and learn new skills. Social support refers to emotional and informational support from peers and superiors, the degree of trust and helpful interactions within the psychosocial work environment. By being able to decide how to carry out work tasks and explore new ways to work, using skills and learn new at the job we are able to gain a sense of autonomy and competence. Informational and emotional social support and respect from supervisors and peers in a trusting environment provides a sense of belonging and security.

Numerous studies have confirmed that individuals who work under high demands or experience low decision latitude or low social support are at a higher risk for depression, exhaustion/burnout and cardiovascular diseases

(Belkic et al, 2004; van der Doef & Maes, 1999; De Lange et al, 2003; Häusser et al, 2010).

The work contract also offers a salary, security, career and promotional prospects, respect and esteem in reward for the efforts invested (Siegrist, 1996). A lack of these rewarding resources increases the risk for depressive symptoms (Rugulies et al, 2017) as well as cardiovascular disease (Eddy et al, 2017). A Finnish study (Virtanen et al, 2005) showed that individuals with insecure employment contracts reported more symptoms of depression and exhaustion and lower self-rated health than unemployed, suggesting that unemployment in some cases is the most health-promoting alternative.

Hence, not all work is good for health and wellbeing, and in some instances even unemployment is preferable. However, some are blessed with a job enabling high resource gain. According to a study of the French working population health actually improved after retirement, contrary to the belief that work is health-promoting (Westerlund et al, 2009). The exception were individuals who had truly enjoyed their work, and who experienced a deterioration in health when they retired. Such work engagement, motivation and enjoyment is possible when work offers potentials for resource gain: opportunities to make autonomous decisions, use skills and learn new ones, and to work in a social environment of trust, cooperation and respect (Fagerlind et al, 2013).

The potentials for resource loss and gain at work, and their consequences for wellbeing and illness, are illustrated in Figure 1 on page 11. The model illustrates how resource gain and loss is associated with wellbeing and stress related ill health. There are potentials for resource gain as well as loss in the psychosocial work and welfare environment, and resources at the individual level affects the associations and outcomes.

## 4. The psychosocial welfare environment and health

**There is much less research concerning the effects of the psychosocial environment in welfare on health, although studies establish detrimental health effects of restrictive policies and adversarial compensation processes (Lippel, 2012; Barr et al, 2015).**

The work norm also permeates the psychosocial welfare environment and is central to the design of income replacement systems such as sickness benefits and unemployment insurance that are aimed to buffer periods when a person is unable to work. Nothing is given for free, and all who can work should (be coerced to) do so. As with work (Siegrist, 1996), welfare can be considered to be a reciprocal contract where resources or rewards are expected in return for efforts or resource investments. In the psychosocial welfare environment, means-testing and conditionality affect resource loss as well as resource gain. Means-testing refers to the control of eligibility for receiving benefits, in terms of scrutinization of financial situation and health status. Conditionality refers to demands that must be complied or activities that must be performed in order to receive benefits. This include actively searching for and give proof of an active interest in finding a job and accepting it if offered, with significant administrative discretion as to what “suitable” may mean in terms of location or skill requirements (Van Parijs, 2014), or participating in educational or training activities that are supposed to increase employability, but may be below your competence level.

The resource loss in the psychosocial welfare environment may seem low and required activities do not appear demanding or require much effort. However, demands are subjective. The effect of resource loss depends on the resources each individual holds, and the group of individuals dependent on income replacement benefits are seldom rich in, for instance, health or money (Figure 1). Concerning the rehabilitating potentials of the psychosocial welfare environment, common stress-related illnesses such as exhaustion or burnout imply impaired working memory, attention and executive functions (Jonsdottir et al, 2017). These are cognitive functions that are necessary for the goal-directed behaviour, information processing and participation in social encounters that the welfare bureaucracy demands. Irrespective of diagnosis, the prospect of being forced to return to work before rehabilitated may cause substantive strain. Irrespective of the cause for being dependent on benefits, means-testing is likely to be experienced as a humiliating procedure. Most of us will experience shame and helplessness when not having any material resources or possibilities to improve the situation. For individuals suffering from depression or

exhaustion/burnout, the effort of repeatedly having to defend and explain their health status and reactions to strangers in health care or at the social insurance agency, is likely to be substantial.

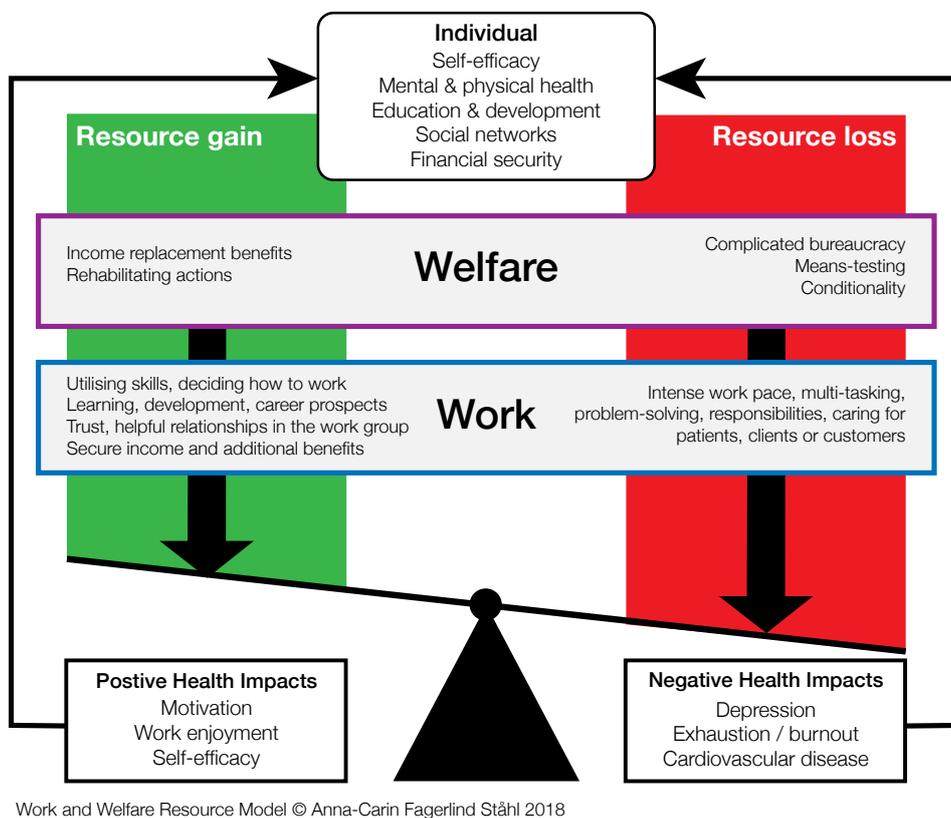


Figure 1. The work and welfare resource model.

In return for the resource loss in the psychosocial welfare environment, resources in terms of income replacement benefits and rehabilitating actions may be received. There are few additional resources to gain. The reward for the effort in terms of esteem, status respect and prospects are virtually absent, and the insecurity and unpredictability is high. Unemployed individuals dependent on benefits will be assigned activities with no opportunities to refuse or make own decisions, and there is no room for error. Therefore resources such as decision latitude and social support are low. Skill use and learning, even participation in social networks, are kept at a minimum due to the risk of losing benefits and rehabilitating aid if there is any sign of improved work ability.

It has also been argued that means-testing and conditionality effectively hinder the accumulation of resources because of the disability and poverty traps (Standing, 2017). As soon as work ability and health is improved,

rehabilitating actions are withdrawn, and as soon as an economic buffer is accumulated, financial benefits are withdrawn, which risks plunging the individual back into poverty or illness. The psychosocial welfare environment may be considered to be health-impairing, especially for those who most need rehabilitating conditions.

## 5. Basic Income as a resource

Despite the well-known risks within the psychosocial work environment, stress-related mental illness is a growing international problem and the most common cause for sickness absence in Sweden. Due to the work norm, work remains the most attractive alternative for all without external assets, no matter how bad the work conditions. An analysis of the psychosocial welfare environment suggests that is rarely rehabilitating and motivating, especially for groups of individuals with few resources to begin with. To have control over one's existence, to utilise skills, participate in society and be able to make decisions concerning how to lead one's life rather than be controlled, is a well-known predictor of a wide range of diseases as well as mortality (Marmot, 2004).

Individual resources affect whether we can say no to precarious work conditions, how well we can navigate or manipulate the labour market and the welfare system, our resilience to resource loss and capabilities for resource gain. A universal income given to all individually and unconditionally would constitute a financial, psychological and social resource. The financial security of it would reduce the threat of temporary gaps with no salary or benefits. It would enable more people to participate, contribute and engage in fulfilling activities, whether paid for or not. Socially, it is likely to lessen the stigma of unemployment and enable the building of social networks and sources for social esteem outside work. This would tip the jigsaw towards health, rather than illness (figure 1). A basic income is also likely to buffer the health-adverse consequences of resource loss and enable an accumulation of resources rather than negative spirals of resource loss and traps of disability and poverty. As such, the most vulnerable would have more control over their situation. The group of individuals dependent on benefits will have a means for survival also, if they are not able to comply with the conditionality and means-testing, and individuals working in a health-impairing psychosocial work environment will have the option of exit or mobility.

### 5.1. Breaking free from traps and accumulating resources

By being secure and unconditional at subsistence level, a basic income is likely to give a larger group of individuals access to health-promoting resources such as decision authority, skill utilization and social networks,

and to reduce the negative effects of resource loss. Such an income will make it possible also for those individuals, without external assets, to refuse to participate in activities that consume resources, but which offer little resource gain, for instance jobs that are below competence level and do not allow for any skill use, or that are too demanding. Without the resource loss created by complicated bureaucracy, means-testing and conditionality that welfare systems require. Individuals on sick-leave will be able to rest, recover and be rehabilitated to a larger degree. As a basic income will not be withdrawn at the sign of accumulating either health or money, resources may be accumulated: health, money, knowledge and social networks.

According to Bertrand Russell, “leisure is essential to civilization”. In his *In Praise of Idleness* from 1935 he hoped that mankind one day would enable the leisure necessary for scientific curiosity and artistic creation. Virginia Woolf hoped that all could benefit from a secure and unconditional income that would make it possible “to travel and to idle, to loiter at street corners and let the line of thought dip deep into the stream” (1924/2004). Although a basic income would enable a certain amount of leisure, it is unlikely that it would lead to more idleness or free-riding than the current scheme where individuals with external assets can be idle and men in many countries are free-riding on women’s’ housework. A basic income has the possibility to promote motivation as well as subjective wellbeing. To the question what makes optimal experiences of wellbeing possible, interviewees from a wide range of backgrounds all gave an answer referring to activities that were challenging and enabled a high use of skills (Csikszentmihalyi & LeFevre, 1989). That is, engagement in activities where resources were utilised and further resources gained. In the context of work, decision latitude and trusting, helpful social interactions enable such challenges and skill use, leading to motivation, absorption and work enjoyment (Fagerlind et al, 2013). Individuals are inherently motivated by resources and potentials for resource gain (Hobfoll, 1989) and have a basic need for autonomy, belonging and competence (Deci & Ryan, 2000). Not by coercion: demands are not to be equated with challenges and high demands are not motivating (Fagerlind et al, 2013) but rather a significant risk for exhaustion (Fagerlind Ståhl et al, 2018). When individuals are able to make decisions concerning their existence and everyday life, they are likely to locate challenging activities that enable skill use. It is only the psychosocial environment that keeps us back. A basic income is likely to have long-term effects of increased social networking and support outside work due to reduced overemployment (Calnitsky & Latner, 2013). This means a change in the work norm and increased opportunities for challenging situations and individual as well as collective skill use and performance.

Engagement in challenging activities and utilizing a high degree of skills leads to learning and mastery as well as peak experiences of motivation, enjoyment and absorption. With increased mastery, a higher level of challenge is likely to be taken on, utilizing a higher degree of skills and learning more skills. Access to resources for motivation, enjoyment and absorption such as decision latitude and a good social support will, in the long run, lead to continuous learning in a cycle of resource gain. That is the optimal organization of an activity – for performance as well as for wellbeing – that enables organizations as well as individuals to prosper (Fagerlind Ståhl, 2015).

## 5.2. Bargaining power and incentives for health-promotion

Despite the vast knowledge concerning risks and of health-promoting potentials of work, few interventions target the psychosocial work environment. At the same time, organizational changes that aim to increase efficiency and competitiveness often risk increased standardisation and intensified work pace. These changes often imply reduced authority over decision over and skill use, and reduced time and energy for activities deemed “waste”, such as chatting with colleagues and building social support, or trying out new ways to work (Koukoulaki, 2014; Westgaard & Winkel, 2010). This speeding up of working life also makes it harder for those previously sick-listed to return, either to their previous employment or to a new when sickness benefits is not available.

In light of the work ethic, employers have few incentives to make changes in the psychosocial work environment in order to prevent illness and promote wellbeing, especially when such changes at a first glance may stand in contradiction to what is considered an efficient organization of work. When unemployment is no longer devastating, the value of labour is likely to change. When work is the main source for economical, psychological and social resources, labour is in devaluing high supply, and there will always be new labour to replace the shortfall created by illness or discontent. A large group of employees with few resources in terms of education or experience will have no power to refuse even the hardest work environment, and strive to remain at work as long as possible because the options may not be better.

In providing an alternative to work, a basic income provides a direct exit to workers, increasing their bargaining power when negotiating with bosses (Calnitsky, 2018). However, bargaining should not only be thought of as a

matter of better wages but also for other resources. In order to attract and maintain labourers, employers will need to provide more resources such as decision authority, skill utilization, opportunities for learning and career prospects. If not sufficient resources can be granted in return, the resource loss – that is, the demands and efforts required of the job – need to be reduced. Such changes in the psychosocial work environment will not only reduce the development of stress-related illness, but also increase employee motivation and performance (Fagerlind et al, 2013).

It has been argued that a basic income will not empower the most vulnerable employees, but rather lead to increased inequalities between groups of employees with highly valued skills, competencies and networks, and employees with few resources (Birnbaum & De Wispelaere, 2016). This argument has its basis in the work ethic, according to which a period of unemployment is detrimental for opportunities for social support, belongingness, performance and self-efficacy. The most vulnerable are so in part because they are dependent on their compliance towards employers. There is likely to be social interaction effects of a basic income, including diminished stigmatization of unemployment or leaving work, labour demand effects, reductions of overemployment giving employment to underemployed, and changes in power relations (Calnitsky & Latner, 2013).

## 6. Conclusions

From the point of view of the psychosocial environments in work and welfare, it can be concluded that UBI most likely would be a resource that promotes health and wellbeing and prevents stress-related illness. Not only individuals but also organizations and society at large are likely to benefit from a basic income. A health-promoting workplace where there are potentials for resource gain is a productive and a more attractive workplace. More individuals will be able to support themselves and to contribute in a welfare environment where resources such as knowledge, education, social networks and health can be accumulated.

Much is known concerning the risks and potentials of psychosocial environments. Doris Lessing once said she believed that:

*“... people coming after us will marvel that on the one hand we accumulated more and more information about our behaviour, while on the other, we made no attempt at all to use it to improve our lives... Adults who hold on to all kinds of cosy illusions and comforting notions remain immature.”*

Lessing, 1987

I believe it is time to discard the comfortable and convenient myths – we cannot afford not to. Work is not by default good for your health and wellbeing, and welfare could be organised so that it is rehabilitating and motivating without risking free-riding and immorality. An unconditional, universal, individual basic income is likely to be a first step towards a future where more are able to accumulate health and knowledge and to work with what they find most rewarding irrespective of the pay, and where morality is no longer considered equal to the accumulation of money. Captain Jean-Luc Picard sums it up in his description of the hopeful future of *Star Trek*, merely centuries away, where:

*“Money is no longer the driving force of our lives. We work to better ourselves and the rest of humanity.”*

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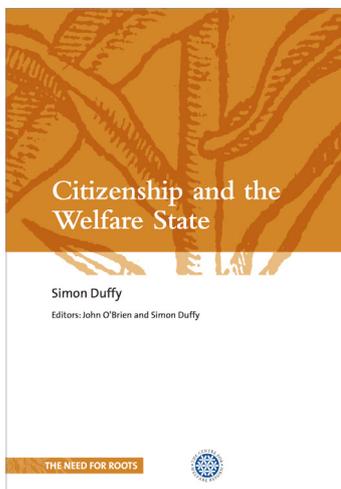
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