INVESTIGATION OF THE CONNECTION BETWEEN RETRENCHMENT POLICY AND THE DEVELOPMENT OF THE SYMPTOMS OF DEPRESSION AND SUICIDAL IDEATIONS/ATTEMPTS ON MALE AND FEMALE EMPLOYEES

BY

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DECLARATION

I declare that the dissertation for the degree of Masters in Clinical Psychology at the University of North West hereby submitted, has not previously been submitted by me for a degree at this or any other University, that it is my own work in design and execution and that all material contained herein has been duly acknowledged.

ABSTRACT

An investigative study was carried out to find the connection between retrenchment policy and the development of the symptoms of depression and suicidal ideations/attempts on male and female employees.

A sample of 30 participants, 15 males and 15 females selected from Molopo region in the North West province, and included compulsory retrenched individuals as well as those who took voluntary retrenchment from the following companies and departments: Bophuthatswana Broadcasting Corporation (B.B.C.), SEBO and Bophuthatswana Building Society (B.B.S.).

Data collection was done by means of the clinical interview, which consisted of three sections: the demographic part, individuals' experiences about retrenchment captured by close- and open- ended questions, and the Carroll Rating Scale for Depression.

According to the results, both the compulsory retrenched and voluntary retrenched shared similar experiences about retrenchment, although a difference in the level of the responses could be detected. This means that, some of the compulsory and voluntary retrenched participants expressed their experiences as traumatic whereas others from both groups expressed that their experiences were not traumatic.

The results of the study showed that there was presence of the development of the symptoms of depression in compulsory retrenched individuals than the individuals who took voluntary retrenchment. Furthermore, compulsory retrenched individuals showed presence of suicidal ideations whereas the individuals who took voluntary retrenchment showed absence of suicidal ideations.

Therefore, in the development of suitable programmes for treatment it was recommended that psychotherapy methods and counselling might help to assist retrenched workers to cope more easier with the emotional distress of retrenchment.

CHAPTER ONE

ORIENTATION

INTRODUCTION

At present, particularly covering the cities and towns of South Africa, one is likely to meet a devastated individual who is faced with the possibility of being forcefully retrenched from work or already retrenched from work due to the company's economic hazard, that is, limited finances within the company.

As a result, the concerned individual has to deal with the transformation imposed upon him/her in order to deal with the financial, social and emotional demands of life after losing his/her job.

The main aim of this study was to investigate the connection between retrenchment policy and the development of the symptoms of depression, suicide ideations/ attempts.

According to Illes (1996) the purpose of retrenchment is to effect cost savings through reducing labour expenditures while staying firmly focused on the mission, goals and corporate values of the organization.

Moreover, the rationale of retrenchment is to alter the traditional, established way of doing business regardless of whether it is a non-profit organization, educational and government institution or private industry. The longer the organization has been in business, the more established are the traditions and the links between staff members, and the more resistant everyone is to change. To disrupt the business by laying off a few or a lot of workers is to "kill off" some of the vital members of the work family (Tomasko, 1990).

Retrenchment policy as a strategy has become an accepted business practice (Knowdell, Branstead & Moravec, 1996). The consequences of retrenchment policy are both psychological and social. Instances of severe depression, increased incidents of suicide or attempts, apathy, drug abuse, physical ill-health, increased marital or family problems such as child neglect, child abuse and wife battering were reported after retrenchment (Epstein, 1989).

Illes (1996) emphasises that after workers were informed that they were going to be retrenched, managers in various companies stated that it was increasingly difficult to keep their employees upbeat and focused at work. Many were still experiencing great stress and anxiety over the impending job loss. Anxiety is best characterized as a diffuse sense of worry or dread that originates in a repressed thought or wish. That form of anxiety is responsible for the psychoneurosis, like hysteria, phobias and obsessional neuroses. These conditions tend to be primarily related to psychological factors, rather than, physiological factors (Rutter & Hersov,1991). The theory of anxiety included both real external anxiety and neurotic internal anxiety as a response to a dangerous situation (Epstein,1989).

There are two types of anxiety-provoking situations identified. One situation involves overwhelming instinctual stimulation, the prototype of which is the experience of birth. In situations of such variety, the excessive amount of drive pressure penetrates the protective barriers of the ego, producing a state of helplessness and trauma (Epstein,1989).

The second and more common situation involves anxiety that develops in anticipation of danger, rather than as the result of danger. That warning to the individual that is known as signal anxiety, operates at an unconscious level and serves to mobilize the ego's resources to avert danger. Either external or internal sources of danger may produce such a signal that leads the ego to call on specific defense mechanisms to guard against or to reduce the degree of instinctual excitation (Epstein,1989).

The concept of depression has attracted much attention in the field of science that many researchers attempted to investigate. Depression is ranked as the leading mental health problem known, but still there are unresolved issues regarding its nature, classification and etiology (Wetzel,1994). Depression is defined as one of the most painful emotional states common to people (Tomasko,1990). Most of the theorists view depression as an interesting mental condition that can impact negatively on the person's overall functioning. The Person-Environment model emphasizes that one's environment can contribute either positively or negatively in one's life (Tomasko,1990).

The model further emphasizes that the negative influence in one's environment acts as a stressor to the particular individual. The stressor in turn causes extreme emotional distress for the person affecting his/her social, professional and physical functioning. According to Epstein(1989), depression is compared to grief, focussing on "loss" as a central phenomenon. He further suggests that loss in depressed people has more to do with a perceived internal loss to the self.

In conclusion, depression is a concept that focuses on the feelings of anger, a feeling of being overwhelmed by stressful events that seem to be unexplainable and unmanageable. Symptoms such as feelings of worthlessness, hopelessness, inferiority and dependence go in accordance with the harboured resentment (Wetzel,1994).

Presently, suicide is one of the most common methods used by people with deliberate intent of taking their own lives. Usually, these people are driven by overwhelming emotional distress that they loose the intent to continue with their lives. Many researchers have shown interest to investigate the dynamics behind suicide and suicide ideations. Suicide ideations is defined as thoughts that an individual has with the aim of deliberately terminating his/her own life. Suicide attempt is an act of intent to take own's life, and suicide is a successful act where an individual has terminated his/her own life.

1.2. DEFINITION OF TERMS

The Oxford Dictionary of Current English and the World Book of Medical Encyclopedia, define the terms used as follows:

a. Connection: A relationship

b. Retrenchment: To reduce the amount of expenditures or operations.

c. Development: To bring or come gradually to existence.

d. Symptoms: Sign of the existence of a condition.

e. Depression: A mental state characterized by prolonged feelings of despair and or a pervasive loss of interest or pleasure. A state of excessive sadness, hopelessness, often accompanied by physical symptoms.

f. Suicidal ideations: Thoughts about deliberately taking one's own life.

g. Suicidal attempts: Plans carried out with the intent of deliberately taking one's own life.

h. Employees: Persons who work for another in return for wages.

1.3. OBJECTIVES OF THE STUDY

The objectives of the study was to investigate the influence of retrenchment policy on individuals who were compulsory retrenched and those who took voluntary retrenchment.

Furthermore, to determine if retrenchment does encourage suicidal ideations, attempts and depression on both the voluntary retrenched and compulsory retrenched.

Secondly, to determine if retrenchment policy does act as a life stressor and if so, how does it affect employees and how do they deal with the stress. Moreover, to investigate the individuals' experiences and attitudes about retrenchment policy between voluntary retrenched individuals and compulsory retrenched individuals.

1.4. SIGNIFICANCE OF THE STUDY

i). To make retrenched employees aware of other appropriate alternatives of professional assistance that are provided.

ii). To encourage retrenched employees to consider going for psychotherapy or retrenchment counselling.

iii). To show that retrenchment does act as one of the major life stressors and can hinder the person's normal physical and mental functioning.

1.5. RATIONALE OF THE STUDY.

In South Africa, retrenchment policy is one of the methods used to save the economic status of the companies. The researcher, thus, became interested in answering the following questions:

Firstly, what is the psychological impact/effects of retrenchment policy on individuals, and does this policy serve as a precipitating factor to the onset of depression and suicidal ideations?

Secondly, can retrenchment policy be seen as a life stressor. In other words, the researcher was interested in the relatedness between the policy of retrenchment and the development of psychological distress.

1.6. HYPOTHESES OF THE STUDY

i). There will be a significant relationship between type of retrenchment and depression.

ii). There will be significant relationship between suicide and type of retrenchment.

iii). There will be significant relationship between psychological anxiety and type of retrenchment.

CHAPTER TWO

LITERATURE REVIEW

2.1. INTRODUCTION

The concept of retrenchment policy has attracted many researchers who have attempted to explain it from different perspectives. Therefore, as a means to cover the wide spectrum of this topic, the focus in this chapter will be on : the definition of retrenchment policy, the functions of employment and the effects and implications of job loss.

2.2. DEFINING RETRENCHMENT POLICY

According to the Oxford Dictionary of Current English, retrenchment is defined as a method used to reduce the amount of expenditures or operations. As far as working people are concerned retrenchment simply means that people are laid off work because the company is unable to continue to pay or compensate workers for the services rendered.

Furthermore, in 1995 the office of the President assented to the New Labour Relations Act, no.66 that states that retrenchment policy can be practised. However, this policy can be exercised only when factors like firm reasons for dismissal are given, prior notification by the employer to the employee that he/she is to be laid off work, alternative work arrangements are provided and good severance pay (Government Gazette, 1995).

2.3. FUNCTIONS OF EMPLOYMENT

In order to describe what retrenchment policy means to people and its effects, and the implications of job loss, it is apparent to firstly explain what employment means to both men and women.

According to Epstein (1989), employment forms part of a person's personal, social and economic status. Losing one's job disrupts more or less the person's overall status. Isralowitz (1984) emphasize further that work is a social phenomenon that needs to be understood in the context of social institutions and structures. It is further stated that unemployment has serious ramifications for individuals and social systems ranging from the family to micro-organizations.

Work is perceived to be a major factor in shaping human existence that any threat to a person's ability to carry out its function is a severe challenge to that individual's survival self-image. Jahoda (1981) states that employment has two important functions. Firstly, employment acts as a manifestation to earn a living and improve one's economic status. Secondly, employment has other latent functions like:

a) The person tends to structure and organize his/her time.

Work tends to divide the day into segments, each consisting of its own goals and objectives. This gives a framework to an individual's life, by specifying the time, place and pattern of activities. This in turn, satisfies the basic need for structure that most people have (Kelvin, 1981 cited in Epstein, 1989). According to Epstein (1989), lack of such a structure often leads to boredom, apathy and withdrawal from social contact.

b) Employment encourages an individual to maintain social interaction.

According to Epstein (1989), employment provides a chance for people to exchange and share their experiences. It also broadens social contacts outside the family. By destroying such a network can possibly affect the person's social interactions.

c) Work provides personal satisfaction and achievement.

Employment joins people with formulating goals and establish their purposes in life that encourage them to change for the better. It provides the chance for people to develop and practice their personal skills and attain a sense of personal achievement.

d) Employment fosters status, self-identity and self-esteem.

Employment usually defines the identity of a person. There is a close link between the person as an individual and the kind of job he/she does. Therefore, losing a job can provoke a serious identity crisis, and the unemployed person often views himself as deviant and stigmatized (Kelvin, 1991 cited in Epstein, 1989).

e) Work encourages the regulation of activity.

According to Swimbourne (1981), employment provides outlets for physical and mental energy. These activities maintain alertness, reduce depression and provide a sense of achievement and purpose. Freud (1987 cited in Epstein, 1989) motivates that by asserting that to love and to work are the two fundamental needs. and that work provides the person's strongest ties to reality.

Fineman (1983) similarly suggests that the "employment ritual has a tight hold on people. It acts as "psychic glue", keeping people together in direction, time and purpose (p.28)". According to Pryor and Ward (1985), the loss of a job may leave the person in a "limbo" with psychological disorientation on a personal and social level.

2.4. ANXIETY DISORDERS

2. 4.1. INTRODUCTION

According to the Social-Readjustment Scale, unemployment ranks as the most significant cause of the person's stress. It is listed in the highest quartile of stressful life events on the scale (Isralowitz, 1984). Selye (1956, cited in Epstein, 1989) states that according to the stress model, the initial reaction when

a person realizes that he/she has lost something, is alarm. The person feels restless, panicky, frightened, and displays many of the physiological concomitants of anxiety, namely, inability to eat, sleep, difficulty in concentration, headaches or migranes.

Over the past 15 years, American psychiatry has seen the anxiety disorders move away from a conceptualization based on psychodynamic formulations of neurosis (DSM-IV,1994). The result has been that the word "neurosis" has been dropped from the official terminology and the divisions among the various anxiety disorders have been made on the basis of valid and reliably recognizable clinical criteria.

From the general term of anxiety, there are types of anxiety like normal anxiety and pathological anxiety. On a practical level, pathological anxiety is distinguished from normal anxiety by the patients' assessments, their families, their friends, and the clinician that pathological anxiety is present. Such assessments are based on the patients' reported internal states, their behaviours, and their abilities to function (Rutter & Hersov,1991). A patient with pathological anxiety needs a complete neuropsychiatric evaluation and an individually tailored treatment plan. The clinician needs to be aware that anxiety can be a component of many medical conditions and other mental disorders, especially depressive disorders.

Because it is clearly to ones' advantage to respond with anxiety in certain threatening situations, one can speak of normal anxiety in contrast to abnormal or pathological anxiety. For example, anxiety is normal for the infant who is threatened by separation from parents of by loss of love or for adults who are faced with an illness (Kaplan & Sadock,1994).

According to Rutter & Hersov (1991), anxiety is a normal accompaniment of growth, of change, of experiencing something new and untried, and of finding one's own identity and meaning in life. Pathological anxiety, by contrast, is an inappropriate response to a given stimulus by virtue of either its intensity or its duration.

2.4..2. ADAPTIVE FUNCTIONS OF ANXIETY

When considered simply as an alerting signal, anxiety can be considered basically the same emotion as fear. Anxiety warns of an external or internal threat, it has lifesaving qualities. At a lower level, anxiety warns of threats of bodily damage, pain, helplessness, possible punishment, or the frustration of social and bodily needs, of separation from loved ones, of a menace to one's success or status and ultimately of threats to one's unity or wholeness.

It prompts the person to take the necessary steps to prevent the threat or to lessen its consequences (Rutter & Hersov,1991). Anxiety, therefore, prevents damage by alerting the person to carry out certain acts that forestall the danger.

2.4..3. STRESS, CONFLICT AND ANXIETY

Whether an event is perceived as stressful depends on the nature of the event and on the person's resources, psychological defenses, and coping mechanisms. All involve the ego, a collective abstraction for the process by which a person perceives, thinks, and acts on external events or internal drives (Kaplan & Sadock, 1994).

For example, a person whose ego is functioning properly is in adaptive balance with both the external and internal worlds, if the ego is not functioning properly and the resulting imbalance continues long enough, the person experiences chronic anxiety. Whether the imbalance is external, between

pressures of the outside world and the person's ego, or internal, between the person's impulses and conscience, the imbalance produces conflict (Epstein, 1989). Conflicts caused by external events are interpersonal, whereas those caused by internal events are intrapsychic or intrapersonal.

2.4.4. NORMAL ANXIETY

The sensation of anxiety is commonly experienced by virtually all human beings. The feeling is characterized by a diffuse, unpleasant, vague sense of apprehension, often accompanied b autonomic symptoms, such as headache, perspiration, palpitations, tightness in the chest, and mild stomach discomfort (DSM-IV,1994). An anxious person, for example, may also feel restless, indicated by an inability to sit or stand still for long.

Anxiety is an alerting signal, it warns of impending danger and enables the person to take measures to deal with a threat. Fear, a similar alerting signal, should be differentiated from anxiety. Fear is in response to a threat that is known, external, definite or inconflictual in origin, anxiety is in response to a threat that is unknown, internal, vague or conflictual in origin (Epstein,1989).

2.5. THE EFFECTS AND IMPLICATIONS OF RETRENCHMENT.

EMOTIONAL REACTIONS TO RETRENCHMENT

Emotions surrounding job loss/unemployment

Retrenchment/job loss is a devastating phase for most people. Generally, transformation that is unexpected and negative induce particular feelings and emotions, usually negative reactions (Tomasko, 1990). Knowdell, Branstead and Moravec (1996) states that being retrenched is a "very sensitive, emotional and vulnerable time for the employee (p.99)". The emotional reactions to termination of employment can exhibit results that range from a miserable weekend holed up at home, to the abuse of alcohol and finally, to a major depression that can result in suicide (Epstein, 1989).

Warr(1982) states that it seems clear that unemployment is in general associated with a person's psychological distress. Knowdell et al. (1996, emphasizes that loosing one's job is one of "the most emotion-packed events that an employee will ever experience (p.104)". The most common feelings that develop within the individual are shock, denial, anger, rage, guilt, frustration and depression (Warr, 1982). According to the Social Readjustment Scale, unemployment ranks as the most significant cause of a person's stress. It is listed in the highest quartile of stressful life events on the scale (Isralowitz, 1984).

Selye (1956 cited in Epstein, 1989) states that according to the stress-model, the initial reaction when a person realizes that he/she has lost something is alarm. The person feels restless, panicky, frightened and displays many of the physiological concomittants of anxiety, like inability to eat, sleep, difficulty in concentration, headaches or migranes.

According to Feather (1982), the individual seems likely to feel confused, unable to grasp what is happening and is often unable to think and plan adequately to cope with the situation. After the initial shock surfaces, the denial stage acts as a cushion for the individual to protect him/her against the

reality of the situation. Questions like: "It's all a mistake or this can't be happening to me - why me?, seems to occupy the person's mind and blocks his/her ability to be rational and realistic (Epstein, 1989).

The person seems to be travelling in a fog/mist of confusion and overwhelment. Rigid thinking and fantasy are characteristics of this stage. The person has not yet realized that changes in his/her life style may be necessary. The person becomes liable to react with indifference and anger to any kind of assistance intended to cushion the blow and to help him/her face reality (Epstein, 1989). Fink (1967 cited in Epstein, 1989) states that this "defensive retreat" provides a period of psychological "suspension" during which the realities of the situation can become clearer and the person's inner resources can prepare to mobilize.

Feelings of aggression and rage often overcomes the person because he/she feels rejected, unwanted and unfairly treated. Feelings of anger and bitterness are increased by frustration and guilt (Tomasko, 1990). This anger, according to Epstein (1989), may be displaced randomly or haphazardly on to the environment or on to the person closest to him/her. Sometimes, a person is likely to displace the anger internally as guilt toward the self. If the individual regards the retrenchment as being due to his/her personal deficiencies and inadequacies, he/she is likely to move between self blame and anger (Feather,1982). Feelings of hopelessness, worthlessness, depression and sense of loss occupy the person's functioning. The person, according to Epstein (1989), cannot deny the reality of the situation any more. The person does not have energy to make decisions, feels tired, anxious and tends to withdraw from others (Feather,1982).

CHAPTER THREE

CONCEPT OF SUICIDE

3.1. INTRODUCTION

The emotional reactions to termination of employment can exhibit results that range from a miserable weekend holed up at home, to the abuse of alchol and finally, to a major depression that can result in suicide (Epstein, 1989). At present, suicide has become one of the most serious ways of terminatin life. This method has become very common in adolescents and depressed people. Data shows that each year about 200,000 people attempt suicide and 25,000 become successful (Wetzel,1994). In order to understand this concept more clearly, it is best to investigate issues like facts about suicide, its psychological and sociological perspectives (Hendin,1992).

3.2. FACTS ABOUT SUICIDE

Data shows that the higher a person is on the social ladder, the greater the risk of suicide (Wetzel,1994). It is stated that white middle- and upper-class professional males have the highest rates, as compared to the working class, women and people of colour. However, women are likely to attempt suicide, while men are three times more likely to succeed (Hendin,1982).

According to Wetzel (1994), the choice of a method has a bearing on successful suicide rates. Men are perceived to likely choose a more lethal variety such as guns, hanging, jumping or drowning. Whereas, women are likely to resort to taking an overdose of pills, gas, poison or attempting to slice her wrists, all of which are fatal.

Suicide is regarded as the seventh commonest cause of death in the United States. Times of economic depression are associated with increased suicides, particularly in men from upper socioeconomic classes (Hendin,1982).

3.3. PSYCHOLOGICAL PERSPECTIVE

From the psychoanalytic viewpoint, suicide is perceived as "the aggression-turned-inward paradigm", taken to the extreme. This further confirms Freud's reference to the death instinct, that states that every man has an instinct to harm or kill oneself (Wetzel,1994).

The psychodynamics of suicide are concerned with loss of and threats of loss, whether loved ones, health, earning power, self-esteem, independence or status. Hopelessness in the face of such loss is a significant indicator of risk (Hendin,1982).

3.4. SOCIOLOGICAL PERSPECTIVE

This perspective that was founded by Durkheim (cited in Wetzel,1994) focus its attention on social causation. The sociological discipline has distinguished three distinct types of suicide, the egoistic, anomic and altruistic.

The egoistic suicide is the result of feeling disassociated from society owing to lack of social supports, ranging from the wish for a parent's death to attitudes of denial, and discounting by the family and the larger culture. Because of such alienation this type of suicide is suited to be termed "alienation suicide" (Wetzel,1994).

Anomic suicide is triggered by a sudden change in a person's relationship to society wherein one's usual way of life is no longer possible. This type of suicide ranges from a woman who has just delivered a baby to a person who has recently lost a partner or his/her job. Loss of identity plays an important role in anomic suicide (Wetzel,1994). Altruistic suicide is a response to cultural demands for sacrifice. Such deaths tend to reveal a religious value or intent in order to ask for goodness to befall the community (Wetzel,1994).

Wetzel (1994) states that data shows that people who are high on the social ladder are at great risk of suicide. For example, white middle-and upper class professional males have the highest rates, as compared to the working class, women and people of colour. People suffering from personality disorders, like Bordeline personality disorder, exhibit symptoms such as parasuicide like slicing their own wrists (DSM-IV, 1994). This behaviour tends to call for attention on their part from other people. Usually, the purpose of committing suicide is not similar to that of depressed people.

Depressed people are usually overwhelmed by distressing situations that seem to exhibit their weaknesses like failing to maintain control of the stressful situation. In such situations they fail to see other alternatives to cope and resort to suicide as a coping skill in that particular situation. However, through therapy the depressed individual learns constructive coping skills to utilize during stressful situations. From the psychodynamic point of view, suicide is perceived as "aggression-turned-inward paradigm", taken to the extreme. This statement tends to confirm Freud's reference to the thanatos (death instinct), that states that every man has an instinct to harm or kill oneself(Wetzel,1994).

According to the sociological perspective, the environment plays a vital role in the behaviour of a person (Horney,1967). If the environment is unstable and overpressurizing, this tends to cause emotional distress in the individual who at that point is overwhelmed by this distress and resorts to the only solution he/she has at the time.

Individuals who suffer from depression fail to be rational and logical because their defense mechanisms are weak and malfunctioning. They are unable to see other alternatives of coping and resort to suicide ideations, attempts and suicide. Wetzel(1994) states that the knowledge of depression dates back to 1033 B.C. in the Old Testament where King Saul in the Book of Job narrates recurrent

symptoms of depression and suicide. Before the year 1900, depression was known as "Melancholia", a mental illness that was credited to excessive amounts of black bile (Wetzel, 1994).

CHAPTER FOUR

ETIOLOGY OF DEPRESSION

4.1. INTRODUCTION

Depression seems to be one of the most researched concepts in the world of science. Depression is defined as one of the most painful emotional states common to people. This mental state has been investigated from various theoretical perspectives (Wetzel,1994).

According to Wetzel(1994), depression is ranked as the leading mental health problem known today, but still there are unresolved issues regarding its nature, classification and etiology. Wetzel(1994) states that the knowledge of depression dates back to 1033 B.C. in the Old Testament where King Saul in the Book of Job narrates recurrent symptoms of depression and suicide.

Researchers then, attributed mental disorders to affect thoughts and actions. They further recognized that environment and emotional stress are precipitating factors to depression (Jahoda,1981). Before the year 1900, depression was known as "Melancholia", a mental illness that was credited to excessive amounts of black bile (Wetzel,1994). Between 1900 and World War II, a psychobiologic concept of reaction types rather than disease entities was developed.

Historically, depression in women was viewed as hysteria, a disease of the hypothetical "wandering womb", arising from disorders of the sexual process(Wetzel,1994). It is further stated that disturbed sexual function in women was the causative factor of their emotional disorders. Depressed individuals appear to be self-accusatory, their self-esteem is shattered, lack independence, feel hostile and become obsessed with hiding their weakness. Because they are aware that they have lost their self-respect, they apppear to be shameless concerning their shortcomings (Wetzel,1994).

Many researchers have come up with different perspective regarding its etiology, symptoms and treatments. For the benefit of this study a look will be taken at how different authors view depression as a mental disorder and treatment structures developed.. The Neurological Model of Depression, Life Events Model, Person - Environment Model (Kolb & Whishaw,1990) and Retrenchment Counselling Model (Epstein,1989).

4.2. The Neurological Model of Depression

INTRODUCTION

The neurological model of depression highlights the neurological etiology of depression and emphasizes the diagnostic criteria of depression according to the Diagnostic and Statistical Manual of Mental Disorders- Fourth edition (DSM-IV).

Various fields of neuropsychology, neuropsychiatry and neurology accumulated evidence that indicated that the loss of specific neurotransmitter systems may likely produce abnormalities in emotional behaviour(Kolb & Whishaw,1990). An attempt was also made by the neurological model of depression to show that there is an interaction between environmental factors and the abnormalities of transmitter systems in the brain with the association of other possible variables to produce depression.

According to the Neurological theory, the clinical manifestations of affective disorders include a wide range of emotional and cognitive disturbances. The neurobiological hypothesis of depression states that there is existence of genetic elements in a large proportion of depressive disorders that implies an associated biological abnormality although no such abnormality has been conclusively identified in brain or body fluids of any depressed patient (Kolb & Whishaw,1990).

An investigation on neurotransmitters of depressed people that was carried out found evidence that depression involves a functional deficiency in monoamines. As a result it was hypothesised that depression is the result of a deficiency of serotonin or norepinephrine or both, that modulate the secretion of hormones by the hypothalamus and antidepressants will work to increase the availability of these amines (Kolb,et.al.,1990).

As a contribution to the understanding of this theory, a view was developed in the past decade that stated that the development of affective disorders may be the result of a disruption in the circadian rhythms. What happens, for example, when these rhythms are disrupted may lead to physical debilitation including irritability, weight loss and elements of depression, namely, jet lag(Kolb,et.al.,1990).

According to the DSM-IV, mood disorders are divided into the following categories, namely, Major Depressive Disorder, Dysthymic disorder, Depressive disorder Not Otherwise Specified, Bipolar Disorder, Bipolar II Disorder, Cyclothymic disorder, Bipolar disorder Not Otherwise Specified, Mood disorder Due to a General Medical Condition, Substance-Induced Mood disorder and Mood disorder Not Otherwise Specified.

Since the interest of this study is on depressive symptoms and suicidal ideations, concentration will be on Major depressive disorder. Major Depressive disorder is characterized by one or more Major depressive Episodes (that is, at least two weeks of depressed mood or loss of interest accompanied by at least four additional symptoms of depression) (DSM-IV,1994).

The diagnostic criteria for Major Depressive Episode is as follows:

A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

This criteria excludes symptoms that are clearly due to a general medical condition, or mood-incongruent delusions or hallucinations.

(1) Depressed mood most of the day, nearly every day, as indicated by either subjective report (for example, feels sad or empty) or observation made by others (for example, appears tearful). However, in children and adolescents can present as irritable mood.

(2)Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly everyday (as indicated by either subjective account or observation made by others).

3) Significant weight loss when not dieting or weight gain (for example, a or increase in appetite nearly every day. (4) Insomnia or hyperinsomnia nearly every day. (5) Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).

(6) Fatigue or loss of energy nearly every day. (7) Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick). (8) Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others). (9) Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

B. The symptoms do not meet criteria for a Mixed Episode.

C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. The symptoms are not due to the direct physiological effects of a substance (for example, drug abuse, medication) or a general medical condition (for example, hypothyroidism)

E. The symptoms are not better accounted for by Bereavement (that is, after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation (American Psychiatric Association, 1994).

Some investigators arrived to the conclusion that a diagnosis of depression should be based upon behavioural observations (diminished sleep, food intake, restlessness and agitation, retarded or tearful behaviour) (Wolfe, et.al.,1984). Due to the extensive investigations that were carried out, it was suggested that transient depressive disorders in traumatic brain injured people, may be the result of neurochemical changes provoked by brain injury while prolonged depressive disorders may be reactive to physical, cognitive impairment or impaired social functioning (Folstein, Folstein & McHugh,1977).

In conclusion, the attraction of this theory is that it is consistent with the growing evidence that there is multiple chemical and physiological abnormalities in depression, especially in endocrine systems that normally cycle (Kolb,et.al.,1990).

4.3. THE LIFE EVENTS MODEL

According to the Life Events theorists, depression is perceived to be a psychological response to environmental stress (Fisher,1961). In order to understand the Life Events Model, it is important to consider the major categories of this model.

i. The social conditions and their relationship to depression.

ii. The relationship between childhood bereavement and the

inability to cope, in addition to loneliness and to difficulties of being alone later in life.

iii. Discussion on role theory with the focus on social roles that impinge on well-being (Isralowitz,1984).

The Life Events theorists state that usually when a person complains of depression, the natural thing to do is to inquire about the events preceding the onset of symptoms (Isralowitz,1984). These theorists are of the opinion that the onset of depression arise from a range of possibilities between discrete major events that predate the onset of symptoms and a pervasive life experience that may increase the vulnerability to depression for individuals and even for the whole segments of population (Jahoda,1981).

4.3.1. **THE SOCIAL CONDITIONING**

According to the Life Events theorists, to rate an event has been a continuing dilemma because a stressful situation is as much a function of the individual as it is of the environment (Tomasko,1990). Some researchers pioneered scales for measuring social adjustment to recent experiences as a means to address the issue of how to rate an event. The purpose of these scales is to assess life changes and psychological stress (Warr,1982).

The Life Events theorists conclude that events are more stressful when they are recent, although early life events can add to one's future vulnerability (Warr,1982). Researchers generally agree that it is negative events that cause stress, rather than positive ones or a combination of both (Jahoda,1981). According to Isralowitz (1984) some of the Life Events theorists state that negatively evaluated events, rather than change itself, are correlated with depression.

This model suggests that it is important to understand that significant personal loss may be a major contributing susceptibility factor in depression, as well as fostering a general propensity for illness (Warr, 1982). In order to explain the fact that loss experienced in infancy and childhood contributes

to one's mental well-being, Bowlby cited in Wetzel (1994) stated that the abrupt severing of an attachment with the caretaking person in infancy can retard the natural growth of independence and self-reliance.

Even though, some researchers believe that past loss has a built-in vulnerability factor, others believe that depressed persons are those who have "learned" that coping does not help (Warr,1982). Hendin (1982) states that if people have experienced early loss without effectively working through it, it may be that they will be vulnerable to depression due to later loss or stress of some other kind.

4.3.2. THE SOCIAL- ROLE THEORY

According to the Social-role theory, people are likely to experience depression or role loss when there seems to be a close link between identity and one's role. By being exposed to a gregarious society, people learn to be whom society wants them to be in order to belong and to be loved (Wetzel,1984).

Therefore, role discontinuity and role loss can be as devastating to self-esteem as other significant losses that has been attributed to depression. Wetzel (1994) states that no matter how welcome the change might be, stress accompanies each role adjustment. In summary, according to this theory loss of self-esteem and dependence may predispose a person to depression and also become a prominent symptom (Wetzel,1994).

4.4. THE ROLE OF GENDER IN DEPRESSION

Data indicates that a woman's status is lowered and her powerlessness and dependent position are reinforced as she fulfils her traditional sex role (Warr,1982). It is therefore, understandable that adult women with unfulfilled desires for a more autonomous self-concept are often victims of depression.

Even in these transitional times where there are sex role changes, women are still expected to develop attributes that are linked with immaturity, such as helplessness and dependency. Horney (1967) emphasizes this point further by explaining that dependence, passivity and submissiveness are destructive wherever they occur, precipitating reactions in both the person and her environment. Depression and resentment are common reactions.

It is stated that depression founded in dependency appears to be more pervasive and less easily alleviated than that associated with independency (Warr,1982). However, the independent woman may become deeply depressed, but she is less vulnerable because she has more external options and internal strengths to put to good use.

In Pearlin's research cited in Wetzel (1994), job frustrations and problems are more likely to result in depression for men than women. He concluded that "women withstand the strains of work with greater equanimity than do men".

4.5 WOMEN AT RISK

Some researchers believe that women seem to be more vulnerable to stressful situation and are more sensitive to the lives of themselves and others perhaps because of their relational roles as nurturers and caretakers (Frank,1980).

Women are perceived to be more dependent than men, that women are socialized to play a subordinate role, representing who society thinks they ought to be. Women have been taught to believe that it is unfeminine, contrary to nature, and offensive to be independent (Warr, 1982).
In a study conducted by Brown and Harris cited in Wetzel (1984) on a sample of British working women in investigating their environments in terms of "vulnerability factors" and "provoking agents", they found out that both the vulnerability and provoking factors are present to precipitate depression.

These significant vulnerability factors include the absence of a confidant (particularly a husband or boyfriend), loss of a mother before age 14 and having 3 or more children under the age of 14 living at home. They realised that when these conditions were present, employment halved the risk.

In summary, the neurological and life events models attempted to explain the factors that expose an individual to emotional distress that sometimes impacts on one's general functioning. The neurological model states that the loss of certain neurotransmitter systems can likely produce abnormalities in emotional behaviour, for example, depression. The life events model on the other hand, states that the major events occuring around the individual are likely to affect his/her emotional behaviour. That is, the onset of the symptoms of depression are precipitated by the major events and life experiences of an individual.

4.6. THE PERSON-ENVIRONMENT MODEL

Although this theory also emphasize that in regard to depression, dependency is one of the most frequent psychological themes, it does not ignore the fact that dependency alone is not considered to be causal as long as there are "reliable others" in the environment to sustain dependency needs (Fisher,1961).

Warr (1982) states that according to environmental models of depression, the external situation is usually examined in relation to stress affecting the individual. They state that this model of depression provides an encompassing conceptual framework combining dependence as a personality characteristic and as a socially prescribed trait with pervasive life experience (Warr,1982).

This theory states that factors such as stressful family and work environments may both have an impact on a person's well-being (Swinbourne,1981). The Person-Environment model is of the opinion that the work environment is as crucial as the family to the mental health of both women and

men, regardless of class and ethnicity (Warr,1982). Some philosophers and social scientists agreed that satisfaction at work is a central attribute to the mental health and emotional maturity in human beings (Swinbourne,1986).

Philosophers such as Freud refers to work as necessary for self-esteem and Maslow talks of work as self-actualizing. Just as women and men show the need for work, so too, do they suffer from its negative aspects (Frank,1980). Although the needs of individuals regarding their work environments may differ, it has been found that gender is not a relevant variable.

A study documented by Kornhauser cited in Wetzel (1994) reached the conclusion that "poorer mental health occurs whenever conditions of work and life lead to continuing frustration by failing to offer means for perceived progress toward attainment of strongly desired goals which have indispensable elements of the individual's self-identity as a worthwhile person. Persistent failure and frustration bring lowered self-esteem and dissatisfaction with life, often accompanied by anxieties, social alienation and withdrawal, a narrowing of goals and curtailing of aspirations, in short ------ poor mental health (p.137)".

4.7. THE RETRENCHMENT COUNSELLING MODEL

In order to explain in detail what is required in therapy with a person who is facing a crisis, an example of the process of retrenchment counselling model that is phase-specific will be discussed in detail (Epstein,1989).

I. Acceptance of job-loss: Coping with feelings.

This stage is likely to present in therapy as "unfinished business" related to retrenchment. The person's feelings will initially tend to be non-directed, particularly, confusion, disorientation, helplessness and anxiety, and will tend to become more directed, namely, guilt, anger or relief, once

the initial crisis has been worked through. At this stage the client needs to be reassured about his/her self-worth and value as a person despite retrenchment (Epstein,1989).

Some of the main factors during retrenchment are:

a). Shock - this could be interpreted as an initial period of emotional "numbness" (disorientation for the individual).

b). Denial - this is a phase that is necessary for the person to prevent him/her from "going to pieces". It provides the person with a period of moratorium when the realities of a situation can become clearer. It also gives the person's inner resources time to prepare to face the realities.

c). Feelings of anger, guilt and rage - this is an opportunity for the person to deal with conflicting emotions. These emotions of frustration, bitterness and guilt usually relate to the person's previous job and employer.

d). Acceptance stage - this is a period where the person acknowledges what has happened to him/her. There is need to choose between the ego-ideal (what I would like to be) and the self-image (the me that I presently am). This is a chance for both the therapist and the client to engage in "brain-storming", that is, exploring various possibilities regarding the client's future plans.

If the client wants to search for other employment, this is the stage where an evaluation of her/his present state, motivation, confidence and commitment will be explored (Epstein,1989). In some cases, enthusiastic persons fail to get employment and this ultimately shatters them. It is therefore, necessary that in therapy individuals should explore their coping skills and defense mechanisms. Constructive coping skills and adaptive strategies that help the person maintain physical and psychological "wellness" during the extended periods of stress.

Some other forms of therapies are, self-help groups or interpersonal group therapy where "the commonality amongst the group members provides the primary social microcosm" p.102 (Yalom,1992). Brief counselling, assertiveness training and stress management. Some of these therapies are provided by the concerned company or factory.

CHAPTER FIVE

METHODOLOGY

RESEARCH DESIGN.

A survey research design was used in this study. A survey design is explained as an all-purpose tool and a broad manner of collecting data and obtaining useful information (Schwarz, Groves, Schuman, 1995). The major purpose of survey design is to largely produce the descriptive and correlational nature of data produced. The survey design allows the researcher to receive both the cognitive and communicative processes from the sample.

SAMPLE.

A sample of 30 participants was drawn, consisting of 15 females and 15 males. The participants were purposively selected to meet the criteria of the sample, viz., that they were retrenched before. Such attributes like age, gender, occupation before retrenchment, type of retrenchment and income per month were of interest to the study. The table below represents the gender and age of the participants with row percentages.

Table 1: **Table of Gender and Ages of Participants**

Gender	21 - 30	31 - 40	41 - 50	51 - 60	**Total**
Female	5 (*33%*)	6 (*40%*)	3 (*20%*)	1 (*6%*)	15 (*100%*)
Male	1(*6%*)	4 (*27%*)	6 (*40%*)	4 (*27%*)	15 (*100%*)
Total	6	10	9	5	30

In terms of types of retrenchment 13 (43%) participants had voluntary retrenchment and 17 (57%) participants had compulsory retrenchment. The figure below represents the type of occupation held by the participants before retrenchment.

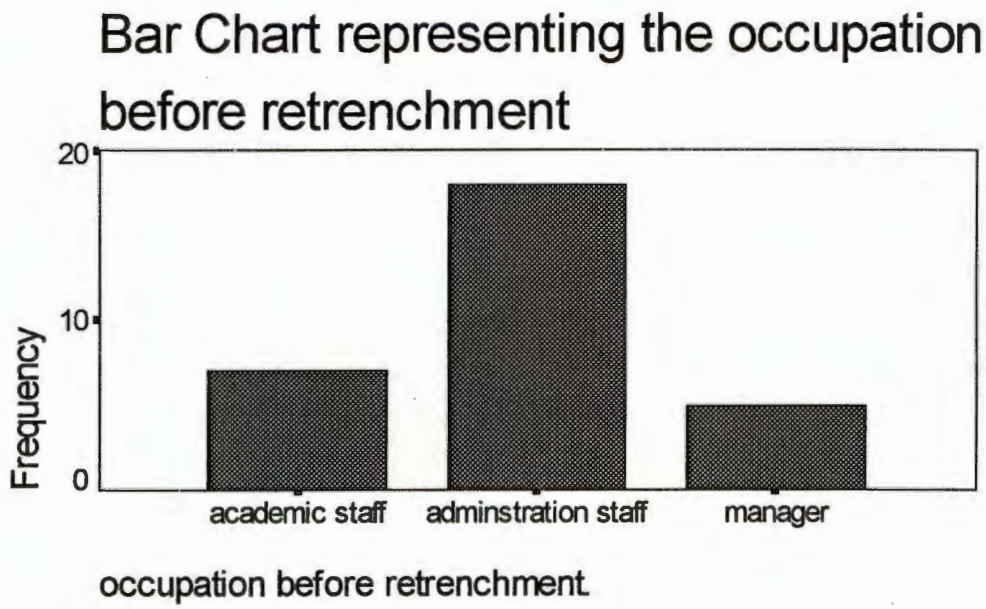

Figure 1:**Figure of occupations held by respondents before retrenchment.**

The following table represents the incomes per month of the respondents.

Table 2: **Table of incomes per month of the respondents.**

Income	**Frequency**	**Percentage**
0 - R2999	8	26.7%
R3000 - R4999	17	56.7%
R5000 - R6500	5	16.7%
Total	30	100%

The participants were collected from Molopo region in the North West province in the following companies, Bophuthatswana Broadcasting Corporation(B.B.C.), SEBO, University of the North West and Bophuthatswana Building Society(B.B.S.).

INSTRUMENT.

An interview schedule was used in this study. It was divided into 3 sections. The first section is about the demographic details of the participants. Showcards were used to facilitate ease of response in cases where response categories had more one response item. The second section is on the experiences of the respondents following retrenchment and close- and open-ended questions. The open-ended questions were used more as "think aloud" cognitive responses in an attempt to validate the questions. Think aloud questions were used to validate responses such as question.10 and question.10.1. This is an in-depth question that investigates on personal experiences about retrenchment. That is, what was the experience of losing one's job through retrenchment. Choosing between traumatic or not traumatic experience.

The variable of importance of job had following key scores, (1) very important, (2) important, (3) least important, (4) not important and (5) don't know.

Experience of losing one's job was (1) traumatic and (2) not traumatic. Experience in change in emotion was (1) yes and (2) no. Experience of physical symptoms after retrenchment was (1) loss of sleep, (2) lack of appetite, (3) difficulty in remembering things, (4) loss of weight, (5) loss of energy, (6) feeling tired or fatigue and (7) having difficulty concentrating.

The variable the company should have done better than to retrench me was (1) yes and (2) no. Feel that one was very good at one's job was (1) strongly agree, (2) agree, (3) disagree, (4) strongly disagree and (5) don't know. Experiencing security at work again was (1) yes and (2) no. Retrenchment a good policy was (1) yes and (2) no.

The Carroll-Rating scale for Depression which is a self-rating scale determining depressive symptoms, was used on both voluntary and compulsory retrenched groups. The information gathered from the Carroll-Rating scale for Depression as well as the findings, were confirmed by the diagnostic criteria

for Major Depressive Episode according to the Diagnostic and Statistical Manual of Mental disorders-Fourth edition (DSM-IV).

The diagnostic criteria for Major Depressive Episode is as follows:

A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure. This criteria excludes symptoms that are clearly due to a general medical condition, or mood-incongruent delusions or hallucinations.

(1) Depressed mood most of the day, nearly every day, as indicated by either subjective report (for example, feels sad or empty) or observation made by others (for example, appears tearful). However, in children and adolescents can present as irritable mood.

(2) Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others). (3) Significant weight loss when not dieting or weight gain (for example, a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (4) Insomnia or hyperinsomnia nearly every day. (5) Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down). (6) Fatigue or loss of energy nearly every day. (7) Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick). (8) Diminished inability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others). (9) Recurrent thoughts of death (not fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

B. The symptoms do not meet the criteria for a Mixed Episode.

C. The symptoms cause clinically significant distress or impairment in social, occupational,or other important areas of functioning.

D. The symptoms are not due to the direct physiological effects of a substance (for example, drug abuse, medication) or a general medical condition (for example, hypothyroidism).

E. The symptoms are not better accounted for by Bereavement (that is, after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms,or psychomotor retardation (American Psychiatric Association,1994).

The Carroll-rating scale was modified from the original scale for the purpose of scoring. It was used in this instance as a Likert-type scale with the following responses options: Strongly agree (1), Agree (2), Disagree (3) and Strongly disagree (4). Some items were negatively stated and were thus reversed for scoring. This scale consists of the following sub-scales, namely, depression, guilt, suicide, initial insomnia, middle insomnia, delayed insomnia, work and interests, retardation, agitation, psychological anxiety, somatic anxiety, gastrointestinal, general somatic, libido, hypochondriasis, loss of insight and loss of weight.

The depression scoring scale consisted of: presence of depression (4), moderate depression (10) and absence of depression (16). This means the lower the score, the higher the depression.

Guilt included, presence of guilt (4), moderate guilt (10) and absence of guilt (16), meaning that the lower the score, the higher the guilt. Suicide consisted of, high suicide ideation (4), moderate suicide ideation (10) and low suicide ideation (16). This means the lower the score, the higher the suicide ideation. Initial insomnia was transformed into: low initial insomnia (1-3) and high initial insomnia (4-6), meaning the higher the score, the high the initial insomnia. Middle insomnia was low middle insomnia (1-3) and high middle insomnia (4-8), meaning the higher the score, the high the middle

insomnia. Delayed insomnia consisted of low delayed insomnia (1-3) and high delayed insomnia (4-8). This means the higher the score, the high the delayed insomnia.

Work and interests consisted of presence of work and interests (4), moderate presence of work and interests (10) and absence of work and interests (16), meaning the lower the score, the high the level of work and interest. Retardation was divided like high retardation (0-4) and low retardation (8-13), meaning the lower the score, the high the retardation. Agitation was high agitation (0-8) and low agitation (9-15), meaning the lower the score, the high the agitation.

Psychological anxiety was high psychological anxiety (0-9) and low psychological anxiety (10-16), meaning the lower the score, the high the psychological anxiety. Somatic anxiety into high somatic anxiety (0-9) and low somatic anxiety (10-16), meaning the lower the score, the high the somatic anxiety. Gastrointestinal was low gastrointestinal (2), absence of gastrointestinal (0) and presence of gastrointestinal (4), meaning the higher the score, the high the gastrointestinal. General somatic was low general somatic (2), absence of general somatic (0) and high general somatic (4), meaning the higher the score, the high the general somatic.

Libido consisted of low of libido (2), absence of libido (0) and high libido (4), meaning the higher the score, the high the libido. Hypochondriasis was presence of hypochondriasis (4), moderate hypochondriasis (10) and absence of hypochondriasis (16), meaning the lower the score, the high the hypochondriasis. Loss of insight was low loss of insight (2), absence of loss of insight (0) and high loss of insight (4), meaning the higher the score, the high the loss of insight. Loss of weight was low loss of weight (2), absence of loss of weight (0) and high loss of weight (4), meaning the higher the score, the high the loss of weight.

PROCEDURE.

Participants were identified through the Human Resource Sections of their former employers. These various employers were personally approached and requested a computer print out of the employees who had been voluntary and compulsory retrenched. The computer print out was given to the researcher by permission to select the participants. The participants were telephonically contacted to request for appointments.

The researcher explained the selection procedure to the participants, explained the study to them, requested their participation and conducted the interview in their household. The interview lasted about 45 minutes on average with each participant. The researcher thanked the participant for their cooperation and proceeded to the next one. It approximately took 2 weeks for the field work (conducting the interview) to be conducted.

After conducting the interviews, the researcher debriefed the participants about various psychotherapy methods available to them to assist them to cope more easier with the emotional distress of retrenchment. These methods include individual psychotherapy, group therapy (retrenchment therapy), self-motivation and support therapy. These methods are provided by the private sector and some of them by the companies concerned.

DATA ANALYSIS.

Descriptive statistics like (percentages, means, frequencies, Pearson chi-square and Pearson r) were used to organize the data into meaningful form. Non-parametric statistics such as the Chi Square (χ^2) were used to test relationships referred to in the hypotheses. Regression analysis was used in one instance for confirmation purposes only (in spite of the low sampling rate).

The following were some of the findings developed during the investigation of the study.

- A significant relationship exists between the type of retrenchment and depression.
- A significant relationship exists between suicide and type of retrenchment
- A significant relationship exists between suicide and occupation before retrenchment.
- A significant relationship exists between guilt and type of retrenchment.
- A significant relationship exists between initial insomnia and type of retrenchment.

- A significant relationship exists between middle insomnia and type of retrenchment.
- A significant relationship exists between psychological anxiety and type of retrenchment.
- A significant relationship exists between retardation and type of retrenchment. .
- A significant relationship exists between agitation and type of retrenchment. .
- A significant relationship exists between the importance of one's job and type of retrenchment.
- A significant relationship exists between the importance of one's job by the new recoded psychological anxiety variable controlling for the type of retrenchment.
- A significant relationship exists between the importance of one's job by the type of retrenchment controlling for the rate of financial status after retrenchment.

- A significant relationship exists between experiencing security at work again by depression controlling for type of retrenchment.

- A significant relationship exists between the new somatic anxiety variable by rate of financial status after retrenchment controlling for type of retrenchment.
- A significant relationship exists between somatic anxiety and type of retrenchment.
- A significant relationship exists between psychological anxiety and somatic anxiety.

CHAPTER SIX

RESULTS

It was hypothesized that a significant relationship exists between the type of retrenchment and depression. The key score for depression was 0-4 (1), meaning presence of depression and 5-10 (2), meaning absence of depression. A test of this relationship yielded a Pearson r of -.375 and a p value of .05. Further anlyses using regression analysis yielded an R square of 0.3938 which means that type of retrenchment explains 39.38% of the changes in the depression levels of individuals. This is further explained by the F value of 17.2549 with a probability value of .0003. Thus, this relationship was confirmed.

TABLE 3: **DEPRESSION LEVELS OF COMPULSORY AND VOLUNTARY RETRENCHED INDIVIDUALS**

TYPE	compulsory	voluntary
no depression	39.7%	39.3%
depression	17.9%	0.0%

It was hypothesized that a significant relationship exists between suicide and type of retrenchment. The key score for suicide was 0-4 (1), meaning presence of suicide/suicidal ideations and 5-10 (2), meaning absence of suicide/suicidal ideations. A test of this relationship yielded a Pearson r of -.437 and a p value of .023. Regresssion analysis yielded an R square of 0. 5735, meaning that type of retrenchment explains 57.35% of the changes in suicidal ideation of individuals.

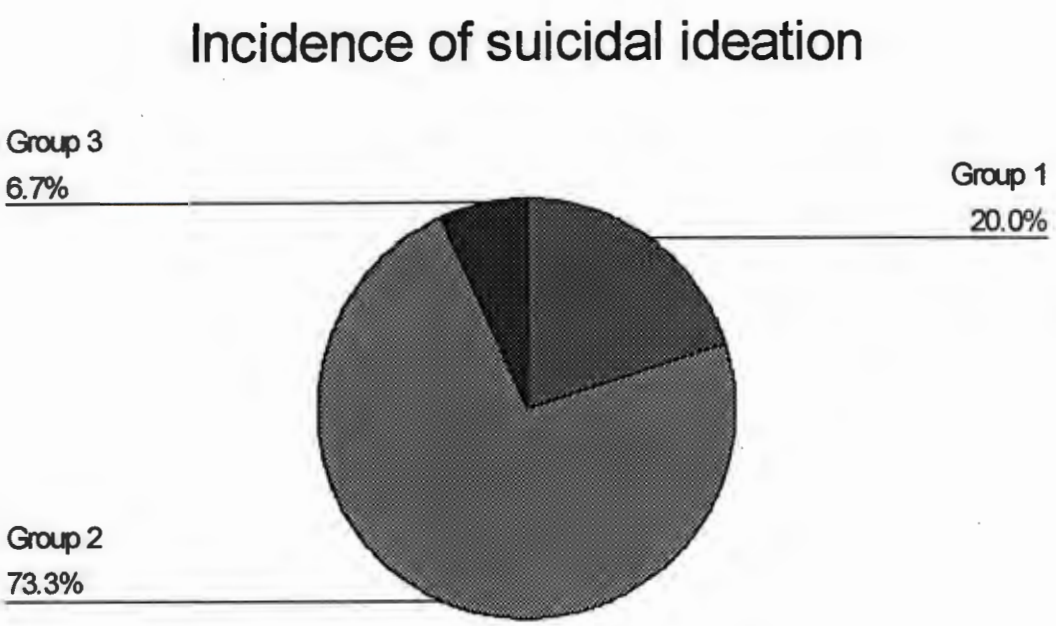

Figure 2: **Levels of suicidal ideations of individuals regarding occupation before retrenchment**.

It was hypothesized that a significant relationship exists between suicide and occupation before retrenchment. A test of this relationship yielded a Pearson r of -.0850 and a p value of.047. Regression analysis yielded an R square of 0.1446, meaning that occupation before retrenchment explains 14.46% of the changes in the suicide levels of individuals. The relationship was not accepted. The scoring key for occupation before retrenchment was group 1 (academic staff), group 2 (administation staff) and group 3 (manager). The suicide variable is divided into three groups, group 1 (high), group 2 (moderate) and group 3 (low). This means the lower the score, the high the suicide ideations/suicide.

It was hypothesized that a significant relationship exists between psychological anxiety and type of retrenchment. The psychological anxiety variable has been recoded to new psychological anxiety with a score of 0-9 as high and 10-16 as low. This means that the lower the score, the higher the psychological anxiety. A test of this relationship yielded a Pearson value of .530 and a p value of .009. Regression analysis yielded an R square of 0.678, meaning type of retrenchment explains 67.80% of changes in the psychological anxiety levels of individuals.

TABLE 4: **LEVELS OF PSYCHOLOGICAL ANXIETY IN INDIVIDUALS.**

TYPE	compulsory	voluntary
high psychological anxiety	30.0%	3.3%
low psychological anxiety	26.4%	40.0%

A finding that a significant relationship exists between somatic anxiety and type of retrenchment was developed. The somatic anxiety variable has been recoded to new somatic anxiety with the score of 0-9 as high and 10-16 as low. This means that the lower the score, the high the somatic anxiety. A test of this relationship yielded a Pearson r of -.437 and a p value of .016. Regression analysis yielded an R square of 0.573, meaning that type of retrenchment explains 57.30% of the changes in the somatic anxiety levels of individuals.

TABLE 5: **LEVELS OF SOMATIC ANXIETY IN INDIVIDUALS.**

TYPE	compulsory	voluntary
high somatic anxiety	20.0%	0.0%
low somatic anxiety	43.3%	36.7%

A finding that a significant relationship exists between guilt and type of retrenchment was developed. A test of this relationship yielded a Pearson r of -.455 and a p value of -.3819. Regression analysis yielded an R square of 0.698, meaning type of retrenchment explains 69.80% of the changes in the guilt levels of individuals. The negative relationship between guilt and type of retrenchment is explained by the p value of .037. The standard deviation of guilt is 2.3706 and the standard deviation of type of retrenchment is .5040.

TABLE 6: **LEVELS OF GUILT IN THE INDIVIDUALS**

TYPE	compulsory	voluntary
presence of guilt	3.3%	0.0%
moderate guilt	20.0%	0.0%
absence of guilt	33.3%	43.3%

It was hypothesized that a significant relationship exists between initial insomnia and type of retrenchment. A test of this relationship yielded a Pearson r of -.162 and a p value of .083.

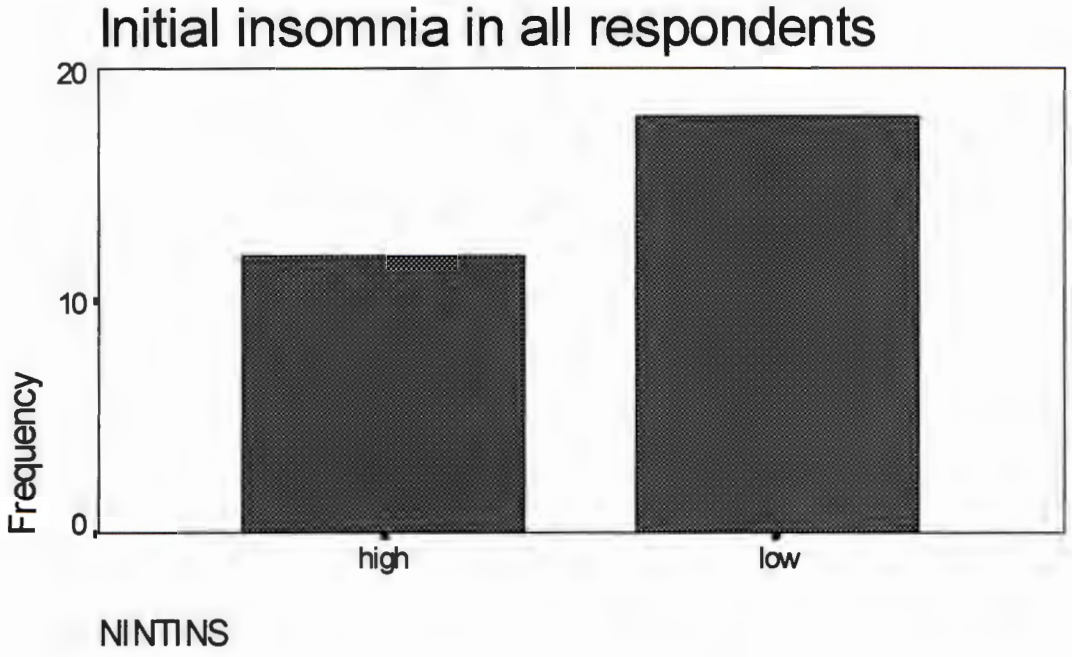

Figure 3: **The levels of initial insomnia in the individuals.**

Regression analysis yielded an R square of .791. This means that type of retrenchment explains 79.10% of the changes in the intial insomnia levels of individuals. The intial insomnia variable has been recoded to new initial insomnia which means score of 1-3 is low and 4-6 is high. This means the higher the score, the more the presence of initial insomnia.

A finding that a significant relationship exists between middle insomnia and type of retrenchment was developed. A test of this relationship yielded a Pearson r of -.291 and a p value of .082. The middle insomnia variable has been recoded to new middle insomnia with score of 1-3 low and 4-8 high. This means the higher the score, the more the presence of middle insomnia.

TABLE 6: **LEVELS OF MIDDLE INSOMNIA IN THE INDIVIDUALS.**

TYPE	compulsory	voluntary
high middle insomnia	46.7%	43.3%
low middle insomnia	10.0%	0.0%

The regression analysis yielded a Pearson chi-square value of 0.2549 meaning that type of retrenchment explains 25.49% of the changes in the middle insomnia levels of individuals. The relationship between the two variables is significant. There is a high percentage difference between voluntary and compulsory retrenched individuals shown by table 6 above.

As a way of motivating the above data, it was hypothesized that a significant relationshipexists between somatic and psychological anxiety. A test of this relationship yielded a Pearson r of -.475 and a p value of .003. Regression analysis yielded an R square value of 0.843, meaning type of retrenchment explains 84.30% of the changes in the anxiety (psychological and somatic) levels of individuals.

TABLE 7: **LEVELS OF SOMATIC AND PSYCHOLOGICAL ANXIETY.**

TYPE	HIGH	LOW
somatic anxiety	20.0%	2.8%
psychological anxiety	33.3%	66.7%

It was hypothesized that a significant relationship exists between retardation and type of retrenchment. The retardation variable was recoded to new retardation with a score of 0 - 7 as high and 8 - 13 as low. This means that the lower the score, the high the retardation.

A test of this relationship yielded a Pearson r of .212 and a p value of .244. The regression analysis yielded an R square of 0.135, meaning that type of retrenchment explains 13.50% of the changes in the retardation levels of individuals.

TABLE 8: **LEVELS OF RETARDATION IN INDIVIDUALS.**

TYPE	compulsory	voluntary
high retardation	0.0%	3.3%
low retardation	56.7%	40.0%

A finding that a relationship exists between agitation and type of retrenchment was developed. The agitation variable was recoded to new agitation with a score of 0 - 8 as high and 9 - 15 as low. This means that the lower the score, the higher the agitation. A test of this relationship yielded a Pearson r of -.618 and a p value of .0007. The R square value is 0.1147, meaning that type of retrenchment explains 11.47% of the changes in the agitation levels of individuals.

TABLE 9: **LEVELS OF AGITATION IN THE INDIVIDULS**.

TYPE	compulsory	voluntary
high agitation	33.3%	0.0%
low agitation	23.3%	43.3%

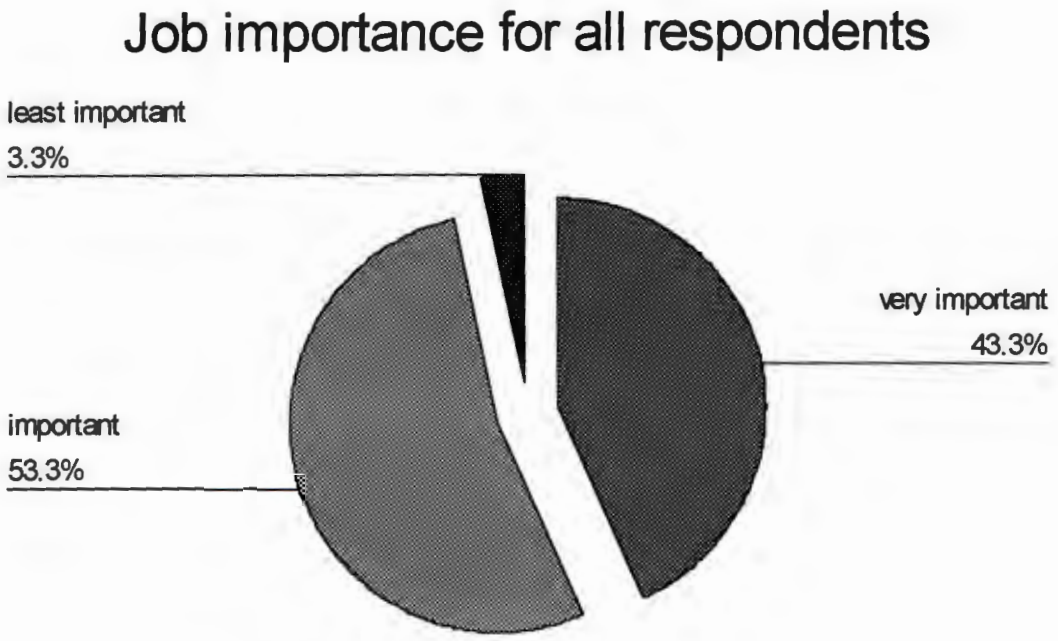

Figure 4: **The effect of job importance in compulsory and voluntary retrenched individuals**

A finding that a significant relationship exists between the importance of one's job and type of retrenchment was developed. A test for this relationship yielded a Pearson r of .149 and a p value of .550. Further analyses using regression analysis yielded an R square of .355, meaning that type of retrenchment explains 35.50% of the changes in the importance of one's job. The relationship is not significant.

Compulsory retrenched individuals stated that their jobs were **very important** to them were 43.3% whereas, 16.5% of them stated that their jobs were **important** to them. Only 3.3% of voluntary retrenched individuals stated that their jobs were **very important** to them and 36.3% of them stated that their jobs were **important** to them. A summary of the data is represented by figure 4 above:

A finding that a significant relationship exists between the importance of one's job by the new recoded psychological anxiety variable controlling for the type of retrenchment was developed. A test of this relationship yielded a Pearson r of.684 and a p value of .005. Regression analysis yielded an R square of 0.796, meaning that controlling for type of retrenchment explains 79.60% of the changes in the psychological anxiety levels and the individual's job importance. The relationship is significant.

According to the analysis, 70.6% of individuals who stated that their jobs are very important to them showed a 52.9% of psychological anxiety on the type of retrenchment they chose. 29.4% of individuals who viewed their jobs as important showed 47.1% psychological anxiety on the type of retrenchment they chose, meaning that the more important the person's job, the more likely they will feel anxious depending on the type of retrenchment that the individual takes.

A finding that a significant relationship exists between the importances of one's job by the type of retrenchment controlling for the rate of financial status after retrenchment was developed. A test of this relationship yielded a Pearson r of .149 and a p value of .551. Regression analysis yielded an R square of .355, meaning that controlling for the rate of financial status after retrenchment explains 35.50% of the changes in the individual's job importance and in the type of retrenchment one chose. The relationship is significant.

TABLE 10: **LEVELS OF POOR FINANCIAL STATUS AFTER RETRENCHMENT**

poor financial status	compulsory	voluntary
job very important	71.7%	0.0%
job important	25.0%	6.3%

A finding that a significant relationship exists between experiencing security at work again by depression controlling for type of retrenchment was developed. A test of this relationship yielded a Pearson r of -.540 and a p value of .025. The regression analysis yielded an R square of 0.495, meaning that type of retrenchment explains 49.50% of the changes in the depression levels of the individuals and their ability to experience security at work again. The relationship is not significant.

TABLE 11: **LEVELS OF EXPERIENCING SECURITY AT WORK AGAIN.**

TYPE	compulsory	voluntary
security at work again	41.2%	0.0%
no security at work again	58.8%	29.4%

A finding that a significant relationship exists between the new somatic anxiety variable by rate of financial status after retrenchment controlling for type of retrenchment was developed. A test of this relationship yielded a Pearson r of 1.236 and a p value of .226. The relationship is significant.

Compulsory retrenched individuals who viewed their financial status after retrenchment as poor were 64.7% and did experience high somatic anxiety and only 11.8% of them who experienced their financial status as the same experienced low somatic anxiety. On the other hand, 35.3% of voluntary retrenched people who viewed their financial status as poor experienced high somatic anxiety.

CHAPTER SEVEN

DISCUSSION

INTRODUCTION

From the data analysis , it is clear that retrenchment policy does cause emotional distress in both compulsory and voluntary retrenched individuals although there is difference in the intesity. The findings from the primary hypotheses will be discussed first to show the connection between these hypotheses and retrenchment policy, followed by secondary hypotheses. The findings will be linked to the Person-environment model.

The presence of depression in compulsory retrenched individuals showed to be 17.9%. The presence of depression is anticipated since retrenchment is rated by some researchers as a major stressor in the Life-events model. This statement is motivated by Isralowitz (1984) stating that according to the Social Readjustment scale, retrenchment is ranked as the most significant cause of a person's stress. Some of the compulsory retrenched indicated that retrenchment changed their lives negatively, making them develop feelings of irritability, tearfulness, insecurity, hopelessness,and low spirits.

This finding is motivated by Epstein (1989) who conducted the study on the effects of retrenchment on retrenched workers. She found that most of the workers presented with feelings of worthlessness, hopelessness, depression, withdrawal signs from social contact, low spirits, sense of loss and serious identity crisis.

Absence of depression in 39.7% of compulsory retrenched individuals could be an indication that the individuals are under shock from the news received and thus are in denial. Some researchers who investigated on retrenchment, identified that the initial reaction when one realizes that he/she has lost something is alarm. The person feels frightened, restless and panicky (Selye 1986 cited in Epstein,

1989). This initial stage of shock, allows the person to create some form of defense mobilizing him/her from experiencing the pain and reality of the situation. Warr (1982) states that the common feelings that develop within an individual when retrenched are shock, denial, anger, rage, guilt, frustration and depression.

On the other hand, absence of depression was also showed in 39.3% of voluntary retrenched individuals while 0.0% of them showed presence of depression. From the responses gained from their interviews, some perceived voluntary retrenchment as a "step to better things". These people showed dissatisfaction at their work places and listed things like venturing into business, enjoying the package with the confidence that one will probably get work again before the money is finished.

Suicidal ideations could be indicated by 20.0% of compulsory retrenched individuals. The interpretation to this statement is that since the person is exposed to an intensively stressful situation one is bound to experience destructive coping skills, like suicide, excessive drinking of intoxicating substances, like alcohol, etc. Some tend to perceive this reaction as a solution to their problems blocking any chance of developing constructive coping skills.

Absence of suicidal ideations could be indicated in39.3% of compulsory retrenched individuals. It is possible that these individuals have difficulty accepting their situation and feel that the situation is not real. It is also possible that some of them have rationalized their situation and are in the process of learning to accept what had happened. From some of the interview responses, it was evident that some depended on spirituality for survival. They gained support from fellow church goers and their families. They received solace and comfort from religious groups and organizations.

However, 43.3% of voluntary retrenched individuals showed absence of suicidal ideations. This reaction indicates that some individuals were excited about taking such a decision, perceiving it as an opportunity to expand and develop further. From their interview responses, many of them felt that the work was no longer stimulating and challenging enough. Such a step to them was inevitable.

From the responses gained, it was clear to others that life was not worth living anymore, quoting things like, financial responsibilities , social and family resposibilities. This statement is motivated by Hendin (1982) stating that times of economic/financial depression are associated with increased suicides.

High psychological anxiety could be indicated by 3.3% of compulsory retrenched individuals and40.0% of them showed low psychological anxiety. This tends to show feelings of insecurity and uncertainty within these individuals despite the fact that they took voluntary retrenchment.
High psychological anxiety could be indicated by 30.3% of voluntary retrenched individuals and 26.4% of them showed low psychological anxiety. 20.0% of them showed high somatic anxiety and 36.7% showed low somatic anxiety. This is an expected reaction since these individuals are faced with a major challenge of making it through life without any job security and stability. Epstein (1989) further states that people tend to feel extreme degrees of anxiety, difficulty in concentration,etc.

Presence of guilt could be indicated by 3.3% of compulsory retrenched individuals, whereas, 20.0% of them showed moderate guilt and 33.3% showed absence of guilt. Sometimes, people tend to turn negative things that happen to them inward. That is, when things go bad or wrong one tends to take the blame for that. Also in this case, 23.3% of compulsory retrenched individuals feel guilty about their retrenchment. They might feel that they were inadequate or ineffective at their work places that such a step was taken against them.

This statement is emphasized by Feather (1982) that sometimes a person is likely to displace a stressful situation internally as guilt toward the self. The individual who regards retrenchment as being due to his/her personal deficiencies and inadequacies, he/she is likely to move between self blame and anger. 43.3% of voluntary retrenched individuals showed absence of guilt. This tends to mean that most of these individuals are satisfied about their decision and show no signs of self blame.

High initial insomnia after retrenchment could be indicated by 43.3% of compulsory retrenched individuals. This is an expected reaction since when one is under such conditions one is overwhelmed by uncertainities. Loss of sleep is one of the common depressive symptoms when one is under extreme stress.

Low initial insomnia could be indicated by 56.7%of voluntary retrenched individuals. This shows that even when one is confident about taking an informed decision, the discomfort of whether that was the right or wrong thing dwells within one, as it seems to be the case here. 43.3% of voluntary retrenched individuals showed high middle insomnia and 46.7% of compulsory retrenched individuals showed high middle insomnia.

Epstein (1989) state that in such situations, a person tends to display many of the physiological symptoms of inability to eat, inability to sleep, headaches and migranes. From the above information, it is evident that initial and middle insomnia had a great effect on both the compulsory and voluntary retrenched individuals.

High retardation could be indicated by 3.3% of voluntary retrenched individuals and 40.0% of them showed low retardation. It tends to show that these individuals are questioning their steps towards the decision they reached. It is a possibility that they might be doubting their decision. However, 56.7% of compulsory retrenched individuals showed low retardation. Feather (1982) states that the individual

seems likely to feel confused, unable to grasp what is happening ans is often unable to think or shows rigid thinking and plan adequately to with the situation.

High agitation could be indicated in 3.3% of compulsory retrenched individuals and 23.3% of them showed low agitation. However, 43.3% of voluntary retrenched individuals showed low agitation. Tomasko(1990) confirms this statement stating that such individuals develop feelings of tiredness/fatigue, restlessness, fidgety and difficulty in concentration.

At least, 43.3% of compulsory retrenched individuals stated that their jobs were very important to them and 16.5% of them said that the jobs were important. However, 3.3% of voluntary retrenched individuals said their jobs were very important to them whereas, 36.3% of them stated that their jobs were important. This means that no matter what the type of retrenchment one took, this decision had no bearing on the degree of the importance of one's job.

In the investigation of the relationship between the importance of one's job by psychological anxiety controlling for type of retrenchment, the following results were found. 70.6% of individuals who stated that their jobs were very important to them showed a 52.9% of psychological anxiety on the type of retrenchment they chose. 29.4% of them who viewed their jobs as important showed 47.1% psychological anxiety on the type of retrenchment they chose. This means that the more important the person's job, the more likely they will feel anxious depending on the type of retrenchment the individual takes.

In the investigation between the importance of one's job by the type of retrenchment controlling for the rate of financial status after retrenchment, the following results were found. 71.7% of compulsory retrenched individuals who stated that their jobs were very important to them experienced poor financial status after retrenchment. 25.0% of them who stated that their jobs were important experienced poor financial status after retrenchment.

This shows the difficult financial position that the individuals are faced with. This is motivated by the responses from their interviews that they have financial responsibilities that they had to meet. Many of them stated that these responsibilities will never go away now that they are retrenched, this is the reality of the matter. According to their statements this is a challenge they have to bear to the end and it is depressing and frustration.

On the other hand, only 6.3% of voluntary retrenched individuals who viewed their jobs as important experienced poor financial status after retrenchment. This low percentage likely means that some of these individuals are happy about their decision and also because of the packages they had received. At this point they fail to realize how far this money would take them. For the investigation between experiencing security at work again by depression controlling for type of retrenchment, the following results were yielded. 58.8% of compulsory retrenched individuals stated that they will experience security at work again whereas, 41.2% of them said they will experience security at work again.

The high percentage clearly show the negative impact this situation had on the individuals negatively and hugely affecting their future events. However, 29.4% of voluntary retrenched individuals stated that they will not experience security at work again. This is indication to that both groups have feelings of desperation and fear for the future.

The investigation between somatic anxiety by rate of financial status after retrenchment controlling for type of retrenchment yielded the following. 64.7% of compulsory retrenched individuals who stated that their financial status after retrenchment as poor did experience high somatic anxiety and 11.8% of them who stated that their financial status after retrenchment as the same experienced low somatic anxiety.

On the other hand, 35.3% of voluntary retrenched individuals who stated their financial status after retrenchment as poor experienced high somatic anxiety. This clearly show that regardless of the type of retrenchment one took, there is likelihood that one will experience somatic anxiety.

CHAPTER EIGHT

CONCLUSION AND RECOMMENDATIONS

8.1. CONCLUSION

From the data gathered from this study it shows clearly that retrenchment policy does affect people's mental and physical functioning and that such an effect should not be underestimated.

From the findings of other researchers, they identified that the major effects of retrenchment policy are depression and suicide.

However, the contributions of this study identified variables like, initial and middle insomnia, somatic and psychological anxiety, retardation and agitation as effects of retrenchment policy. It does appear that therapists and counsellors have a part to play in assisting the unemployed person to understand his/her situation, to cope with and accept the emotions provoked by his/her experience, and to develop skills and strategies for becoming employed again or self-employed. Any form of therapy or counselling should be geared to the phase of unemployment through which the person is passing. The main task at that time is to provide emotional support, to encourage realistic approach, to present a new perspective or to offer practical suggestions for developing job-seeking skills. Such intervention may facilitate an individual's transition back into the work force.

Various companies need to provide pre-counselling and post-counselling sessions for retrenched individuals. This procedure will assist in monitoring and gauging the individuals' progress after their retrenchment. This will show the companies commitment in assisting the individuals during their difficult periods.

Finally, the statistical data of this study proved that there is the connection between retrenchment policy and the development of the symptoms of depression and suicide ideations/thoughts.

8.2. RECOMMENDATIONS.

Retrenchment can be viewed as a process of transition or crisis. According to the crisis intervention theory, a passage from one set of experiences to another can be viewed as a catastrophe or an opportunity. Some theorists emphasise that there is need for people to understand that any transition or crisis holds potential for growth and adaptation on the one hand, and deterioration and maladaptation on the other (Epstein, 1989).

8.2.1. INTERVENTION STRATEGIES.

It is recommended that methods of assistance to retrenched individuals should focus on two main areas:

i). The emotional aspect : Coping with the psychological effects of job loss/retrenchment.

ii). The instrumental aspect : Taking on the task of becoming re-employed.

This is a difficult task that any therapist or counsellor is faced with when assisting the retrenched individual to cope and adjust to his/her situation of unemployment (Sheperd,1981).

In the beginning stages of therapy, the focus tends to be on the emotional aspects to help clients cope with their sense of loss and then become more task-orientated and reality based.

Counselling or therapy needs to be both situation and individual specific (Feather,1982).

As a first step to therapy, the evaluation of the individual's present state will be determined by the following cues:

* Length of unemployment
* Previous employment/unemployment history
* The client's emotional state
* The client's coping strategies

These cues will assist the therapist to be flexible in what strategies to assume with the individual (Epstein,1989).

It is also important for the client to formulate goals of therapy with the assistance of the therapist. These goals need to be practical and achievable. As an example, some of the goals of therapy could be:

* the need to reduce the psychological impact of retrenchment
* to foster the ability to evaluate strengths and weaknesses
* to assist the person to identify areas of future employment, and know whether further training will be required
* to help the client to return to at least his/her previous level of functioning if not even better (Sheperd,1981).

CHAPTER NINE

LIMITATIONS OF THE STUDY.

The following are the limitations of the study:

(i). The results gathered from the study cannot be generalized to the whole population since a limited sample of participants from the Molopo region was used.

(ii). The results gathered from the study might show that there are no emotional and physiological changes in a person after either voluntary or compulsory retrenchment possibly because of an attribute that was not specifically measured in this study.

(iii). The results might be directly affected by other variables that were not anticipated in the beginning of the study.

REFERENCES

Diagnostic Statistical Manual- IV edition. (1994). American Psychiatric Association.

Eastwood, M.R., Rifat,S.L., Nobbs, H. & Ruderman,J. (1989). Mood disorder following cerebro vascular accident. British Journal of Psychiatry. 154: 195-200.

Epstein, B.(1989). The psychological effects of retrenchment: Implications for counselling. Pretoria: Human Sciences Research Council

Feather, N.T.(1982). Unemployment and its' psychological correlates: A study of depressive symptoms, self-esteem, Protestant Ethic values, attributional style, and apathy. Australian Journal of Psychology. 34: 309-323.

Fisher,S. (1961). Psychiatric considerations of cerebral vascular disease. American Journal of Cardiovascular disease. 7: 379.

Fogel,B, Schiffer,R.B. & Rao,S.M. (1996). Neuropsychiatry. United States of America: Williams & Wilkins.

Folstein,M.F., Folstein,S.E. & McHugh,P.R. (1977). Mood disorder as a specific complication of stroke. Journal of Neurosurgical Psychiatry. 40:1018-1020.

Fineman,S. (1983). Counselling the unemployed - help and helplessness. British Journal of Guidance and Counselling. 11(1): 1-9

Frank,M.G. (1980). Psychoanalytic Developmental Psychology: Application to Social Work Practice. I: 1-2.

Government Gazette. Labour Relations Act, 1995, no. 66. Retrenchment Policy.

Hendin, H. (1982). Suicide in America. New York: Norton.

Horney, K. (1967). Feminine Psychology. New York: Norton.

Illes, L.M. (1996). Sizing Down: Chronicle of a plant closing. London: Cornell University Press.

Israelowitz, R.E. (1984). A community organization effort to modify the stress of unemployment. Crisis Intervention. 13(1):2-13.

Jahoda, M. (1981). The impact of unemployment in the 1930's and 1980's. Bulletin of the British Psychological Society. 32: 309-314.

Kolb, B. & Whishaw, I,Q. (1990). Fundamentals of Human Neuropsychology. United States of America: Freeman & Co.

Kaplan, H.I. & Sadock, B.J. (1994). Synopsis of Psychiatry. United States of America: Williams & Wilkins.

Knowdell, R.L., Branstead, E. & Moravec, M. (1996). From downsizing to recovery: Strategic transition options for Organizations and Industries. United States of America: Davies - Black Publishing.

Pryor, R.G.L. & Ward, R.T. (1985). Unemployment: What consultants can do about it. Journal of Employment Counselling. 22(1): 3-17.

Rutter, M. & Hersov,L. (1991). Child and Adolescent Psychiatry. London: Blackwell Scientific Publications.

Schwarz, N., Grovees, R.M. & Schuman, H. (1995). Survey Methodology Program. New York: McGraw-Hill.

Sheperd, G. (1981). Psychological Disorder and Unemployment. Bulletin of the British Psychological Society. 34: 345-348.

Swinbourne, P. (1981). The psychological impact of unemployment on managers and professional staff. Journal of Occupational Psychology. 54: 47-64.

Tomasko, R. M. (1990). Downsizing: Reshaping the Corporation for the future. New York: American Management Association.

Warr, P.B. (1982). Psychological aspects of employment and unemployment. Psychological Medicine. 12: 7-11.

Wetzel, Z. (1994). Abnormal Personalities. New York: Washington Square Press.

Wolfe, D., Kannel, A.S., & Verter, T. (1994). Measures of Personality and Social Psychological Attitudes. New York: Academic Press.

Yalom,D. (1992). Existential Psychotherapy. New York: Basic Books.

APPENDIX A

CLINICAL QUESTIONNAIRE

INTRODUCTION

Hello, (shaking hands), my name is .....

I am conducting a survey on the effects of retrenchment policy on voluntary and compulsory retrenched individuals.

I have developed a questionnaire of 16 questions, demographic and close- and open-ended questions, that I need to administer to you.

Please try to answer the questionnaire a honestly as possible. Confidentiality in this study is ensured. Your cooperation will be highly appreciated.

Any questions before we start? If none, we begin. If there are any questions, they shall be addressed before we start.

DEMOGRAPHIC FEATURES

I would like to ask you some questions about who you are and your experiences of retrenchment.

(Please tick appropriate block).

1. Gender M ☐

F ☐

2. How old were you at your last birthday?

1. 21-30 years old ☐
2. 31- 40 years old ☐
3. 41 - 50 years old ☐
4. 51 - 60 years old ☐
5. 61 and above years old ☐

Age ..... years old. (Indicate appropriate age on showcard).

3. Would you like to tell me whether your retrenchment was: (tick the appropriate box).

Voluntary ☐

Compulsory ☐

4. Would you mind telling me, what occupation were you holding at the time of your retrenchment?

(Indicate appropriate block and specify on the allocated area).

Academic staff ☐ .....

Administration staff ☐ .....

Manager ☐ .....

5. Would you tell me, what was your income per month at the time of your retrenchment?

(Indicate appropriate income scale on the showcard).

1. 0 - 2 500 ☐

2. 3000 - 4 500 ☐

3. 5000 - 6 500 ☐

4. 7000 and above ☐

..... per month.

6. May you tell me, at the time of your retrenchment, did you own or rent the house you lived in?

Yes ☐

No ☐

7. How many of your children are still at school. (Tick appropriate block).

0 - 3 ☐

4 - 6 ☐

7 and above ☐

8. How would you rate your present financial status after your retrenchment?

(Put a cross in the appropriate box).

Good	Same	Poor

CLOSE - AND OPEN- ENDED QUESTIONS

9. Thinking back on the time of your employment, how important was your job to you?

(Tick the appropriate block).

very important ☐ important ☐ least important ☐

not important ☐ don't know ☐

10. What was your experience of losing your job through retrenchment?

(Tick the appropriate block).

Traumatic ☐ (Answer sub-question 10.1)

Not traumatic ☐ (Answer sub-question 10.2)

10.1. What was your experience of the trauma

.....

.....

.....

10.2. Why was the experience not traumatic for you

.....

.....

.....

11. Following the loss of your job, did you experience any change in emotion?

(Tick appropriate box).

Yes ☐

No ☐

11.1. If yes, what changes in your emotion did you observe?

.....

.....

.....

12. Did you experience any of the following physical symptoms after your retrenchment?

(Tick as many symptoms as possible).

Loss of sleep ☐

Lack of appetite ☐

Difficulty in remembering things ☐

Loss of weight ☐

Loss of energy ☐

Feeling tired or fatigue ☐

Having difficulty concentrating ☐

13. My company should have done better than to retrench me?

(Tick the appropriate block).

Yes ☐

No ☐

13.1. If yes, what could the company have done?

.....

.....

.....

14. I feel that I was very good at my job? (Tick the appropriate block).

Strongly agree ☐ Agree ☐

Disagree ☐ Strongly disagree ☐ Don't know ☐

15. Thinking back on your work experience, do you think that you shall experience security at work again, if you find a new job? (Tick the appropriate box).

Yes ☐ No ☐

If no, explain,

.....

.....

.....

16. Do you think retrenchment is a good policy?

Yes ☐ No ☐

CARROLL RATING SCALE FOR DEPRESSION

I would like to ask you questions about how you felt in the past few days. Please indicate the appropriate block that best describes your emotions at present.

1. Strongly agree	2. Agree	3. Disagree	4. Strongly disagree

DEPRESSION

1. I feel in good spirits. .....
2. I am miserable or often feel like crying. .....
3. I think my case is hopeless. .....
4. There is only misery in the future for me. .....

GUILT

5. I think I am as good a person as anybody else. .....
6. I feel worthless and ashamed about myself. .....
7. Things which I regret about my life are bothering me. .....
8. I am being punished for something bad in my past. .....

SUICIDE

9. I feel that life is still worth living. .....
10. I often wish I were dead. .....
11. I have been thinking about trying to kill myself. .....
12. Dying is the best solution for me. .....

INITIAL INSOMNIA

13. I take longer than usual to fall asleep at night. .....
14. Getting to sleep takes me more than half an hour. .....

MIDDLE INSOMNIA

15. My sleep is restless and disturbed. .....

16. I wake up often in the middle of the night. .....

DELAYED INSOMNIA

17. I wake up before my usual time in the morning. .....

18. I wake up much earlier than I need to in the morning. .....

WORK AND INTERESTS

19. I get pleasure and satisfaction from what I do. .....

20. I still like to go out and meet people. .....

21. I have dropped many of my interests and activities. .....

22. I am still able to carry on doing the work I am supposed to do. .....

RETARDATION

23. My mind is as fast and alert as always. .....

24. My voice is dull and lifeless. .....

25. I get hardly anything done lately. .....

26. I am so slowed down that I need help with bathing and dressing. .....

AGITATION

27. I think I appear calm on the outside. .....

28. I am restless and fidgety. .....

29. It must be obvious that I am disturbed and agitated. .....

30. I have to keep pacing around most of the time. .....

PSYCHOLOGICAL ANXIETY

31. I can concentrate easily when reading the papers. .....

32. I feel irritable or jittery. .....

33. Much of the time I am afraid but don't know the reason. .....

34. I am terrified and near panic. .....

SOMATIC ANXIETY

35. I am having trouble with indigestion. .....

36. My heart sometimes beats faster than usual. .....

37. I have lot of trouble with dizzy and faint feelings. .....

38. My hands shake so much that people can easily notice. .....

GASTROINTESTINAL

39. I still enjoy my meals as much as usual. .....

40. I have to force myself to eat even a little. .....

GENERAL SOMATIC

41. I feel just as energetic as always. .....

42. I am exhausted much of the time. .....

LIBIDO

43. My sexual interest is the same as before I got sick. .....

44. Since my illness began I have completely lost interest in sex. .....

HYPOCHONDRIASIS

45. I worry a lot about my bodily symptoms. .....

46. I am especially concerned about how my body is functioning. .....

47. My trouble is the result of some serious internal disease. .....

48. My body is bad and rotten inside. .....

LOSS OF INSIGHT

49. All I need is as good rest to be perfectly well again. .....

50. I got sick because of the bad weather we have been having. .....

LOSS OF WEIGHT

51. I am losing weight. .....

52. I can tell that I have lost a lot of weight. .....

APPENDIX B

DIFFERENT SHOW CARDS.

DEVELOPMENTAL AGE

1. 21 - 30 years old
2. 31 - 40 years old
3. 41 - 50 years old
4. 51 - 60 years old
5. 61 and above years old

INCOME PER MONTH

1. 0 - 2 500
2. 3000 - 4 500
3. 5000 - 6 500
4. 7000 and above

CARROLL RATING SCALE FOR DEPRESSION

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree