TABLE OF CONTENTS

LIST OF FIGURES

CHAPTER 1

INTRODUCTION

BACKGROUND FOR AND MOTIVATION OF THE STUDY

The study will explore the lived experiences and the attached meanings of employees who had been diagnosed with work dysfunctions (stress, anxiety, depression and/or burnout) including those who had perhaps at some point been placed on Personal Health Insurance **(PHI)** because of their temporary incapacity as a result of their dysfunctions. However, at the time of the interviews they had returned to work and been declared **fit for work** by their respective medical professionals.

The scope of the study is the financial services sector with a specific focus on the banking sector. No qualitative research of this nature could be found in the industry, presumably because of the psychological sensitivity, the emotive character of the topic and the fear of losing jobs because of the stigma attached to mental illness. For this reason, the risk of quantitative studies in the form of survey questionnaires had been viewed as less and therefore was a more popular research method.

For this study, the researcher will adopt the term work dysfunctions instead of mental illnesses to destigmatise the topic. The term is also seen to be more relevant for the workplace. The connotation with mental illness is that of pathology and is associated with psychiatric institutions.

EXPLAINING THE TITLE

The title of this study: **EXPLORATION OF WORK DYSFUNCTIONS WITHIN THE WORKPLACE BASED ON THE PARTICIPANTS' LIVED EXPERIENCES AND MEANINGS**, will now be explained.

The word **"explore"** in the context of this study meant to **"journey with**" the participants to: **gain** a **deeper** and **richer understanding** of their **lived experiences** with their work dysfunctions, how they have construed and made sense of these experiences. Their first-hand knowledge was essential, as people who are involved with these experiences on a daily basis within their **workplace** and the ways in which they have appraised and interpreted what these **meant** for them.

The term **Work Dysfunctions** has been used by Lowman (1993) in referring to psychological conditions which involve a significant impairment in the capacity to work. These impairments are either caused by the person's characteristics or by an interaction between the person's characteristics and working conditions. Typical dysfunctions included under this term would be depression, burnout and work-related stress. The condition of a worker who is terminated because of depression or burnout would be a classical example.

The difference between **work dysfunctions** as aligned to Lowman's definition and mental Illness in the work place is that the latter covers a large spectrum of mental illnesses such as schizophrenia which have been excluded from this study. Within the South African workplace context, a closer and almost equivalent description of work dysfunctions would be **incapacity ill-health**; the South African Labour Law does not differentiate types of incapacity according to the respective medical conditions. It encompasses all forms of sickness such as stress, depression,

burnout, hypertension, diabetes and other chronic conditions, presumably because any of these conditions could result in poor work attendance and/or poor performance leading to an inability to perform and ultimately render the employee incapacitated.

Physical and medical conditions will also be excluded from this study. Its sole focus will be on work dysfunctions (occupational stress, anxiety, depression, burnout). Although bipolar will not be specifically targeted, participants with bipolar were accommodated because of their bipolar related depression.

Except for burnout itself, anxiety, depression and bipolar have been classified as disorders in the *American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders*, 5th edition: **DSM 5** (2013). Occupational stress has been categorised under Occupational Problems.

MOTIVATION OF THE STUDY

Work dysfunctions are a worldwide phenomenon with an upsurge in stress in almost every sphere of human activity, but particularly in the workplace (Hopkins, 2014). Richardson and Rothstein (2008) reported relentless increases in numbers of employees suffering from stress in America, the United Kingdom and Australia. China serves as an example of a societal economy that has been in the midst of this transformation since 1978, with rising anxiety and work related stress in Chinese people, coupled with reports of suicide amongst employees and managers (Zheng, Zhu, Zhao, & Zhang, 2015).

In the South African financial services sector, the problem is best reflected by Bankmed, one of the leading medical aid schemes for banking employees. The Bankmed report shows that stress

and depression are prominent in the banking industry. Job stress was rated number one in the Survey for Self-Reported Reasons of Stress. According to the Bankmed (2016) report, major depression remained one of the top five medical admissions since 2013 to 2015.

Given the current and continuing challenging global economic environment, and the turbulence faced by organisations often leading to retrenchments characterised by the adoption of advanced technologies and innovation, "employees are expected to adapt to new environments with greater demands and fewer resources" (Sweetman & Luthans, 2010, p. 54). It is against this background that today's organisations are now in search of employees with high Psychological Capital **(PsyCap)** accompanied with appropriate work engagement to be able to adapt to the demands and adversities posed by the new world of work (Sweetman & Luthans, 2010).

From an employee well-being perspective, medical schemes such as Bankmed are further exploring integrated holistic strategies with an emphasis on prevention. The concept behind the prevention of ill-health is to keep employees relatively healthy and therefore productive.

Newman and Beehr (1979) as cited in Richardson and Rothstein (2008) were amongst the first researchers to perform a comprehensive narrative review of personal and organisational strategies for dealing with job stress. They reported a significant lack of empirical research in the domain and challenged industrial and organisational psychologists to bring their knowledge to the field of employee health.

This study embraces the above challenge by conducting an **in-depth qualitative study** with participants who have been diagnosed with work related stress, anxiety, depression, and/or burnout. It envisages that the participants' experiences, albeit subjective, will contribute new insights towards understanding work dysfunctions and enhance the organisational management processes of such conditions, including well-being interventions in general.

No qualitative studies of this nature could be found in the banking sector. As noted, it could be assumed that the lack of such research is due to the sensitive nature of the topic and the associated stigma. As a result, it has been relatively easier to use quantitative methods such as survey questionnaires. However, according to Hammersley (2013) one of the shortcomings of quantitative methods has been that they were premised on a false positivist philosophy, implying that if one could not express it in numbers one's knowledge was insufficient.

Furthermore, the study falls within the discipline of Industrial and Organisational **(I-O)** Psychology. Hulin (2002) averred that to a larger extent than any other field of behavioural science, **I-O** psychology is concerned with one of the few fundamental elements of the life of an individual in the industrialised world, which is work. The speciality area of **consulting psychology** will also be relevant in this study, in that consulting on health could have a direct impact on the bottom line for organisations and diminish diseases including the reduction of costs related to employees suffering from work-related stress and or depression (Lloyd & Veneziano, 2002).

THE AIM OF THE STUDY

It is apparent from the above background that work dysfunctions with their dire consequences for both employees and organisational sustainability are set to continue. It is the researcher's view that one of the critical steps towards ameliorating the problem is to sufficiently understand the dysfunctions' manifestations through the direct **lenses** of the affected employees. Taking their **voices** (which express their perspectives as viewed through those lenses) into account is imperative for employee buy in of well-being interventions. The success of short term interventions that focused directly on employees has also been reported (Leiter & Maslach, 2014).

In her role as a Human Resources **(HR)** practitioner, the researcher had also observed over a period in various workplaces that the organisational incapacity hearing processes were not designed to delve into and capture the innermost and deepest personal experiences of employees with work dysfunctions. This is understandable since these conditions are of a psychological nature and would necessitate the relevant psychological expertise in every hearing to handle the associated sensitivity and vulnerability. The emphasis of such processes has fallen more on the management aspect of the incapacity and not the associated or workplace **lived experiences** of the affected employees.

Furthermore, the internal incapacity discussions, mostly facilitated by the Industrial Relations **(IR)** and Human Resources **(HR)** functions, must ensure that the process strictly complies with the Labour Relations Act **(LRA).** Often after the necessary consultations, if deemed necessary, the affected employee would be referred to the Wellness function which works with external health professionals (e.g. psychiatrists, psychologists). These specialists would evaluate, diagnose, treat and make recommendations on when the employee should be considered fit for work.

Should the problem persist, with the employee still unable to perform their duties even after receiving treatment or being no longer reliable in terms of work attendance, the option to apply for **PHI** could be considered. The employee's health specialist plays a critical role during this process. Placements with **PHI** could be temporary, consisting of regular reviews to evaluate the employee's health progress with an ultimate recommendation to return to work when fully recovered.

Irrespective of the caring approach adopted by the employer during the incapacity consultation phase, the process has not always been emotionally easy for some of the affected employees. This could be attributable to the psychological state associated with their conditions, or this situation could also have been caused by their underlying fear of losing their jobs due to ill health.

It is within the above context that the **lived experiences** and **meanings** of employees with work dysfunctions have not been adequately **voiced** and heard.

Therefore, the purpose of the study will be threefold:

- To create an opportunity and safe environment for the participants to relate their lived experiences and the meanings they have attached to those experiences.
- To obtain a deeper understanding and perspective of how work dysfunctions manifest within the workplace based on the participants' lived experiences.
- To use the findings as a contribution towards improving current processes and interventions in dealing with work dysfunctions.

THE DESIGN OF THE STUDY

This study was concerned with the personal stories of the employees with work dysfunctions and how they have constructed their **lived experiences** and **meanings** within the workplace. As Van Zyl and Nel (2011) pointed out, social constructionism is a postmodern epistemology that acknowledges the possibilities of multiple realities, whilst Mouton (2001) supported the view that qualitative research is strong in terms of eliciting **rich and in-depth** data. In line with these authors' assertions the researcher will adopt both the social constructionism framework and the qualitative approach as lenses through which to view and conduct the research.

The **sampling** and **selection** of cases will be carried out according to the purposive sampling principles advocated by (Picardi & Masick, 2014). These authors stated that purposive sampling would allow the researcher to select the cases based on how relevant they are to the research question and the quality of information they are likely to provide. Therefore, in this study the condition for participation for the **five participants** was an official diagnosis containing at least one of the work dysfunctions (e.g. occupational stress, anxiety, depression). However, at the time of the interviews they would have to be back at work and declared fit by their respective health specialists. Furthermore, the study was more concerned with the **quality and richness** of the **five participants' individual stories** than generalisability of the findings.

For **data collection,** in-depth interviews of a semi-structured and conversational nature, guided by the researcher were used. This would create the space for much spontaneous conversation whilst eliciting rich data. From a constructionist perspective, the interview material is viewed as a co-

construction between the participant and the researcher. Prior to conducting the inquiry, the participant's consent for the interviews to be audio recorded was sought.

Thematic analysis is used as the main form of analysis. This was done rigorously through reading and rechecking the original content after it had been transcribed. To ensure a close fit to the analysis the transcribed content for each participant was read line by line to identify and generate the overarching themes, followed by subthemes within each categorisation. Further details on the steps for the analyses will be provided in chapter four (research methodology).

ETHICAL CONSIDERATIONS

This study is highly sensitive; therefore in addition to observing the Health Professions Council of South Africa **(HPSCA)** code of ethics the researcher will also comply with the following ethics principles as proposed by (Picardi & Masick, 2014). Additional principles will be outlined under the research methodology in chapter 4.

- **Do more good than harm**, meaning the research should have more positive consequences for participants as possible. The principle of no harm was also adhered to by allowing the participants the flexibility to choose their preferred time and location for the interviews. This helped to minimise the time pressure they were already experiencing due to busy work schedules. To prevent relapses, employees who would still be on sick leave were not allowed to participate.
- **Respect** for the participants, which aligns with the principle of **voluntary consent**, meaning that the participants should have legal capacity to give consent and the **freedom to opt out**

should they wish to. **Appendix A** illustrates an example of the consent form that was signed by the participants in addition to their verbal consent should they agree to participate.

- **Anonymity** by using pseudo names and **confidentiality** to further protect their identity was also reflected in the consent form.
- The researcher's contact details were made available to the participants in the event they felt vulnerable after the interviews. If necessary she would arrange a counselling or debriefing session at no cost to the participant. In between the interviews the researcher would also proactively follow up with the participants to establish whether they were all right and settled after the interviews. Both the participants and the researcher worked in the same organisation; therefore access to one another was feasible.

FORMAT OF THE STUDY

This study will consist of the following chapters:

Chapter 1 gives an introduction and background to, and a high level overview of, the study.

Chapter 2 constitutes the literature review. It sets the context **for exploring work dysfunctions within the workplace** by first defining **"work"** and its related **"history"** and **"psychology".** This will be followed by a detailed description of the term "**work dysfunctions"** and other commonly used terms such as **mental illness.** Thereafter, the review delves into the specific **work dysfunctions** being studied **(stress, anxiety, depression and/or burnout),** followed by a brief discussion of the concept of **well-being**, including well-being **interventions** and or **wellness approaches** within the **workplace.** Lastly, an overview of the current or prominent **theories** and

models associated with work related stress is furnished. Stress has been largely interpreted as the root cause of all the other dysfunctions.

Chapter 3 covers social constructionism and its applicability as the research framework in this study. This includes its main, related concepts such as the use of language and power and how issues including illness and life experiences are constructed within particular social contexts.

Chapter 4 presents the research methodology, its definition and how it differs from and yet is connected to concepts such as ontology and epistemology. Different debates concerning methodology, its value and various methods of collecting data will be explored. The rationale behind choosing the methods and procedures for collecting and analysing data in this qualitative study will be discussed**.**

Chapter 5 is a reconstruction of the story according to the emerging themes of participant 1: Evelyn

Chapter 6 contains a reconstruction of the story according to the emerging themes of participant 2: Nontu

Chapter 7 reconstructs the story according to the emerging themes of participant 3: Judy

Chapter 8 is a reconstruction of the story according to the emerging themes of participant 4: Naledi

Chapter 9 embodies a reconstruction of the story according to the emerging themes of participant 5: Victoria

Chapter 10 offers the comparative analysis between the themes and the relevant literature

Chapter 11, as the concluding chapter, presents an overview of the study including the reflections and the findings. This is followed by recommendations for the future and a consideration of the strengths and weaknesses of the study

CONCLUSION

This study utilised a combination of a qualitative method and the social constructionist framework to explore work dysfunctions based on the lived experiences and meanings of the participants who have been diagnosed with occupational stress, anxiety, depression and/or burnout: a sensitive topic that is often shrouded with secrecy because of the stigma attached to mental illness. It is hoped that their voices will shed more light on a deeper understanding of the manifestation of work dysfunctions and their impact on both the affected employees and the workplace at large. The knowledge gained from the study should contribute towards improving the current interventions in dealing with work dysfunction and well-being interventions in general.

CHAPTER 2

LITERATURE REVIEW

INTRODUCTION

According to Race (2008) the concept of a literature review is pluralistic. It allows the researcher to explore and join an ongoing conversation in the shape or form deriving from different aspects of the literature, such as the originality of an idea and or theoretical approaches and interpretations. The lesson learned from this is for the researcher to state the literature boundaries by acknowledging the complexity of the concept or phenomenon and then mentioning what aspects the literature review will address, informed by the needs of the research topic.

For Mouton (2001) the concept does not quite encapsulate what it intends to convey. The author introduces **scholarship review** as a more accurate term. This signifies that the researcher is not merely collecting texts, but is interested in the most recent, credible and relevant scholarship. The purpose is to learn how other scholars have theorised and conceptualised on issues.

In this study in order to **"explore work dysfunctions within the workplace based on the participants lived experiences"** it is important to set the context **(workplace)** by first defining **"work"** and its related **"history"** and **"psychology".** This will be followed by the conceptualisation of **"work dysfunctions"** and other related or commonly used terms such as "**mental illness".** Thereafter, the review would specifically focus on the individual work dysfunctions being studied **(stress, anxiety, depression and/or burnout).** This is followed by a brief discussion of the concept of **well-being**, including well-being **interventions** and or **wellness approaches** within the **workplace.** Lastly, an

overview of the current or prominent **theories** and **models** associated with work-related stress is offered.

THE DEFINITION OF WORK

Work is about a search for daily meaning as well as daily bread, for recognition as well as cash, for astonishment rather than torpor, in short, for a sort of life rather than a Monday through Friday sort of dying. Studs Terkel cited by Ford, Hollenbeck, and Ryan (2014).

According to Hulin (2014) the definition and meaning of work is firmly rooted in the history of humankind and ranges across cultures, religious beliefs and social philosophies. To the ancient Hebrews work was drudgery, to the Greeks and Romans work was a curse, to feudal societies work was for the lower classes, whereas in the early doctrines of the Catholic church noble work was reserved for the priests and church leaders

THE HISTORY OF WORK PSYCHOLOGY

According to Hockey (2013), the historian Eric Hobsbawm indicated that the Industrial Revolution did not have a significant impact on working life until the 1830s or 1840s. Hobsbawm stipulated that prior to these periods work was valued for its own sake, but "this was lost when labour became a commodity later in the nineteenth century" (p. 31). The nineteenth century influenced working life by adopting "**the living machine metaphor for the body"** (p. 31). This metaphor equated humans to machines, with neither feeling nor identity, and ever efficient.

The nineteenth century approach was led by management theorist Frederick Taylor and Hugo Munsterberg. The latter became one of the first industrial psychologists who proposed the concept of **job selection** and **matching** based on **personality** and **skills**. Subsequent studies and research during this era culminated in recognising the importance of social relationships and group dynamics in relation to productivity. Work psychologists refused to view workers as "simply parts of the machine but began to explore the impact of social and psychological factors at work" (Sutton, 2015, p. 10).

During the Second World War, work psychology saw another shift, characterised by employee development and attempts to ensure **suitable employee selection** and **well-being.** This move was spearheaded by Charles Meyers, a physician turned psychologist in the British army (Sutton, 2015). The differences between traditional American psychology and European psychology epitomise the post war work psychology. The American approach tended to be focused on getting more out of employees, finding more effective ways of working and placing the right people in the right jobs, whereas the European psychologists were more biased towards social welfare, issues of work stress and general employee well-being. Due to globalisation, the current challenge for work psychology is to test American and European theories and models for **cross cultural applicability** (Sutton, 2015).

Included in the history of work psychology, Sutton added ethical considerations for work place psychologists as follows**:**

- **Respect** for the dignity and worth of people, clear regard for each person to make decisions; **if not** psychologists may be perceived as authoritarian.

- **Competence** since a psychologist ought to be up to date with developments in the field so as not to inadvertently harm anyone. Part of this is self-awareness of her or his own limitations.
- **Responsibility** because psychologists must take responsibility for their actions and also ensure that their contributions are not misused.
- **Integrity** pertains to honesty in dealings with clients and accuracy in the information given to clients. Integrity should be evident in professional activity, including scientific investigation.

Irrespective of all the depictions of it, whether "good and/or bad" and all the evolutionary changes in the history of work, it remains work no matter what people do; it is important to who they are (Hulin, 2002). Hulin (2014) adds,

> no matter the absence of labels of people's work as their identification titles, people are still identified by what they do, making work the integral part of **self-identity** and the provision of sources of:

- **Relationships outside the family -** workplace relationships with colleagues define and shape our views about the world similar to what social roles do
- **Obligatory activity -** time and constraints related to work provide a structure to our daily lives
- **Autonomy -** money earned through work provides the intangible value of **"standing on one's own feet" (**Hulin, 2014, p. 4)
- **Development and creativity -** the base for skills is acquired in the classroom, but they are developed on the job
- **Purpose of life –** work provides most people with a sense of purpose

- **Feelings of self-worth and self-esteem -** the accomplishment related to work instils self-worth and esteem because work is worthwhile
- **Income and security -** money is the universal fungible and a metric used to measure accomplishment
- **Measurement -** work gives other activities such as absenteeism meaning and definitions against which to compare.

As Ulrich and Ulrich (2010) put it: "what am I known for?" is a pertinent **identity question** for both organisations and employees.

THE PSYCHOLOGY OF WORK

Furthermore, Sutton (2015) declares it is also important to understand the different theoretical disciplines in psychology in order to fully comprehend the phenomenon of work psychology.

Biological psychology - as complicated as it may be to describe "a simple path from an individual gene to the complexity of individual behaviours and interactions, our **genetic inheritance** is an important contributing factor to how we behave at work" (p. 4).

Cognitive psychology - although research in this area has been criticised for not relating to the real world due to its experimental nature, the cognitive view has been accepted. Significant advances have been made in understanding **cognitive processes** and their impact on day to day work life.

Developmental psychology - covers the human life span, from birth through adulthood and how identities are formed including **work identity**. It has been found that most areas of psychology look for commonalities amongst people, trying to make sense of how they learn. However, the **individual differences approach** focuses on the differences amongst people in order to explain why some are more successful than others and why some engage voluntarily with work whereas others do not. The constructs of **personality** and **intelligence** have been mostly used to understand individual differences.

Abnormal psychology - deviated from studying the general or the norm and focused on **psychopathology.** This perspective interrogates whether "the study of abnormal psychology is of any use in understanding people at work" (p. 5): the answer is **yes**. One in four people at work who suffer from mental illness are afraid to disclose their conditions due to the **stigma** associated with **these illnesses.** Therefore, a sole focus on normal functioning would limit the holistic understanding of what happens to people at work. Having said that, the distinction between normal and abnormal remains unclear and illusive since **history** and **culture** often shape what is considered abnormal (Race & Furnham, 2014).

Positive psychology shifted its focus from the pathological or abnormal perspective aimed at **fixing what is wrong.** It aims at **identifying and nurturing**; hence the emphasis on positive psychology in the workplace by industrial-organisational researchers (Gailey & Probst, 2016).

The insistence on **positivity**, also called **positive affect,** grew from Martin Seligman's positive psychology movement in the late 1990s and early 2000s. Positivity "exists as a state level mood as

well as an enduring personality trait. Individuals with **positive personality traits** have a propensity to experience positive emotions more frequently, and across a wider range of situations" (Harder, Wagner, & Rash, 2014, p. 311). Terms such as **happiness, hopefulness, optimism, cheerfulness, life satisfaction** and **emotional vitality** have been used to describe positive states and traits. This personality could be likened to "an optimist that sees the opportunity in everything difficult, whilst his/her counterpart, a **pessimist**, sees difficulty in every opportunity." Winston Churchill, cited in (Harder et al., 2014)

Also receiving attention, lately, in the positive organisational scholarship is the concept of **"thriving"**, characterised by the components of **"vitality and learning"**. Vitality signifies positive feelings related to having zest and energy (Connerley & Jiyun, 2016), whilst learning encompasses "the acquisition and application of new knowledge and skills", with those who are more active at work more likely to thrive (Paterson, Luthans & Jeung, 2014, p. 434).

Social psychology is relevant to work psychology as it captures the lives of individuals within organisations. Not taking into account the social context of work would result in limited comprehension of people dynamics because the wide spectrum of work is necessitated by people interactions. The **"lived experiences"** of work dysfunctions manifest within the workplace's social context. Work, the person who performs it, and the environment within which it takes place are intertwined.

Knowledge of the above theoretical backgrounds gives a firm grounding and a lens through which the application of psychology in the workplace may be perceived. The paradox, however, is

that the same **"lenses"** used to study work and the people who perform it, might provide a distorted view, influenced by psychologists.

Through a conversation with the participants on their **"lived experiences"** with work dysfunctions, the researcher hoped to **gain rich** and **in-depth insights**, towards understanding the participant's different meanings of work and the impact of having been diagnosed with a work dysfunction. Industrial and Organisational psychologists need not saw down the maypole of productivity, but their research focus should include an equal emphasis on work's meanings to employees and its role in meaningful existence as well as in mental health (Hulin, 2014).

WORK DYSFUNCTIONS

Lowman (1996) quoted the story of a reader who wrote to a major newspaper complaining that she had been unfairly characterised in an article that the newspaper had written on workaholics. The article listed a number of traits that were considered typical of workaholics, that is, "working more than forty hours a week, feeling responsible for one's work, and being energetic and competitive" (p. 371). The reader wondered, what would this article have to say about the great men and women of history, who apparently had the same drive and commitment, now viewed as suspect. The reader felt that what she had regarded as her **strongest traits** had suddenly been characterised as a **disease**, a dysfunction. This contradicted her understanding, since in her understanding **workaholism** was presumably not disruptive of her personal life nor her work itself, and did not impact negatively to her internal sense of well-being.

The author uses the above story to illustrate the caution that psychologists need to apply when using “taxonomies of disease and psychological dysfunctions to conditions affecting behaviour in the workplace” (p. 371). He also comments on the common practice of translating almost verbatim the theories developed in one framework (e.g. individual-level psychoanalysis) into another context such as organisational-level phenomena, with “the tendency to interpret too many variables in terms that seem to pathologise behaviour excessively” (p. 372). As an example, at an individual level productive accomplishment may be viewed as masking deep-seated neurotic compulsions.

He highlights the point that the other extreme, too often found among traditionally trained I/O psychologists, is that of disregarding dysfunctional personal characteristics of psychogenic origin and the effects of psychopathology at work. This approach also has its limitations. Therefore, if psychologists aim at assessing and assisting in the improvement of dysfunctional work-role behaviour, they need an approach which acknowledges that work is a function of both what the individual brings to the job, and what he or she finds once on the job (as per their interpretation of what they presumed was in place).

To be a **work dysfunction** the behaviour at issue must in some way **negatively affect the person,** the **work-role performance** and/or the **organisation.** The problem though, according to Lowman, is that work difficulties are of a psychological origin, not always evident to managers and colleagues. An anxious employee may dread giving a talk or even having a conversation with his or her superior, without anyone being aware of their personal experienced problem. Such psychological disorders will affect a significant minority, if not a majority, of employees, during the course of their

lives. Organisations need to know how to assess, and treat, cases presenting with work difficulties and psychological problems.

To be noted as well, is the fact that mental health disorders vary in incidence and prevalence on the basis of such factors as gender and occupation. Organisations with more females than males could be at higher risk for disorders such as **depression** and **anxiety** whereas **male-dominated** work population may have higher rates of **substance abuse** and **antisocial personality disorders** (Lowman, 1996).

In addition, the empirical relationship between specific forms of psychopathology and work performance remained an uncharted territory. The **DSM-IV** contained very few categories that directly addressed the work role and, generally, implied that conditions are a function of the person rather than the environment. Conceptually, for Lowman, a **mental dysfunction** is not necessarily **a work dysfunction.** The author provided an alternative diagnostic classification system for work dysfunctions. His classification does not begin with existing mental disease diagnostic categories and is ideally, characterised as follows:

1. It would be organised around **work capacity** rather than psychological health or mental dysfunction
2. It would be able to cover a broad range of types of work and types of work difficulties
3. It would help in describing and predicting behaviour in the work role
4. It would have therapeutic implications.

As an initial attempt towards an organising categorisation or classification Lowman presented the following **taxonomy** of **Work Dysfunctions:**

1. **Patterns of Undercommitment;** this category includes a number of patterns of undercommitment, all of which entail a significant failure to commit to the work role, either because of psychological conditions or because of a mismatch between role demands and individual capabilities. Specific examples include:
    - **Underachievement -** a persistent discrepancy between ability and work-related achievement.
    - **Temporary** production impediments - characterised by short term disruptions of the ability to work effectively, particularly associated with withdrawal and depression
    - **Procrastination** - persistent failure to initiate or to complete tasks associated with work specific, goal-directed activity.
    - **Occupational and/or organisational mismatch** - a serious discrepancy between the interest-ability-personality characteristics needed by the career and/or organisation and the individual's own career profile.
    - **Fear of success -** an under commitment pattern in which success is characteristically avoided primarily due to unconscious factors.
    - **Fear of failure** - avoidance of task-related activities likely to result in, or to enhance the chances of success in goal-related activities.

2. **Patterns of Overcommitment;** the affected employee is overly attached to the work role, to the extent that it extracts a punitive price from the person and perhaps from familial well-being, without necessarily affecting work performance. Specific patterns cover:
    - **Obsessive-compulsive addiction to the work role -** characterised by a neurotic driven addiction to work that has dysfunctional consequences, most likely in one's own personal well-being but possibly, though not necessarily, also in work performance**.**
    - **Type A behaviour pattern -** this includes personal characteristics such as time urgency, overvaluation of the work role, and, among the more pathological features, free-floating anger/hostility.
    - **Job and occupational burnout -** a pattern likely to be associated with an interaction of essentially positive personal characteristics, such as overcommitment to impossible goals and characteristics of the work itself (specifically role overload, low extrinsic reward, and work activities that strain the work role).
3. **Anxiety in the work role -** this anxiety might take the form of **performance anxiety,** specifically related to a particular job-related performance (for example, anxiety about public speaking) or it may take the form of **generalised anxiety,** affecting a wider range of work roles.
4. **Depression in the work role -** depression presents as a pattern of withdrawal, can precede and cause difficulties in the work role or be caused by other problems in the work role. Subtypes include:

- **Work-related depression -** a category used to describe depression that originates from the work role and arises as a consequence of some difficulty in the work role in a person who was not already depressed.
- **Work-affecting depression not of work-related origin -** a category used to describe depression that arises from non-work-related factors but nonetheless affects the work role (for example depression caused by death of a loved one, affecting the employee's work).

5. **Personality Disorders Affecting Work -** this category is associated with character difficulties (that is, entrenched dysfunctional behaviour that cuts across a wide variety of situations); problems in this category represent aspects of the behaviour that are persistent, difficult to change, and have, in this context, demonstrable impact on the work role. Lowman retained the DSM-IV personality disorder classification for this category.
6. **Life-Role Conflicts -** this cluster covers work-role difficulties due to the conflict between the individual's work and life roles. For example, a new parent, who also has a demanding work role, may experience strain affecting both work and personal well-being beyond those ordinarily experienced.
7. **Transient, Situational Stress -** in this category sufferings arise from difficulties of a short-term nature, such as adjusting to a new, somewhat autocratic manager or to the uncertainty associated with lay-offs. These circumstances may be of short duration but arouse serious psychological difficulties for the affected time period.

8. **Other Psychologically Relevant Work Difficulties -** this is a miscellaneous category that includes other non-classified work-role difficulties, covering serious impairments such as those accompanying certain psychotic disturbances.

Lowman's work dysfunctions taxonomy is a model of individual differences in behaviour in the workplace. The "categorisation scheme attempts to identify individual-level problems specific to the work role rather than to apply mental disorder categories to a new purpose and setting" (Lowman, 1996, p. 385). Since each of the categories has attracted a considerable amount of research, the author felt that further research needed to pay attention to "designing broad-brush instruments that can be used for differential assessment and treatment and in establishing the relationship between and among the conditions" (Lowman, 1996, p. 385). In principle, from his perspective, these categorisations were ready for application in the workplace, more so than the existing models and measuring instruments addressing mental disorders.

Lowman's taxonomy provides a concise description of work dysfunctions. The researcher's view is that his thinking and categorisation still stand as one of the most relevant and appropriate diagnostics for the workplace. For the purpose of this study, the researcher will, however, not cover the whole spectrum of such dysfunctions but will limit the research only to these: stress, anxiety, depression and burnout. The assumption is that a tight focus would enable the researcher to obtain rich information on the conditions that have been seen to have the highest prevalence in the work environment and "which can have the greatest impact on the business world" (Power, 2015, p. 3).

MENTAL ILLNESS IN THE WORKPLACE

In the **SA** context some of the equivalent terms for **"work dysfunctions"** are **"mental Illness"** or **mental Ill-health**. Within the **SA** organisational context people diagnosed with mental illness, like any other serious ailment, may have to go through an incapacity hearing process. In most cases the incapacity would have been triggered by poor performance. The incapacity process is strictly governed and guided by the **SA** Labour Relations Act (LRA). From the act's perspective, work dysfunctions would fall under the category **"incapacity ill-health**". Most organisations strive to abide by the law in dealing with **mental incapacity.** The challenge, however, continues to lie in the area of identification and treatment of these conditions within the workplace. This is as a result of the inherent complexity of mental illness, affected by many variables.

To illustrate the challenges in diagnosing mental illness Race and Furnham (2014) highlighted that it may be difficult for employees to recognise if a colleague had a serious mental breakdown at work and what to do in the event the situation occurred. It was also not easy to determine whether mental health in the workplace was solely a Human Resources (HR) issue.

Given the above scenario, one cannot overstate the challenge surrounding mental illness in the context of the modern workplace. It continues to be clouded by mythology and misconceptions perpetuated by "the stigma that is still associated with mental health problems".

People suffering from mental illness (a double-edged sword) are among the most stigmatised and marginalised in society (Kapungwe et al., 2010; Race & Furnham, 2014). This leads to a number of barriers facing them, such as social distance for fear of negative predudices and labelling and a

reluctance to declare their conditions until a late stage. At times the affected employees maintain secrecy "because of the perceived impact on their career progression", resulting in managers being the last to know about the employee's condition (Race & Furnham, 2014, p. 2). On the international scale, the treatment of people with mental health issues has been a source of historical embarrassment in decades and past centuries. In addition to **stigmatisation,** they have been shunned and segregated (Harder et al., 2014).

Besides stigmatisation, the dilemma surrounding the classification of mental illness can also be traced back to ancient cultures. Some views in those times regarded mental illness as a punishment from God or the gods. Throughout the middle ages, it was believed that these people needed to be cleansed of evil spirits, using brutally harsh techniques. The first **"lunatic"** asylum was opened in the **USA** in 1752, with attitudes and treatments only beginning to change in the mid 1800s (Race & Furnham, 2014).

The Greeks used the concepts of the four elements and four humours (**earth, air, fire,** and **water**) while the Chinese spoke of five elements: **wood**, **fire, earth, metal,** and **water**. The fact that these two systems (the Greek and Chinese) "have three elements in common suggests that there may have been some exchange of ideas between the different civilisations" (Power, 2015, p. 4). This is not surprising as humans seem to have an innate inclination and need to classify in order to instil order into what they view as chaotic.

According to Power, in psychiatry, the real push toward classification came from Germany, and to some extent from France in the nineteenth century, with sporadic attempts in countries such

as Britain. German psychiatrist and neurologist, Wilhem Griesinger (1817-68), established the psychiatrist tradition based on the view that mental illness was due to disease of the brain**.** Kraepelin (1856-1926) and Sigmund Freud (1856) were to become the founders of modern psychiatry and psychoanalysis. Kraepelin was later influenced by Wilhem Wundt (1832-1920), the father of experimental psychology. Kraepelin's work on classification is viewed as far more sophisticated than of the previous psychiatrists and has exerted a strong influence on subsequent psychiatric classifiers ever since.

Of note, however, are the views of Akyeampong, Hill, and Kleinman (2015)**.** These scholars maintained that in Africa early psychiatric practice were based on colonial stereotypical and racist biases. This mindset was seen to be based on such assumptions as that non-Western peoples had smaller brain sizes, that **mental illness** was more a phenomenon of urban Africa, and that depression was rare amongst Africans. Due to these colonial perspectives, studies conducted in Africa have suggested that mental health interventions cannot be simply overlain on existing health structures and have called for the consideration of interventions relevant to local mental health problems and their social context. This view reinforces the role of cultural and social contexts, and highlights the conflict between the current "objective" psychiatric classification system and constructionist approaches. Power (2015) also acknowledged a myriad of criticisms aimed at the whole notion of classification. Hence in clinical psychology, the **"case formulation"** approach has been promoted as an alternative approach.

Nonetheless the American Psychiatric Association's Diagnostic and Statistical Manual **(DSM)** is still viewed by many as the **bible** of the diagnostic and classification of mental disorders. The **DSM's**

subsequent revisions and the World Health Organisation's International Classification of Diseases **(ICD)** still remain the dominant classification systems within mental health, largely driven from an abnormal psychology perspective (Irons, 2014).

Stress

"Stress a **happiness killer**, is on the rise. A lot of it has to do with uncertainty in the world and constant changes in our organizations" (Mckee & Wiens, 2017)**.**

"Every stress leaves an indelible scar, and the organism pays for its survival after a stressful situation by becoming a little older" Hans Selye cited by Harder et al., (2014).

In this respect, "[t]he concept of stress was introduced in the medical terminology as early as 1936 by the Canadian philosopher Selye" (Dumitru & Cozman, 2010, p.34). According to these authors, Selye described "the generalised adaptation syndrome **(GAS)** as the body's effort to respond to the demands of the environment" (p. 34). Harder et al., (2014) indicate that GAS is a **three-stage** process:

Alarm stage

During the first phase, the threat is recognised, using the **primary appraisal** process to determine whether the situation is viewed as irrelevant, positive or stressful. If the situation is judged as harmful the body's defences against a stressor are mobilised. This activates the autonomic nervous system and the production of a number of hormones such as cortisol. The physical reactions are adjustable on a short-term basis but problematic in the event of prolonged exposure to stress.

Unfortunately, many modern-day stress situations involve prolonged stress that cannot be regulated through a physical response.

Resistance stage

The second phase is characterised by an individual's adaptation to the stressor. The individual appears to be coping while continued stress results in pathological internal functioning of the body, characterised by heightened neurological and hormonal activation. The duration of this phase depends on the severity of the stressor and the person's reservoir capacity to adjust to stressors. Prolonged resistance and failure to successfully overcome the stressors cause wear and tear of the body as well as lowering of the body's immune system, and can lead to disease.

Exhaustion stage

Once the energy reserve is depleted the individual finally breaks down, resulting in an over activated sympathetic nervous system. She or he becomes exhausted, depressed or even dies.

The **GAS** model conceptualises the physical dimension of stress as a response but fails to acknowledge individual variability such as the role of personality in identifying, perceiving and responding to stress events (Harder et al., 2014; Dumitru & Cozman, 2010). Perceived stress depends on the degree of congruence between people and their environment: the individual experiences stress only if the particular situation is perceived as being threatening (Dumitru & Cozman, 2010) or when the demands appear to exceed coping capabilities (Choudhury, 2013).

Furthermore, according to (Beehr, & Grebner, 2009) most research has shown that stress should be negative but there might be exceptions, for example, when the stress producing circumstances are viewed positively by the individual. This view point introduces the concept of **eustress** which resembles stress that results from positive events (e.g. getting a new job). Harder et al. (2014) declare that most employers pay little attention to **eustress.** This results in lost opportunities to increase productivity and quality of work that could be realised by employing a reasonable level of positively interpreting stress. This viewpoint is encouraged by the positive psychology movement which emphasises the search for positive outcomes of stress (Beehr, & Grebner, 2009).

Occupational stress, in particular, has become a key topic in the workplace due to "cost, litigation, prevalence, and lack of clarity about definition and application" (Harder et al., 2014, p. 131). In the workplace, the opposite of **eustress** is **distress,** the type of stress typically referred to when discussing occupational stress. **Distress** is described as a mismatch between individual coping skills and the physical or psychological demands of the work.

According to Choudhury (2013) work is one of the major sources of anxiety and stress. Choudhury lists the major factors of workplace stress as follows:

- Stress arising out of environmental turmoil
- Stress arising out of workplace interpersonal milieu
- Stress arising out of the job structure and framework
- Stress arising out of work-life imbalance

- Stress arising out of the job ambience
- Women and workplace stress.

The Cost of Occupational Stress

The costs of occupational stress have been found to be overwhelming. This is compounded by related costs of other stress-related illnesses involving somatic conditions such as headaches, stomach aches, low back pain and other musculoskeletal complaints. From psychological disorders, related costs include, for example, depression, anxiety, and/or substance misuse. The complexity posed by the interaction between the environmental, individual, and physical factors, diagnosis and intervention is likely to present an underestimated price tag related to workplace stress (Harder et al., 2014).

How does one assess work-related stress?

Although it may result in the development of depression, anxiety, adjustment disorders and substance abuse, work-related stress is currently not a diagnosable mental illness. This makes it difficult for employers to accurately evaluate and determine the scourge and its related illnesses. Another complexity, for the employers, is posed by the co-existence of both **positive stress** that may lead to increased motivation, engagement and productivity and **negative stress** that could lead to illness. In an attempt to unravel the complications concerning the evaluation and understanding of occupational stress, long-standing theories and research have presented a number of factors and variables to consider when evaluating workplace stress, as Harder et al. (2014) note:

Psychological variables

In this cluster, the factors that may contribute to workplace stress fall into the categories of **cognitive, motivational**, and **personality** (Harder et al., 2014).

Cognitive variables are usually viewed as the way people interpret and understand their world. They would typically include variables such as intellectual aptitude for a specific job, attention and executive functions. This perspective implies that lack of fit between the person and the environment and/or the imbalance between the person's abilities and the job demands could predispose employees to occupational stress (Harder et al., 2014).

Emotional or **motivational** variables are often differentiated by their transitory nature and situation specificity, represented by factors such as **resiliency**, **coping styles**, **locus of control** and **self-efficacy** and **feelings** of **depression**. In relation to **personality,** an argument concerning the **Big Five personality traits'** ability to influence individuals' behaviour in working life and the traits' association with mental health has been advanced. For instance, "neuroticism is characterised by traits such as fearfulness, irritability, low self-esteem, social anxiety, poor inhibition of impulses and helplessness" (Dranago, Wahrendorf, & Lunau, 2016, p. 55)**.** High scores on the neuroticism scale are claimed to have a tendency to induce feelings of insecurity and negative, distressing emotions.

From a positive psychology theoretical framework, those personality traits that have been most researched and accepted, with respect to the positive role that they can play in creating a stress-free workplace, are: **positive affectivity (PA), subjective well-being (SWB), extraversion, psychological capital (PsyCap), hardiness,** and **internal locus of control** (Gailey & Probst, 2016). **PA**

refers to the pleasurable engagement with the environment. Individuals with **PA** are said to view situations with a positive primary appraisal whereas individuals with a negative **PA** will resort to a negative appraisal system. Although **PA** has been found to be moderately stable over time, people can learn to increase their **PA. SWB**, considered to be the same as **hedonic well-being,** is composed of both the cognitive and affective evaluations of one's life. Besides the feeling of happiness and high esteem, people with high **SWB** would have a high evaluation of their life satisfaction in general, including viewing various work situations as "benign-positive events, whereas low SWB could view them as threatening or harmful to their well-being" (Gailey & Probst, 2016, p. 106). SWB is positive and it is normal and essential for people to feel good about themselves (Keyes et al., 2014). The experience is what lay people often refer to as happiness or satisfaction (Diener et al., 2003).

Extraversion, known for the outgoing, talkative and energetic nature of the person who possesses it, is related to assertiveness, ambitiousness, dominance and sociability. Although introversion is not a negative personality trait, extraverts have more co-worker friends and larger social networks, affording them more support when faced with potential job stressors and more coping options than introverts.

PsyCap, lately discussed in the literature, is a relatively new concept in comparison to the Big Five personality. **PsyCap** is an outgrowth of positive organisational behaviour **(POB)** and a multifaceted construct that consists of four developable personality strengths**, self-efficacy**, **hope, resilience** and **optimism** (Sweetman & Luthans, 2010; Rothmann & Cooper, 2015; Gailey & Probst, 2016).

Self-efficacy is the person's belief in their ability to succeed. It enables people with this quality to view challenges as tasks that can be mastered. These employees are said to have higher levels of effort and persistence, including increased performance when learning difficult tasks.

Hope is characterised by goal-directed thinking. Hopeful individuals perceive that they can find a way to desired goals and are motivated to do so. They "overcome adversity easier, and they bounce back with stronger effectiveness" (Gailey & Probst, 2016, p. 107). Dawkins and Martin (2014) add that positive relationships between hope and job satisfaction and staff retention have been established. Hope also protects individuals against perception of stress.

Resilience is the capacity to bounce back from adversity, conflict and failure. Resilient employees cope better with job-related tension. They recover and grow from workplace challenges (e.g., learning from a demotion) whereas an employee who is not resilient might take this personally and possibly resign (Dawkins & Martin, 2014; Gailey & Probst, 2016). Positive relationships between resilience and job satisfaction and enhanced organisational commitment have also been demonstrated (Dawkins & Martin, 2014).

Optimism is the generalised tendency to believe that one will triumph. Optimistic employees do not dwell on negativities; instead they make positive attributions and expectations about succeeding now and in the future (Dawkins & Martin, 2014; Gailey & Probst, 2016). In addition to providing a buffer against the effects of job tension, higher optimism has been positively associated with increased performance and satisfaction and reduced turnover of employees (Dawkins & Martin, 2014).

> Individuals with high **PsyCap** are better engaged, happier and experience more positive emotions than negative ones (Gailey & Probst, 2016). It is implied that employees with high **PsyCap** would survive better in the current pressured and stressed service economy because they would be inclined to view the situation as an economic challenge, as opposed to viewing it as a catastrophe (Pryce-Jones, 2010; Paterson, et.al., 2014).

Although the **PsyCap** psychological resources are key components of happiness in a workplace (Pryce-Jones, 2010) the concept still needs further research to examine how it influences the individual, team and organisational level outcomes (Newman, Ucbasaran, Zhu, & Hirst, 2014). For example, while individual **PsyCap** constructs may be psychometrically valid in their own right, they can also be considered as pointers of an overarching multidimensional core construct involving other organisational behaviour constructs, such as transformational leadership and empowerment, each presenting a second-order factor with shared variance between individual predictive components (Dawkins & Martin, 2014).

Hardy personality

Hardiness is a resource for resistance against the stressful life events that a person encounters. It consists of three elements: **control beliefs**, **commitment,** and **challenge**. Hardy people believe they have control over their lives, display commitment in daily activities, have a sense of purpose, and view challenges as something to overcome. Unlike less hardy employees who would be inclined to experience stress when faced with challenges, hardy employees will attack the same challenges with dedicated focus on accomplishing goals (Gailey & Probst, 2016).

Internal locus of control

An internal locus of control is a personality trait that a person possesses about their power, control, and influence over the outcome of various situations (Gailey & Probst, 2016). For example, an employee with such a locus of control would attribute being late for work to, e.g., forgetting to set their alarm clock as opposed to "the traffic was bad". According to the authors, internal locus of control has been found to increase performance and is related to high self-motivation and social maturity. Internals have also been found to be better in the tolerance of ambiguous situations, better at resisting coercion, have lower anxiety, less depression and less helplessness. They generally have more positive emotions and a happier outlook of life than those with an external locus of control.

Personality has been acknowledged as a strong influencer of people's interpretation of potential workplace stressors and their experience thereof, including the elements of positive traits which combat workplace stress and burnout. However, the studies on occupational stress, in general, did not explicitly link work stress and personality traits as research has mostly focused on the work environment and its impact on work outcome. The implication is that more research into understanding the association between personality and work stress is critical for proactive identification of individuals "at higher risk of experiencing work stress and, thus, help[s] to conduct targeted interventions" (Dranago et al., 2016, p. 63; Gailey & Probst, 2016).

Physical variables

Physical factors such as weight, the state of nutrition, exercise, sleep, and general access to health care "have also been investigated as potential contributors to workplace stress**"** (Harder et al., 2014, p. 151)**.** Research has suggested that employees with better nutritional, exercise and sleeping

habits including healthy weight, had more energy, better focus, and increased self-esteem which resulted in the enhanced capability of coping with workplace stress (Harder et al., 2014).

Social variables

According to Harder et al., (2014), at a social level strain can be experienced in the organisational, supervisory, co-workers and personal contexts. Under supervisory and co-workers' levels, stress caused by interpersonal conflict included:

- inadequate management styles
- dysfunctional co-workers' relationships and
- lack of social support outside work via romantic, family, and friendships. Overall, research strongly emphasised the role of social support in the maintenance of psychological well-being and stress prevention. The perception that one is genuinely cared for has been noted as a valuable resource for managing occupational stress (McCabe, Arpin, & Mohr, 2016).

Organisational culture factors such as unfairness, negative perception towards illness, job inflexibly and poor accommodation, have also been listed as contributors to stress. Also attracting much attention in the latest literature within the ambit of social variables is **organisational politics,** defined as activities that involve actions that are directed toward furthering individual self-interests without regard for the well-being of others or the organisation (Siu, Spector, Lu, & Lu, 2016).

Societal or environmental variables

These variables as predictors of work stress are underlying influences that may be beyond the control of workers and organisations. They include societal acceptance of stress as a disability

according to the values of the respective society. In addition, issues such as a negative economic climate may increase the likelihood of unemployment and induce the feeling of occupational stress (Harder et al., 2014).

Anxiety in the Workplace

"Our anxiety does not empty tomorrow of its sorrow, but only empties today of its strength"

Charles Spurgeon cited by Harder et al., (2014).

Anxiety has been noted as one of the initial symptoms of job stress, resulting in depression as the stress levels are intensified and prolonged (Choudhury, 2013). Harder and his colleagues maintain that all workplaces have aspects that could provoke feelings of anxiety such as hierarchical power and occupational demands. Employees might also worry about work performance, their appearance, meeting of deadlines or aptitude for a new job. The anxiety spectrum ranges from mild forms of worry, tension and apprehension to constant and debilitating nervousness and fear. It is common for people to experience anxiety at some point in their lives, with mild anxiety being a good source of motivation, as noted. However, if unchecked, anxiety can quickly turn pathological when the nervous worry and at times somatic manifestation of psychological angst are intense, persistent and overwhelming and begins to interfere with one's daily normal functioning. The central feature in anxiety disorders is "an affective state characterised by feelings of threat about the occurrence of a future event" (Harder et al., 2014, p. 92).

The classification category includes: generalised anxiety disorder (GAD), panic disorder, agoraphobia, specific phobia, social phobia, obsessive-compulsive disorder, post-traumatic stress

disorder (PTSD) and acute stress disorder. The cognitive experience of anxiety is often accompanied by somatic (bodily) sensations leading to over usage of medicines.

Somatic symptoms involve increased heart palpitations, rapid breathing, sweating, trembling, dry mouth, dizziness, problems swallowing or overactive bladder or bowel movements. Behavioural and physical symptoms can mimic many medical conditions such as "heart attack" due to misdiagnosis, hence the general consensus that anxiety disorders are complex and best understood by means of an integrative approach comprising biological, psychological and social processes. Harder et al. (2014) presents the three dominant theoretical perspectives (biological, cognitive and behavioural, social) in explaining the causes of anxiety:

Biological perspective

Epidemiological studies of families with anxiety disorders have shown a strong genetic and hereditary concordance within these families. However, the genetic risks of developing the disorder appear to be non-specific and may be passed on through temperamental style or personality. Although studies on the neurobiology of anxiety are scanty and inconclusive, the dysfunction of several neurotransmitters has apparently been involved in the pathology.

Cognitive and behavioural perspective

Biases in information processing have been shown to be a vulnerability factor in people who develop anxiety disorders. The general consensus in the literature is that individuals with anxiety disorders are **hypervigilant** towards threatening stimuli (paying threat related attention to the latter). They interpret ambiguous information in a threatening manner, prefer to encode threatening

information that is relevant to their fears, and display faster access to the retrieval of such information.

The **cognitive avoidance theory** of worry argues "that anxiety represents a cognitive avoidant-coping strategy whereby anxious individuals try to distract themselves from the full experience of the threat" (Harder et al., 2014, p. 95). Worry serves as the distraction from the threat and creates an illusion of control; however, the resultant short term reduction of anxiety negatively reinforces the worry. Proposed in Harder et al., was a metacognitive model of **GAD** (one of the most common anxiety disorders) which suggests that anxious people believe that worrying will help them cope with the problem. The frequency and intensity of the worry is extreme, coupled with the perceived inability to control the worry. Failure to deal with the problem by worrying then leads to **"type 2 worry-worry"**, also known as worry about the worry. The diagnosis requires three or more symptoms indicative of physiological or psychological arousal, with symptoms comprising:

> restlessness or feeling on edge, being easily fatigued, difficulty concentrating or mind going blank, irritability, muscle tension and sleep disturbances.

Social perspective

Learning and modelling is another potential cause for the development of anxiety. It presents the argument about learned fears and or verbal transmission of anxiety. Negative parental styles such as over protection, over control, over criticism have also been associated with the development of anxiety in childhood. However, in other cases anxious children have been found to elicit supportive

behavioural practices from parents. This implies that the development of anxiety between parents and children may be bi-directional in nature.

Prevalence of anxiety disorders

When aggregated, anxiety disorders are the most prevalent mental illness. Although international prevalence estimates have somewhat varied, it is reasonably clear that anxiety is more prevalent in women than men by a ratio of approximately 2:1. An additional inclusion of a number of other somatic symptoms broadens prevalence even further. The disorders typically emerge earlier than other mental disorders. Clinical reports suggest that suffering may be long-term (between 5-10 years) before people can be effectively diagnosed and treated, with fewer than 20 percent able to attain complete remission. Without treatment the disorder only declines with age (Harder et al., 2014).

The burdens of anxiety disorders.

According to Harder et al.,(2014) the debilitating factors resulting from anxiety disorders have now been equated to those of depression and major medical illnesses. Besides personal suffering, anxiety disorders result in significant economic burden. United States **(US)** based studies revealed that (88%) of the workplace-related "costs of anxiety disorders were attributable to **presenteeism."** This indicates that the disorders "are characterised by the **working wounded** and bear hidden costs to employers" (p.97). Not everyone who is sick takes leave; nevertheless, sick employees are less productive. The burdensome loss caused by those who are perpetually on leave is a given.

Furthermore, from a direct cost perspective, people with anxiety disorders have been found to utilise the healthcare system more frequently than any other group of people. **GAD** people, in particular, have been found to have the highest comorbidity with other psychiatric conditions such as depression and medical conditions ranging from asthma, chronic pain and cardiovascular disease to cancer, which contributes to the escalation of workplace related costs (Harder et al., 2014).

Diagnostic tools for anxiety disorders.

There are a number of tools ranging from self-report questionnaires (e.g. the State-Trait Anxiety Inventory-Trait version, Beck Anxiety Inventory and the Hamilton Anxiety Rating Scale) to in-depth interviews. While these tools can help in the screening process, they are no substitute for clinical training. The Composite International Diagnostic Interview **(CIDI)** is a comprehensive fully structured interview designed to assess mental disorders according to the ICD-10 and DSM-IV criteria. However, the lengthy time taken to conduct it makes it a poor choice for utilisation in the work-place (Harder et al., 2014).

Treatment for anxiety disorders.

According to Harder and his colleagues, treatment options may vary depending on the nature and specific anxiety disorder. These could be pharmacological and or psychological, with interventions such as Cognitive Behavioural Therapy **(CBT)** and exposure techniques. "Exposure is one of the main effective ingredients across all psychological interventions for anxiety disorders" (p. 114). With the guidance of a therapist, it involves confronting the anxiety-provoking stimuli, with few to no adverse effects. It aims at eradicating the fear and allowing new coping skills to be developed. The literature cites poor distribution of treatment due to the unaffordability of psychotherapy, the

stigma associated with mental illness and the lack of adequately trained mental health professionals to deliver psychotherapy.

While research on workplace interventions is still relatively new, employee education including early screening for timeous intervention has been recommended. Furthermore, employees with anxiety disorders often need to be accommodated at work. Harder et al. (2014) have provided the table below as suggestions for accommodation, as recommended by the US-based **Job Accommodation Network**:

Presenting Concern: Difficulty handling stress and emotions can be dealt with by:

- Providing praise and positive reinforcement
- Referring to counselling and employee assistance programmes
- Allowing telephone calls during working hours to doctors and others for needed support
- Providing sensitivity training to co-workers
- Allowing the employee to take a break to use stress management techniques to cope with frustration.

Presenting Concern: Attendance issues can be handled by:

- Giving flexible leave for health problems
- Providing self-paced workload and flexible hours
- Allowing employees to work from home
- Providing a part-time work schedule.

Presenting Concern: Dealing with change might involve:

- Recognising that a change in the office environment or of supervisors may be difficult for a person with an anxiety disorder
- Maintaining open channels of communication between the employee and the new and old supervisor to ensure effective transition
- Providing for regular meetings with the employee to discuss issues.

Presenting Concern: Working effectively with supervisors might be enhanced by:

- Providing written job instructions
- Developing written work agreements, clear expectations and consequences of not meeting performance standards
- Establishing written short term and long term goals
- Allowing for open communication to managers and supervisors
- Developing strategies to deal with problems before they arise
- Designing a procedure to evaluate the effectiveness of the accommodation.

Presenting Concern: Interacting with co-workers. One could:

- Educate all employees on their right to accommodation
- Provide sensitivity training to co-workers and supervisors
- Avoiding requiring employees to attend work-related social functions
- Encourage employees to move non-work-related conversations out of work areas.

Depression

Depression has become a common topic amongst many people, apparently making it relatively easy to describe, but "it turns out that this is not necessarily the case" (Iron, 2014, p. 11). As noted, it is also one of the commonly used words in psychiatry, one of the most ambiguous, and is frequently viewed as the **common cold** of psychiatric disorders (Barnhill, 2014; Blatt, 2015). From the perspective of the soul, Tacey (2011) describes it as a painful experience with its roots in the autonomy of the psyche.

> The **black dog**, the mythic companion of Hades, god of the underworld, who has "recalled us to the depths and prevents us from moving forward" (p. 147). Commonly known as **clinical depression** in psychiatry.

Depression originates from the Latin word **deprimere** meaning to "**press down, depress".** Over two thousand years ago, the Greeks and Romans used the concepts of **melancholia** and **mania** "to describe variations in mood states"; see Irons (2014, p. 12). Around 400 BCE **Hippocrates**, sometimes known as the **"father of Western Medicine"**, referred to melancholia as an aversion to food, feeling despondent, irritable and sleeplessness. In the late 19th and early 20th centuries **melancholia** started to be replaced by the term **depression.** This resulted from the attempts of psychiatrists Emil Krapelin, Kurt Schneider and Adolf Meyer "to more systematically study and define the nature and symptoms of psychiatric problems" (Irons, 2014, p. 12). It was only in 1951 that depression was officially recognised as a mental condition in the first edition of the **DSM.**

Diagnostic criteria and classification of depression in DSM and ICD.

According to Irons (2014) the **DSM-5** suggests that a person should display five or more symptoms, with at least one of these being either **depressed mood** or **loss of pleasure.** Symptoms need to have been present in the past two weeks and represent a change in previous functioning. The nine potential symptoms are:

I. Depressed mood, reported by the individual or others, that is present most of the day and nearly every day
II. Clear loss of interest or pleasure in most, if not all, activities
III. Decreased or increased appetite or significant weight loss or gain
IV. Insomnia or hypersomnia most days
V. Psychomotor agitation or retardation
VI. Loss of energy or feeling fatigued nearly every day
VII. Feeling worthless or inappropriately guilty most days
VIII. Decreased ability to concentrate or think or difficulties in making decisions
IX. Repeated thoughts of death, suicidal ideation, suicidal attempts, or making of specific plans to commit suicide.

There are other various other conditions that are specified for the diagnosis, including certain exclusions (e.g., not being the result of an illicit drug or medication, or the result of a physical health problem) as well as that the symptoms have to be associated with impaired functioning or significant distress.

For the **ICD-10** a diagnosis of depression requires at least two of the following symptoms, most of the time, for at least two weeks:

- Persistent sadness or low mood
- Loss of interest or pleasure
- Fatigue or low energy.

If any of the above symptoms are present, then the clinician must further assess whether any of the following are present:

- Disturbed sleep
- Poor concentration or indecisiveness
- Low self-confidence
- Poor or increased appetite
- Suicidal thoughts or acts
- Agitation or slowing of movements
- Guilt or self-blame.

The **ICD** classification continues, to further categorise the types of depression based on symptom severity:

- **Subthreshold Depressive symptoms –** signified by not enough symptoms to meet the criteria
- **Mild Depression –** this involves a reduction in mood, with an additional five or six symptoms of depression which are likely to cause relatively minor difficulties or impairments in daily functioning

- **Moderate Depression –** this includes a greater number of symptoms than in mild depression, with an associated greater impact on impairment of functioning
- **Severe Depression** (without psychotic features) **–** here there is significant impairment, with most of the nine symptoms present, requiring professional support and treatment to prevent an increased risk of self-harm and suicide
- **Severe Depression with Psychotic Features –** in this form the person also experiences psychotic symptoms such as hallucinations and delusions.

While depression is a widely accepted and acknowledged disorder, there are a number of issues in defining, measuring and diagnosing it due to the many varieties of symptom combinations. Critics have also questioned whether it makes sense to use the term **"depression"** to describe such a broad array of symptoms, including the lack of consistent aetiological factors (Irons, 2014).

Accepted, though, seems to be the view that depression is biological in nature. Without a particular set of physiological changes in the brain and body, people would not feel depressed. The **nature-nurture** and **cause and effect** arguments, however, question whether depression is caused by biological factors or whether an experience such as environmental stress affects human biology in ways that cause depression. It is also important to note that "biological factors are related to depression through a complex biopsychosocial interplay, in which an individual's unique biological, psychological and social characteristics interact to lead to depression" (Irons, 2014, p. 40).

In addition to the biological factors Irons highlighted other prominent explanations for depression, as follows:

Psychodynamic perspective

The origin of this perspective can be attributed to Sigmund Freud's psychoanalytic theory and approaches to understanding mental health. From this perspective, human behaviour is heavily influenced by certain unconscious drives, shaped by early childhood experiences (Irons, 2014).

Behavioural theory perspective

Behaviourism was pioneered by John Watson. Instead of speculating about how the mind controlled drives, impulses, feelings, thoughts and behaviour, the behaviourists were interested in how the environment influenced behaviour and its impact on learning. They then introduced the famous concept of **classical conditioning.** Based on this viewpoint, depression is the result of learned fear and anxiety (Irons, 2014).

Cognitive theory perspective

Irons (2014) stated that historically, cognitive theories of depression stemmed from the belief that the behaviourists and psychoanalysts were ignoring the role that thoughts have in mood and behaviour. Cognitive psychologists felt that internal mental experiences such as thoughts, memory and images played an equally important function to that of environmental stimuli in understanding the human mind. As opposed to concentrating on the unconscious drive as psychoanalysts did, cognitive theorists focused on consciously experienced internal experiences. This view led to Aaron Beck's (1976) cognitive approach to depression, and emotional disorders.

Drawing from his initial experience as a psychoanalyst, Beck (1976) had noticed that when his patients were under situations of threat, automatic thoughts that they had previously been unaware

of suddenly sprung into conscious awareness. On paying closer attention to the different types of thoughts, he noted that with depression thoughts tended to be very negative. He termed this phenomenon negative automatic thoughts (**NATs**). **NATs** were associated with negative emotion and mood on verbalisation during therapy. NATs reflected an error-based thinking which in turn had a distorted impact on information processing. This resulted in **negative schemas** of information, leading into a **negative cognitive triad** in depression resulting in: negative evaluation of oneself, negative views about the world and the future.

Other cognitive components or forms of thinking included: **self-criticism** (exposing people to their own internal bully), **rumination** (repeated chewing over problems and only making them worse) and **lack of compassion** (Irons, 2014).

Like many other theories, cognitive theory has also attracted a fair share of criticisms. One of these concerns is that it minimises the non-conscious aspects of our minds that play an important role in understanding depression.

Social and environmental perspective

From this perspective, explanations look at how external factors such as difficult life events may increase the likelihood of depression. To those who share this view, "depression is an illness of stress" (Irons, 2014, p. 84). The caveat regarding this view, though, is that some depressions appear **out of the blue** lacking any signs of obvious triggers, referred to as **endogenous depression** in the past. The use of self-report in the measurement of stressful events in depression has, however, not helped in determining individual differences in the experience of stress. Other factors such as

relationships, childhood pain and suffering (e.g., bullying, lack of social support, societal expectations, stigma, poverty, unemployment) have also been listed as aspects that could increase the vulnerability towards developing depression (Irons, 2014).

Depression interventions

Generally, the treatment modality of depression includes antidepressants, non-pharmaceutical treatments such as electro-convulsive therapy **(ECT),** diet, exercise and other interventions; these follow:

Psychological Interventions

Psychodynamic therapy, albeit extensively used, has been a source of much debate in mental health. Researchers have criticised psychoanalytic therapies for methodological difficulties, maintaining that these therapies were not structured and made it difficult to make comparisons about effectiveness with other treatments. There is also a view that some of Freud's original ideas were sexist and overly focused on sexual themes.

Behaviour therapy has been criticised for ignoring early experiences, while **CBT** also drew a fair share of disapproval. One particular concern about **CBT** revolved around the **active** ingredients of the approach, questioning whether it is the **C** (cognitive) or the **B** (Behavioural) component that is helping people, or whether it is the combination of the two.

The different views with respect to the effectiveness of different psychotherapeutic modalities have led to longstanding arguments in psychology. In truce making, the metaphor of the **dodo-bird**

verdict was finally accepted, meaning there was an acknowledgment that all therapies are broadly equivalent. From the context of the heterogeneous nature of depression, it may also be the case that whilst **CBT** is helpful for the general population, "certain types of depression may respond better to cognitive interventions, whereas others might respond better to behavioural components" (Irons, 2014, p. 167).

Depression in the workplace.

If depression is slowly creeping up and must be faced, learn something about the nature of the creature, you may escape the attack (Harder et.al., 2014).

The latest longitudinal studies and structured reviews, have indicated that **stress at work**, driven largely by psychological factors, causes depression (Mackay, Cushion, Palferman, & Buckley, 2015)**.**

Harder et al. (2014) assert that depression is the most prevalent mental illness inside and outside the workforce. It is chronic and recurrent, with the average depressive episode lasting for 26 weeks as per international investigations. "Helping workers acquire and maintain remission from depression is quickly proving a valuable cost-saving strategy for business worldwide" (p. 55).

Kahn (2008), however, highlighted the point that there are many unhappy people who make no mention of **depression** because they do not view themselves as depressed, and therefore might disagree with a doctor's diagnosis. Such people may be more focused on life problems or on the physical symptoms that they perceive and feel. The question posed by the author, therefore, is: "how

can true depression be diagnosed?" (p. 396). In the workplace, signs are often noticed by coworkers, managers, human resources staff, and occupational health workers. Depressed employees may seem distant, sad, appear withdrawn, angry, unmotivated, and or tired, with restrained or noticeable changes in personalities and pessimism. Their performance might be decreased, erratic, or prone to making mistakes. Kahn provides a list for **clues** that may be noticed in the workplace:

1. Social withdrawal (from meetings, meals and chatting)
2. Physical complaints or increased medical utilisation
3. Sadness, fatigue, "laziness"
4. Irritability or anxiety
5. More interpersonal conflict
6. Absenteeism and presenteeism
7. Reduced productivity (sometimes despite increased effort)
8. Accidents and errors
9. Increased passivity or rigidity
10. Increased concern from coworkers
11. Weight change or poor grooming
12. Increased use of alcohol and drugs.

Kahn states that if the above are noticed, this requires a supportive conversation or a referral to appropriate professionals. In some instances, voluntary screening programmes are often used for self-identification of depressed employees. The challenge of these tools, though, is that the most-depressed employees will not take part in the screening process. **Confidential screening** with more

specific diagnostic tools would theoretically be more appropriate. This practice is, however, not yet common in the workplace.

Mental status observations, thorough interviews by well-trained and experienced clinicians, are still the best methods in terms of providing useful diagnoses. Without clinical wisdom, even the best diagnostic book will not lead to an effective understanding of the people with depression (Barnhill, 2014). Having said this, many depressed people will still not report any related symptoms in an interview. They often do not recognise the emotional connections between life events and psychiatric symptom exacerbation: for example, a patient may say that tearfulness and insomnia inexplicably began ten weeks earlier, and separately report that a close colleague had retired some two months before (Kahn, 2008). To counter this problem, interviews must cover a detailed review of the current illness (symptoms, syndromes and differential diagnosis), including work, personal, family, medical and psychiatric history. **Parallel history taking** has also been used to explore chronological associations.

Below the author Kahn (2008, p. 397) cites a wide variety of complaints that may indicate the necessity of an evaluation for depression.

1. **Specific emotional symptoms and signs**
    a. Complaints of increased sadness, fatigue, hopelessness, loneliness, self-denigrating
    b. Appears tearful, irritated, avoidant and reserved
2. **Physical symptoms and signs**
    a. Insomnia and or hypersomnia (excessive sleep)
    b. Anorexia and or hyperphagia (abnormal increased appetite)

c. Slowed motion or slowed speech

d. Complaints of headache and nonspecific symptoms

3. Medical contexts with increased prevalence

a. After myocardial infarction, cerebrovascular accident, cancer, injury, other serious illness

b. Any intensive care unit patient

c. Physical disability (even when verified)

d. Multiple medical visits (even for valid reasons)

e. Controversial illness (chronic fatigue, posttraumatic stress disorder)

4. Personal contexts with increased prevalence

a. Family (marriage, separation, divorce, new child, illness, death)

b. Financial (loss, gain, retirement)

c. Social (residence change, social network change)

5. Occupational contexts with increased prevalence

a. Real or perceived supervisor problems

b. Real or perceived harassment

c. Increased work hours or other job demands

d. Job loss or retention (survivor guilt)

e. Job demotion or promotion

At times, psychiatric referral is sometimes urgently required and the below list outlines some of the indications calling for a referral.

1. Risk of suicide or self-harm
2. Risk of violence to others

3. Marked symptoms (anxiety, depression, psychosis)
4. Cognitive disorganization or acute cognitive changes
5. Substance abuse
6. Child abuse (notify appropriate authorities where required)
7. Life issues or emotional crises requiring rapid and integrated treatment

In conclusion, Kahn asserts that depression is a readily treatable condition if adequately diagnosed. Undiagnosed and untreated depression leaves employees in distress, but also incurs productivity costs related to increased **absenteeism, presenteeism**, utilisation of medical care for physical illness, and so on.

Although the results from studies on major depression are inconsistent, "absence rates and absence costs are higher in groups with depression compared to other workers in general and healthy workers" (Lerner & Henke, 2008, p. 408). Hence, as indicated, the seriousness and complexity of depression makes occupational mental health professionals vital as the first line of defence for diagnosis and treatment of workplace-related depression (Kahn, 2008).

Burnout

Locke and Kenner (2016) paraphrased use the following case illustration to depict the phenomenon of burnout.

> Janine was exhausted and had lost all interest in her work but was confused as to why. From a young age she had done everything supposedly 'right' including choosing a career to help people in need as she was told. She had also

> understood that a good person also helps people without expecting anything in return. She recoiled at the idea of being selfish and became a counselling psychologist although she secretly wanted to be a fashion designer. She put up with emotionally disturbed clients for five years and all that was part of the job. As time went, she was faced with a low salary, long working hours, a controlling supervisor and antagonistic peers. Janine felt empty and resentful. She, however, felt guilty at the prospects of abandoning her clients. She felt psychologically confined and constantly asked herself if that was **all there was to life**. After five years Janine no longer cared about her clients nor her job or herself. She felt beaten and depressed. She has **burned out**.

Mckee and Wiens (2017) report that, in their coaching and consulting practice, they are seeing a spike in the number of leaders who used to love their jobs but are no longer sure if their work-life is still worth it.

These people are burned out, emotionally exhausted and cynical, as a result of chronic and acute work stress.

Demonstrated in Janine's case are the **unfulfilling goal pursuits** which, according to Locke and Kenner (2016), could lead to burnout. Janine has sacrificed her happiness and life for others **(altruism),** she has followed what others say instead of making her own independent decisions (**being a second hander)** and has **set only one big goal in life,** which was to achieve a career that was chosen for her. Now she is feeling empty after realising the goal, especially because it was second hand.

What exactly is burnout?

The term originally referred to a **rocket's depletion of fuel**. It became a metaphor commonly used to describe a state of mental weariness or process of **mental exhaustion**. It was first utilised in the **US** in the late sixties and early seventies (Schaufeli & Bakker, 2004; Schaufeli, 2003; Locke & Kenner, 2016). Leiter, Bakker, and Christina (2014, p. 1) concur that "job burnout was first identified in the 1970s" by Freudenberger. He defined it as "a state of mental and physical exhaustion caused by one's professional life" after he observed the gradual emotional depletion and loss of motivation "among people who had volunteered to work for aid organisations in New York" (Demerouti, 2014, p. 33).

Although it was originally considered to occur exclusively to those who work with people, owing to the booming empirical research in the area it gradually became clear that it also existed outside the human services (Schaufeli, 2003; Schaufeli & Bakker, 2004).

According to Halbesleben and Leon (2014) as time went on, a new term, **collective burnout**, also surfaced, based on the suggestion that the contextual antecedents of burnout could be shared amongst employees, meaning it can be conceptualised as an **individual phenomenon** or a **socially constructed experience.**

Moreover, research established that **job burnout** was neither a minor problem easily resolved nor a fleeting one. Instead, it was a complicated, persistent and enduring syndrome (Leiter et al., 2014; Xanthopoulou & Meier, 2014). The condition is widely recognised as **three-dimensional**, characterised by **emotional exhaustion**, **depersonalisation** (negative, cynical attitudes, emotional

detachment from others) and **diminished sense of accomplishment** identified by reduced professional efficacy or lack of motivation towards work, resulting in poor performance (Xanthopoulou & Meier, 2014; Locke & Kenner, 2016).

Exhaustion refers to a state of energy drainage that presents in the form of mental, emotional and physical tiredness. **Cynicism** involves the development of negative attitudes toward one's work that may be best described as dysfunctional disengagement and a gradual loss of concern. Lack of **professional efficacy** has to do with the tendency to feel incompetent at work and goes hand-in-hand with poor self-esteem and insufficiency.

Exhaustion may spread to areas outside work. **Cynicism** and reduced **professional efficacy** only pertain to the work context and thus help differentiate burnout from other related psychological phenomena (Xanthopoulou & Meier, 2014). Most scholars have agreed that burned-out employees are characterised by **high levels of exhaustion** and a **negative attitude** toward their work (Demerouti, Mostert, & Bakker, 2010) whereas engaged employees are said to be full of energy and enthusiasm (Ten Brummelhuis, Bakker, Hetland, & Keulemans, 2012).

Thuynsma and Beer (2017) mentioned that the **burnout–depression overlap** is complex. This complexity has become a critical and continuous "area of research as the foundations of burnout and its diagnostic value have come under increasing scrutiny, calling for burnout to not be classified as an independent disorder but rather as a subtype of depression" (p. 46). Furthermore, since burnout is characterised as a work-specific syndrome, workplace elements have been argued to be the major signs of burnout. Recent research has, however, questioned this proposition. In their study seeking

"to establish the overlap between burnout and depressive symptoms" (p. 46), Thuynsma and Beer (2017) found "that burnout is a multi-domain phenomenon and not isolated to the domain of work".

Leiter et al. (2014) support Thuynsma and Beer's view and assert that "people do not simply shrug off frustrations at work, but react in ways that are reflected in their energy (exhaustion), involvement (cynicism), and efficacy" (p. 2). Leiter et al. add factors such as changes in the nature of work, intense demands with limited resources, alienation from employers, and or meaningless work as having implications for people's vulnerability to burnout.

The co-occurrence of burnout with depressive and anxiety disorders was also reported by Ahola and Hakanen (2014). As a result the whole debate on burnout as a multifaceted condition has strengthened the call for further research, including strategies to alleviate and prevent it (Thuynsma & Beer, 2017; Leiter et al., 2014).

Consequences of job burnout

The consequences for employees have included broken relationships, abuse of alcohol and suicidal ideation (Montgomery, Georganta, Doulougeri, & Panagopoulou, 2015). Organisational impacts related to low productivity, increased absenteeism, job turnover and early retirement. According to Ahola and Hakanen (2014), reports on sick leave in a study amongst **3, 895 Finnish employees,** indicated that all burnout sub-dimensions (**exhaustion, cynicism** and **efficacy**) "predicted absences based on mental and musculoskeletal disorders" (p. 20). Among employees **aged 30-60 years**, severe burnout was related to at least more than ten days' absence during the two-year period. A higher risk was observed amongst men than women. This difference could be attributed to the

strong **stigmatisation** of having psychological problems at work and greater **cultural role expectations** for men than women. The authors, however, only identified two studies that have used person-centred approaches, calling for more person centred research to obtain a more in-depth "understanding on the relationship between burnout and ill-health" (p. 26).

Montgomery and his co-authors argue: evidence "strongly suggests that the conditions that contribute to the development of burnout are more related to the characteristics of organisations than those of individuals" (p. 37). Burnout is a symptom of organisational dysfunction and an obvious outcome of a system that engenders unrealistic expectations and low tolerance of error (Montgomery et al., 2015).

Additional organisational factors that contributed to burnout included **work overload**, **lack of reward** and **recognition**, **lack of autonomy**, **conflict**, and **dealing with difficult people.** Individual causes that made people susceptible to burnout included **unrealistic expectations, irrational perfectionism, inadequate knowledge,** strong **need of approval** from others due to low self-esteem, **inadequate resilience** and **self-sabotaging coping mechanisms** such as anger, withdrawal, passivity, isolation, and substance abuse (Locke & Kenner, 2016).

The quality of **working relationships,** both bad and good, including relationships with co-workers, clients and supervisors, has also been found to have a major impact on employees' level of burnout and overall well-being, career development and organisational productivity (Day & Leiter, 2014). According to the authors people pursue these three **"social motivations"** in the workplace: **belongingness, nurturance,** and **esteem**. These motives have such a riveting quality that employees

may assess their social experiences at work in terms of the extent to which these experiences help achieve or frustrate these goals. Mistreatment of employees which may cover a range of behaviours from **incivility** and **abuse** to **aggression** may decrease "the environments' perceived potential to fulfil those core social motives" which will in turn have a negative impact on job performance (Day & Leiter, 2014, p. 59).

The concept of **work engagement** has subsequently been introduced as the positive antipode of burnout, with high energy levels and dedication to work ascribed to engaged employees (Schaufeli & Bakker, 2004; Demerouti et al., 2010). Energy, involvement, and efficacy are the direct opposites of burnout dimensions. Energy converts into exhaustion, while involvement turns into cynicism, and the conversion of efficacy results in ineffectiveness (Schaufeli & Bakker, 2004)**.**

Work engagement is defined as a fulfilling work-related state characterised by vigour, dedication, and absorption. Vigour refers to high levels of energy and resilience while working. **Dedication** involves being strongly involved in one's work and experiencing a sense of significance and enthusiasm. **Absorption** is the state of being fully concentrated and happily engrossed in one's work. In short, engaged employees have high levels of energy and are enthusiastically involved in their work (Ten Brummelhuis, Bakker, Hetland, & Keulemans, 2012).

There are studies, however, that have shown that the two constructs are negatively related but distinct, calling for more research to explain how **burnout** and **work engagement** may jointly affect health (Ahola & Hakanen, 2014). The present research is pertinent since it appears that if people want to increase overall well-being, they "should focus more on finding **engagement** and

meaning in life than pursuing pleasure" (Sutton, 2015, p. 174), which brings us to the concept of **well-being.**

Well-Being

Well-being "is a basic component of the positive psychology movement" (Sutton, 2015, p. 156). Everyone understands the meaning of employee well-being but nobody can give the precise definition (Zheng et al., 2015)**.** It is a nebulous concept to grapple with. Perhaps that is why many organisations fall back on narrow measures of well-being such as health care claims and the number of health risks identified in the company's health risk assessment **(HRA)** (Ballard, 2014)**.** Ballard acknowledges the valuable role that these sources play in, for instance, identifying the areas of need, evaluating the impact of poor health and demonstrating to senior leadership that healthy employees are critical for organisational success, but they "fail to consider a multi-faceted view of well-being that captures the richness and complexity of human experience" (p. 59)**.**

Building on the research on subjective and psychological well-being and positive emotions, Keyes (2002), as cited by Rothmann and Cooper (2015), "operationalised **flourishing** as a pattern of positive feelings and positive functioning in life" (p. 225). Keyes (2002) categorised the dimensions of subjective well-being into **emotional well-being**, **psychological well-being** and **social well-being**. To flourish, people must experience high levels of aspects of the three dimensions, meaning they have positive feelings, and they function positively at the psychological and social levels. Flourishing at work could be summarised as having job satisfaction, autonomy and freedom to work, competence and a feeling that work is meaningful and purposeful. This would then lead to engagement and self-

harmony. The opposite of flourishing is **languishing,** "which can be defined as the absence of mental health characterised by experiences of emptiness and stagnation, as well as despair" (p. 225).

For Combs and Milosevic (2016) well-being encompasses various concepts such as **life satisfaction**, **happiness, quality of work** or **personal life**. All comprehensive and holistic definitions agree that **"well-being"** is a summative term and characterises the quality of working lives. These characteristics should be integrated in healthy workplace principles and become part of the norms, values and organisational culture (Sutton, 2015).

Once again, the highlighted distinction from the positive psychology viewpoint is the deviation from the historic disease models with the underpinning of suffering and dysfunction, to well-being approaches that emphasise health by pursuing, optimal functioning, and other positive outcomes, according to (Ballard, 2014) and (Rothmann & Cooper, 2015).

To achieve optimal functioning well-being should be looked at from both an individual and organisational levels. Individual well-being has been cited as "a critical antecedent to sustainable employee performance and retention", including a positive association "with social relationships and mental and physical functioning" (Combs & Milosevic, 2016, p. 17). At an organisational level increased employee well-being has been associated with higher productivity, increased profitability and customer satisfaction, lower turnover and decreased absenteeism (Connerley & Jiyun, 2016).

Despite the lack of consensus on the definition of employee well-being, the importance of a healthy workforce and its relationship with survival and organisational growth around the world has

been accepted. As a result, the well-being of employees has emerged as an important research area in organisational behaviour, human relations and other related disciplines (Ballard, 2014; Zheng et al., 2015).

Well-being interventions

After several years of inconsistencies, "the science and practice of organisational interventions for stress and well-being is currently undergoing a growth spurt" (Karanika-Murray & Biron, 2015, p. 2). The growth is viewed optimistically, with intervention scholars highlighting the need to develop intervention theory and more reliable practice to bridge the gap by lessons from real-life applications and thereby demonstrate that organisational interventions work (Karanika-Murray & Biron, 2015). Scholars have also acknowledged the success of the current short-term and long-term workplace interventions. These focused directly on the employees and ranged from guided imagery and group discussions on work-life quality to workplace coaching. However, long-term interventions have been experienced as more reciprocal because they allow time for employee practice and evaluative feedback (Leiter & Maslach, 2014).

The above authors have also specifically referred to **person-directed** and **situation-centred** intervention approaches. They report that many individual or person-directed interventions have received more attention in comparison to **situation-centred** interventions. This research has, however, been undertaken without any consistent evidence to support the effectiveness of individual interventions. Preference for individual interventions has also contradicted "the research on burnout, which has consistently found more evidence for the impact of social and organisational factors, than for personal ones" (p. 154). The authors assume that preference for individual interventions could be

driven by the belief that such interventions are less costly than organisational approaches. Evidence to test this is, however, lacking, given the continued escalation costs as a result of absenteeism and poor performance. Therefore, intuitively it seems that organisations employing predominantly organisation-directed primary intervention strategies will be more successful in relation to those who predominantly use individual directed interventions alone (Harder et al., 2014; Bailey, Silvia, & Dollard, 2014).

For Harder et al. (2014) a **tripartite model (**primary, secondary, tertiary) is best used to conceptualise well-being interventions:

Primary-level interventions are long term, aimed at stressor reduction and geared towards preventing stress by targeting the stressor (e.g. reducing workload and increasing workers' decision-making authority).

Secondary interventions aim to eliminate the effects of stress in employees who are showing its symptoms before they become complicated into health problems. These intervention strategies include assisting employees to develop stress resistance and coping skills through education, relaxation training, exercise, time management etcetera. Secondary approaches have been found to be the most common in workplaces.

Tertiary level interventions are rehabilitatory in nature, intended to cure stressed and distressed employees with serious stress-related health issues.

Having mentioned the different types of interventions, one can argue that well-being activities are still influenced by individualistic approaches that are still prevalent in the mental illness field. Harder and colleagues assert that these frameworks coincide with the philosophy of North America's individualistic society which emphasises individual strength and the ability to **overcome** stressors as opposed to the **eradication** of stressors, implying that the source of burnout lies more within the individual than the environment. It is often presumed that the responsibility to solve the problem lies within the person rather than the organisation, making it a common practice to target the individual's personal qualities as reflected in the comments below.

"It may be a tough job, but the real problem is that he is such a workaholic";

"She has anger management issues";

"If you can't take the heat, stay out of the kitchen".

The above type of **language** focuses failure on the person and positions them as **"weak and whiny"**, implying that they abdicate their responsibility to take care of themselves. This criticism does not mean that individual interventions are not useful, neither is it intended to present the philosophical issue in an **"either-or"** form; rather, it is designed to promote the "**both-and"** approach, meaning that both the person and the organisation have a role to play in improving workplace well-being interventions (Leiter & Maslach, 2014).

Wellness interventions are also known as **Corporate Wellness program(me)s.** Burke (2014) defined these as "**long-term organisational** activities designed to promote the adoption of organisational practices and personal behaviour conducive to improving employee physiological, mental and social well-being" (p.8). Worldwide, the **US** leads in the adoption of such programmes, followed by relevant work carried out in the **UK**, **Australia and Scandinavia,** with emerging interest

being shown in **South Africa**. The programmes have become more critical in the workplace given the current multinational workforce. Besides their ability to promote and understand diverse individuals, the programmes have been said to offer high levels of workforce engagement, less absenteeism and presenteeism, and higher productivity.

Burke also mentioned the following critical beliefs that could contribute to the effectiveness of programmes:

1. A **definition** of health that includes **well-being**
2. **Prevention-focused education**, covering aspects such as the improvement of the employee's health literacy in topics like stress reduction, employee access to online stress assessments, work-family issues and nutrition
3. **Rewards** for healthy behaviour
4. Creating a **supportive workplace environment** and **policies** for employees to engage in healthy behaviours
5. A display of continuous **leadership commitment** to the programmes
6. Senior executives' communications to employees linking good health and business success.

Ballard (2014) added that a number of studies on such programmes' best practice showed common characteristics such as: alignment with the organisation's mission, values and goals, and coordinated efforts across the workplace, customised towards addressing employee needs and issues. Similar to Burke, Ballard mentioned leadership support, effective communication strategies and ongoing evaluation and continuous improvement.

The literature has also highlighted the importance of gaining direct feedback from employees, at all levels within the organisation. Better than research as such, "**reality checks"** with employees in accordance with a research hypothesis and literature review could point to key issues and may be able to indemnify interventions that will yield more meaningful benefits to them, or be easier to implement, or be better supported by other colleagues (Leiter & Maslach, 2014). The authors also emphasised the importance of **worker collaboration** and **ownership** of interventions to maximise success. Employees experience themselves as **"willing"** participants and contributors rather than feeling manipulated by authority figures and being dependent on others. Alignment of interventions and employees' motives increases success.

In terms of intervention failures, it has been noted that interventions have often failed not due to their inadequate focus or poor design, but perhaps because of **contextual** and **process** factors. **Process** refers to how interventions are **delivered**, **perceived**, and **experienced** by participants and stakeholders. An example of a process issue would be employee participation in the design of interventions, whereas context refers to situational opportunities and constraints that affect the occurrence and meaning of organisational behaviour as well as functional relationships between variables (Montgomery et al.,2015)

With **burnout interventions,** specifically, it has been reported that intervention failure could be partly attributed to the ironic view that job burnout is an indicator of a system that operates optimally. Therefore, burnout needs to be looked at as a by-product of a well-organised organisation; in other words, interventions must also address **process issues** involved in the long-term development and maintenance of the phenomenon and be dissuaded from serving a functional purpose helping to

avoid questions about meaning and purpose (Montgomery et al., 2015). In order to deal with organisational intervention issues, such authors as (Karanika-Murray & Biron, 2015) have suggested a four-step structured framework that focuses on: **intervention content**, **intervention context**, **intervention process** and **intervention outcome**.

Demerouti (2014) and Bailey et al., (2014) revealed that design issues are not the only culprit. The observation these authors made from the literature demonstrated that most work stress programmes are reactive, calling for **proactive individual strategies.** These strategies provide individuals with effective coping mechanisms, complement organisational top-down interventions and reduce the risk of burnout. Demerouti categorised the strategies into three:

The first category involves strategies that individuals use to deal directly with diminished resources caused by burnout. This could include targeting the employee's relationship with the job (e.g., coping, humour, selection, optimisation with compensation). Others concentrate on strengthening the individual's internal resources (e.g., recovery). Altogether, burnout seems to be related to a number of coping methods, some of which are also applicable to **stress management** such as:

1. active cognitive appraisal and management of the stressful event,
2. active behavioural observable efforts at managing the stressful event and
3. avoidance, involving the refusal to face a problematic situation.

However, it appears that whether or not the person has **control** over the situation seems to determine the effectiveness of the applied coping strategy. Furthermore, although the correlation

between humour states and the improvement of various health-related outcomes has also been demonstrated that it is important to note that not all types of humour are beneficial.

Self-enhancing humour (having a genuine humorous outlook even in times of stress) and **affiliative humour** (for the amusement of others to reduce interpersonal tension) were found to be negatively associated with burnout although positively associated with **work engagement** and **well-being**. These two types of humour can be considered to represent strategies that change one's outlook on one's job, thereby decreasing the risk of burnout. **Self-defeating humour** (making derogatory jokes at one's expense) and **aggressive humour** (aimed to hurt or manipulate others) were the least effective.

Recovery strategies such as **detachment** from work, and **relaxation** including social activities (e.g., time spent with others talking about positive emotions) outside working hours have also been found to be the most relevant in diminishing burnout. Other techniques such as the **Selection, Optimisation** and **Compensation** model **(SOC),** for dealing with depleted resources used strategies like **elective selection**, encompassing the selection of the goal to pursue, **optimisation** of personal resources (e.g. learning new skill(s) or practicing new procedure(s)) and **compensation** (e.g., soliciting help from other colleagues). **Compensation** was found to be "the most successful strategy for buffering the negative associations of burnout with task performance and adaptivity" (Demerouti, 2014, p. 39).

In addition, Demerouti cited a 2009 study by Swertz and colleagues, conducted amongst physicians in hospice and palliative medicine. The participants were interviewed and asked to report their own strategies in dealing with stress. The most common strategy selected amongst this group

was the promotion of **physical well-being**. Methods included exercise, proper nutrition, rest, and increased focus on personal health. The second most common strategy involved taking a **"transcendental perspective"**, focusing on aspects of personhood and how one deals with spirituality and nature. The means that were reported included prayer and meditation and attendance at religious services.

Uusiautti and Maatta (2015) added the necessity of allowing time for **hobbies** in consideration of wellbeing. In their study of the **Employee of the Year**, hobbies were regarded not only as a counterbalance to work but also as an activity that provided resources for work and a way of increasing one's knowledge or skills in a pleasant manner.

The second category revolves around individuals' attempts to change their job characteristics to make the job less demanding and more motivating. This process or strategy to adjust one's work have been termed **job crafting**: "Individuals actively seek to reinterpret and reimagine their work environments" (Montgomery et al. p. 40). It is driven by the "search for meaning and for a motivating and healthy work environment" (Demerouti, 2014, p.40). It represents proactive steps which employees take to alter their **task boundaries** such as the number of activities involved, how one sees the job **(cognitive task boundaries)** and whom one interacts with at work **(relational boundaries).** Studies suggested that on days when employees were more exhausted they also reported less job crafting behaviour (Demerouti, 2014).

Job crafting is in line with the positive psychology view that challenging work is most appreciated, as it boosts motivation and provides experiences of joy and accomplishment. The

statement below, made by a participant in Swertz et al.'s study cited by (Uusiautti & Maatta, 2015, p. 30), illustrates the point:

> "I'm excited mostly in situations that enable me to develop something, to change something for the better, in a more reasonable direction".

The study also showed that the promotion of supportive and nurturing professional relationships with other colleagues, and teamwork, was highly rated by physicians: "Social support is an effective means of enhancing self-esteem and feelings of mastery" (Uusiautti & Maatta, 2015, p. 30). The importance of contentment with relationships in the workplace for happiness at work is demonstrated in these quotes:

> "I think that my most powerful experiences at work are those in which we are working together as a group".
>
> "I think that good relationships in the workplace are an unquestionable precondition, everybody works better when they feel good. So if you spend five or ten minutes chatting, it doesn't harm because it contributes to the system in general".

The third category deals with inter-role management and the strategies that individuals use to deal with inter-role conflict and its related effects on burnout. Although burnout is considered a work-related syndrome, people also exist outside the work domain. The unsuccessful boundary management of work and non-work life (the spilling over of exhaustion) into other domains (e.g., family) have been found to have effects on burnout (Demerouti, 2014).

Demerouti (2014) mentioned that earlier hypotheses around the work and non-work interface were relatively static whereas recent literature views the issue in a more dynamic way and introduces the **"border theory".** This theory "proposes that each person's role takes place in different domains that are separated by physical, temporal, or psychological borders" (p. 45), making it possible to **"cross borders**" between domains. The methods used to cross the borders will, however, differ, depending on whether the border crosser is peripheral or central in a particular domain. **Border crossers** who are central in one domain feel more motivated to guard the borders of that domain. Work represents a domain with strong border keepers (e.g., managers); therefore employees may need to work harder to delineate the various roles they play and create boundaries between work and family, given "that the two types of conflict (work-family and family-work) were significant predictors of employee burnout" (p. 47). According to Uusiautti and Maatta (2015) the longstanding traditional correlation with career-orientated individuals who sacrifice other areas of life to perform highly and achieve success in the workplace will continue, given the pressured economic environment. This calls for employees to be more skilled in work-life boundary management.

Burnout has also experienced its fair share of intervention research problems, as reported by (Leiter & Maslach, 2014). The authors note that there has been a continuous trend and relative paucity of actual research in the past 15 years with the number of studies focusing on any kind of interventions being relatively small, compared to the many published articles on burnout. Insufficient research on interventions has not been due to a lack of interest in the work but is, rather, attributable to a number of constraints as follows:

- The view that applied research is less worthy than basic research and might therefore not be published in reputable journals, thereby discouraging researchers who are seeking a career

- Methodological shortcomings such as the lack of a control comparison group or small sample sizes
- Difficulties with obtaining permission to carry out intervention research within the organisation due to concerns about privacy and confidentiality or the public sharing of the findings
- The long-time investment commitment, effort and management required by the researcher in order to both implement and reassess the intervention through follow-up
- Lack of control by the researcher over how the research is conducted, leading to compromises in order for the study to be done.

The design of successful interventions is also based on both the understanding of the dynamics of burnout and the basic principles of how individuals and organisations change, calling for a sound change model foundation. Positive psychology has also suggested that work-related research should not **only** focus on the problems of work and overburdened working conditions resulting in concepts such as stress, burnout and lassitude, which are unavoidable given the accelerated changes in work life. The one-sided negative perspective results in research missing the point in terms of designing holistic interventions, due to the narrow focus on the unilateral image of work-life (Uusiautti & Maatta, 2015).

In general, although the amount of intervention research is minimal and the task of evaluating, developing and implementing methods is incomplete, current interventions such as **CBT** and the mindfulness approach have made valuable contributions towards well-being. **CBT** interventions have been mostly individual and focused on strengthening both physical and psychological resiliency.

Mindfulness has been defined as non-elaborative awareness of present moment experience that encompasses intentional, non-judgemental and present focused attention, mainly used as a relaxation technique. In the case of **CBT,** Leiter and Maslach (2014) point out that studies reported different findings in relation to effectiveness, with several of them having not found any positive effects of **CBT** interventions. With regard to mindfulness "its use of a non-judgemental psychological detachment might help prevent the development of cynicism"(p. 151); however, future research is still warranted to identify what the actual mechanism might be.

Having acknowledged the accomplishments in the area of wellness interventions, lying ahead is still the task of effectively integrating these into occupational health psychology, minimising fragmented interventions and over-reliance on off-the shelf solutions while customising practices to specific needs of the workforce (Burke, 2014; Ballard, 2014).

Furthermore, it is strongly recommended that one combines bottom-up participative with top-down approaches and document evaluative studies, particularly into the assessment of organisational outcomes. In order to succeed, studies will also have to be well vested in understanding the unique and dynamic organisational factors related to well-being intervention research (Bailey et al., 2014) such as:

- the size of the organisation
- the duration of the intervention and
- the level of both employee and managers' engagement in the intervention.

In summary, employment is better than unemployment. Making small changes such as alterations in job content, redesign of work, changes in manager or co-worker behaviour, could go a long way in addressing the psychological risk factors associated with work-related stress and improving the health of employees across organisations (Mackay et al., 2015). Employee health should continue to receive priority even during times of increased financial pressure (Wallis & Livorsi, 2015). Public well-being policy that is aligned to socio-economic factors will improve the quality of life within nations (Diener & Ryan, 2009).

WORKPLACE THEORETICAL BELIEFS AND MODELS OF STRESS

This section will specifically focus on models of stress since the literature has shown that stress is mostly responsible for, or is an underlying or precipitating factor in, all the work dysfunctions that are being studied in this research (stress, anxiety, depression, burn-out). The theoretical models in the area of workplace stress and burnout are mostly based on the central assumption that a continuous imbalance between work demands and resources leads to the accumulation of **job strain** which may predispose an individual to burnout (Xanthopoulou & Meier, 2014). **Job** or **mental strain** results from an interaction between the psychological demands in a job and decision latitude, which refers to the amount of control the person has over how and when they do their work. This assumption gave birth to the **Demand Control (DC) model** (Sutton, 2015)**.**

The DC Model

Developed by Karasek (1979), this is the most well-known and studied model of workplace stress (Harder et al., 2014)**. DC** postulates that workplace environments with high demand coupled with low control would cause psychological strain. **Job demand** is defined as the psychological load

required by the respective job tasks in combination with other competing occupational pressures. **Job control** on the other hand represents the amount of control the employee has over job tasks and job demands. Critics of this model have, however, questioned whether the combination of high job demand and low job control creates more strain than each variable would independently. This argument gave rise to the latest revised **Job-Demand-Control-Social Support (JDCS)** model.

The JDCS Model

This added the element of **social support** at work, "looking at how interactions and breaks with co-workers could influence the strain people felt at work" (Sutton, 2015, p.160; Harder et al., 2014). Proponents of this model are of the firm belief that social support is a key predictor of positive affect and a buffer for workplace psychological stress. Social support might take the form of instrumental, emotional, informational or social companionship. However, for support to be effective there must be a match between the type of support desired and the type provided including the responsiveness of the support recipient. The concept of responsiveness is, however, still novel within the literature on close relationships in the work context (McCabe et al., 2016).

The view "that social relationships at work have consequences for employees' experience of job burnout" is supported. Mistreatment increases the demands employees experience at work by absorbing energy and encouraging "employees to increase their psychological distance from the workplace" (Day & Leiter, 2014, p. 61). More research is still needed, though, to establish a consistent view on the relationship between the buffering of social support and subordinates' burnout (Breevaart, Bakker, Hetland, & Hetland, 2014).

JDCS has been criticised for not taking individual differences into account, but despite this, the model's basis in studies of large groups, and its linking of aspects of work to physical outcomes such as cardiovascular disease, have "certainly presented a strong basis for future efforts in understanding the impact of work on well-being" (Sutton, 2015, p. 160).

Job Demands Resource (JDR) Model

JDR is recent, first submitted by Demerouti and her colleagues in 2001, and has since attracted substantial support. The model "originally proposed that job demands can lead to **exhaustion** and positive work resources can lead to increased **engagement**" (Day & Leiter, 2014, p. 59). It encapsulates both the positive and negative aspects of stress and demonstrates how they are related to job demands (e.g. workload and pressure) and job resources (feedback and participation). Job demands consist of the work related challenges whereas resources "are those things we can draw on to help deal with challenges" (Sutton, 2015, p. 162). The resources could include colleague and supervisor social support gained from positive work relationships, and may be able to improve employee **well-being** and potentially reduce the negative effects of job demands and or stressors leading to burnout (Day & Leiter, 2014).

The model also caters for personal factors (such as differences in levels of **resilience** and **sense of control**) as mitigating aspects for the negative effects of job demands. Possession of plenty of resources "can buffer the effects of high job demands" (Sutton, 2015, p. 162). In addition, the model provides a holistic view of stress in organisations: while it recognises that demands and resources will differ across occupations and industries it can still offer "a coherent explanation of how stress results in personal and organisational outcomes" (p. 162).

Effort-Reward Imbalance (ERI) Model

Proposed by Siegrist in 1996, the **ERI** model considers the balance of effort made by the employee and the motivational level of the employee compared to work-related rewards (e.g. remuneration, status, security). If the effort is exceedingly higher in relation to reward, the employee may feel devalued and demotivated to do the job. Similarly, if work is over rewarded in relation to the amount of effort required, this might also impact the amount of expended effort. The principle is to appropriately match the amount of work and the demand. Although the model has been noted as a useful contributor to understanding occupational stress, the difficulty in using balance versus imbalance in complex relationships involving other variables such as worker perception requires more investigations (Harder et al., 2014).

Person-Environment Fit (PE Fit) Model

This model proposes that the primary driver of work related stress is the misfit between the occupational environment and the employee characteristics such as skills and abilities and the demands of the job. This view has been dismissed by the **ERI** and **JDCS** models, which do not believe that individual characteristics are a predictor of worker outcome. Although the **PE Fit** model neglects the importance of other myriad environmental factors it has highlighted the importance of environmental relationships (Harder et al., 2014; Rothmann & Cooper, 2015).

Effort-Recovery (E-R) Model

E-R suggests that people invest effort in an attempt to meet job demands, which in turn may result in load reactions such as **fatigue**, necessitating a break from job stressors in order to recuperate. The accumulation of frequent episodic intense burnout experiences on a daily basis may lead to

chronic burnout (Xanthopoulou & Meier, 2014). Furthermore, insufficient job recovery from this cycle of burnout experiences may result in physical and psychological consequences (Els, Mostert, & De Beer, 2015).

The need for **daily recovery strategies** such as **switching off** from work related demands to regain the lost energy has been emphasised. " If the same functional systems remain activated after work, the process of recovery cannot take place, resulting in fatigue accumulation" (p. 87) and persistent chronic burnout. Successful recovery prevents future and chronic ill health, while unsuccessful recovery promotes chronic ill health (Xanthopoulou & Meier, 2014).

Detachment from work should, however, not be confused with **cynicism** or **disengagement**. Detaching allows taking breaks from work demands to restore energy whereas **disengagement** means resources are either not invested or are used to increase mental distance from stressful work objects. Having said this, day specific burnout and other burnout experiences are still a matter calling for much more research in understanding the syndrome (Xanthopoulou & Meier, 2014).

Transactional Model

This model is the newest, with very little research into it. It is based upon Lazarus' (1966) transactional theory which proposes that all relationships are interpreted via a dynamic cognitive evaluation of the environment. Individuals use their lenses to appraise situations based on their personal characteristics and personal resources, including their unique way of perceiving the world. Their coping strategies are constantly changing to manage specific demands that are appraised as exceeding the person's resources (Rothmann & Cooper, 2015).

Work-Life Model

The **Work-Life Model** of burnout was introduced by Leiter and Maslach (2014). According to Day and Leiter (2014) the model identified six areas of organisational life that tended to be related to the three aspects of burnout (emotional exhaustion, depersonalisation and diminished sense of accomplishment):

- Manageable Workload encapsulated having enough time and resources to address work demands, with overload reflecting an imbalance of work demands in relation to available time and capacity
- Control means having enough independence and authority to make significant decisions about one's work
- Reward involves receiving adequate recognition and compensation for work
- Participation entails taking part in a positive workplace social environment
- Fairness covers the experience of equitable procedural and relational justice at work
- Values constitutes the alignment between ones' professional and the organisational values.

THE CONSERVATION OF RESOURCES (COR) THEORY

From the **COR** perspective, people have a natural inclination to obtain and retain valuable resources such as energy when threatened by environmental conditions and when resources are invested for additional resource benefit but the anticipated benefits are never realised. Such a continual resource loss spiral, due to negative consequences, strains the resource reservoir and facilitates the development of burnout (Xanthopoulou & Meier, 2014) This theory implies "that burnout does not only appear when situations are threatening, but also when individuals fail to gain

additional resources" (p. 82). **COR** theory has been criticised for its definition of what constitutes resources and because it omitted the role of social support in the amelioration of occupational stress (McCabe et al., 2016).

THE ROLE OF LEADERSHIP

Although research on the relationship between **leadership behaviour** and subordinate burnout is scarce, (Breevaart et al., 2014) argue that in line with the **JDR** theory, **constructive leadership** behaviours prevent subordinate burnout while **destructive leadership** behaviours promote this. For these authors, the job demands that cause burnout comprise **"hindrance job demands"** and **"challenge job demands".** Unlike challenge job demands, hindrance job demands require immense effort "and they frustrate personal growth and goal achievement" (p. 103).

In this regard, **destructive leadership** can be viewed as a hindrance demand because it undermines subordinates' motivation and hinders goal achievement. Destructive leadership behaviours, such as **aggression, bullying** and a **passive-avoidant** leadership style, drain energy. They have also been found to promote hindrance demands and are therefore likely to contribute to follower burnout. Such hindrances as role conflict or role ambiguity also inhibit goal achievement. **Constructive leadership behaviours** include praising employees, giving them support and encouraging them to think independently.

In addition to leadership styles the concept of **"crossover of burnout"** has emerged. It is used to describe the interpersonal process that occurs when job stress or psychological strain "experienced by one person affects the level of strain of another person". Although there is little research on the

crossover of leaders' burnout onto followers' burnout, there is some indirect evidence that leader and follower burnout are related (Breevaart et al., 2014. p. 112).

Furthermore, according to Halbesleben and Leon (2014) multilevel studies of burnout have proposed that demands at the team or organisational levels could also impact the experience of employee burnout. The authors cite studies that analysed the manner in which organisational level high performance work practice (HPWPs) "impacted individual employee burnout" (p. 123). They argued that HPWP could have a negative impact on employee well-being due to the requirement to work harder. Conversely, team and organisational level resources can alleviate burnout.

CONCLUSION

As is obvious and as the literature indicates, work forms part of the history of humankind and will continue to do so. It is a source of meaning, purpose, dignity and identity. According to Richardson (2012) careers have come to be associated with success and security. In an increasingly uncertain world of work, ravaged by globalisation and recession, people look to careers for protection.

Viewing it from a humanistic perspective, using Maslow's hierarchy of needs, work evidently provides the financial resources which enable humans to meet their most basic **physiological needs** (e.g., food and shelter). At a **psychological level**, through relationships at work people feel they belong. In addition, when the work environment is conducive it creates an opportunity for people to advance to self-actualisation and achieve true fulfilment.

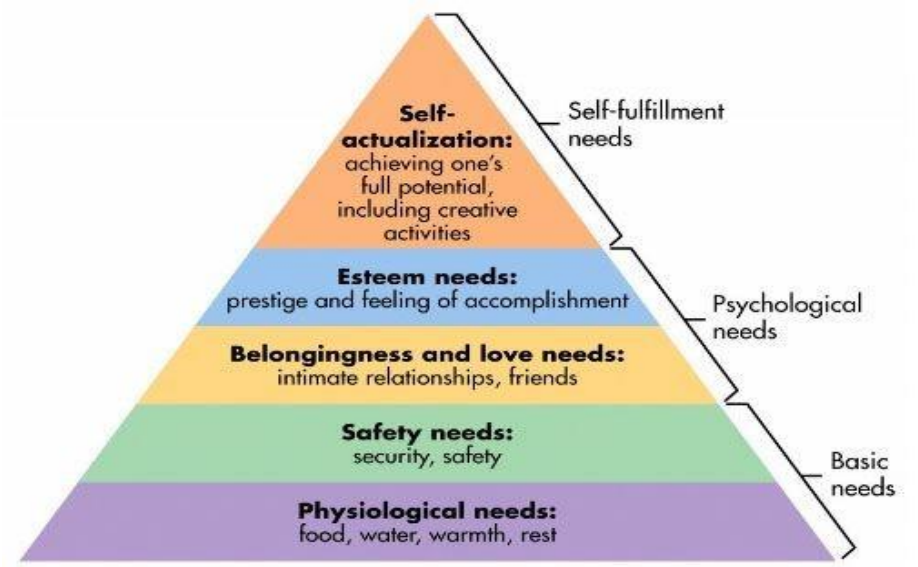

***Figure 1*: Maslow's Hierarchy of Needs**

Source: Adapted from the Internet

If one accepts that work is also one of the major sources of anxiety, as Choudhury (2013) puts it, the prediction that **work dysfunctions** will continue to be part of the workplace, is not far-fetched. However, one cannot refer to work dysfunctions without evoking the long standing **stigmatisation** associated with **mental illnesses.** Besides stigma, the literature also drew attention to the ongoing issues around the diagnosis of mental illnesses in the work place and the language sometimes used when dealing with the affected people (**the "weak and whiny")**.

The different historical naming conventions of mental illnesses (e.g. depression as a **common cold**) and the types of treatments throughout the different cultures and contexts, have suggested that mental illness was a socially constructed phenomenon; hence the criticism that approaches to it, in Africa, have been somewhat inappropriate and colonially biased (Choudhury, 2013).

Psychologists were also cautioned against the use of inappropriate taxonomies when dealing with work dysfunctions. Such classifications were claimed to have been borrowed from other settings (e.g. psychiatric practice), with a tendency to overly pathologise work dysfunctions. The answer to this challenge was not an **"either or"** mindset approach but lay in the recommendation to acknowledge the existence of abnormal psychology in the work place while incorporating other theoretical perspectives (e.g. positive psychology). With its emphasis on health as opposed to only illness, positive psychology is currently most popular in driving well-being in the workplace (Choudhury, 2013).

Furthermore, in order to deal effectively with well-being at work, the need for holistic integrative bottom-up interventions that incorporate employees' feedback, was raised. Also, emphasised amongst other issues were the role of leadership, communication, and the design of enabling policies and procedures to help create a conducive environment for interventions to thrive.

Lastly, irrespective of the research challenges still experienced in workplace wellbeing, worldwide, occupational health has become the most critical for organisational and economic survival. Therefore, the need for **I/O** and occupational psychologists to assist organisations in dealing with work dysfunctions will continue to grow.

CHAPTER 3

EPISTEMOLOGICAL FRAMEWORK AND RESEARCH PARADIGM

According to Mouton (2001), the term "epistemic" is derived from "episteme", the Greek word for "truthful knowledge". Although it is not possible to produce scientific results that are infallible and absolutely "true for all times and contexts, we are motivated, as scientists, to constantly strive for the most truthful and the most valid results" (p. 138).

Nel (2007), Lock and Strong (2012) and Babbie (2013) define epistemology as the study and science of knowing or the theory of knowledge: typically, how people purport to know anything. Nel adds that epistemology consists of ideas about the natural world and focuses on how we can and ought to obtain knowledge, and how we can and ought to reason, "the forms into which our models are cast, and their relationship to the world" (p. 1). It comprises "the methods, validity, and scope of knowledge that we employ in our research" (p 2) and allows for the provision of evidence for the researcher's conclusions.

Ontology, on the other hand, is more concerned about "how it came to be rather than an analysis of what is" (Nel, 2007, p. 1). Lock and Strong (2012) consider "ontology" as referring to "how reality is"; the two concepts of ontology and epistemology go hand in hand. These authors suggest that these words should be viewed as having multiple meanings or senses and that from an anthropological perspective, the notion of plural realities is "tied to cultural differences in how people make sense of their experience of reality" (p. 174). This viewpoint implies that people would have their own different versions of *what* they know based on their own **"personal epistemologies"**,

including different approaches to *how* they know. It opposes the scientific epistemology that is based on "logical-deductive procedures and methods primarily used for judging not only efforts at knowing, but also what is known" (p. 174).

This study is concerned with participants' personal versions of their **lived experiences** with work dysfunctions. Therefore, social constructionism, as an epistemological framework, was chosen as a relevant paradigm for the purposes of the study. Furthermore, the approach was also considered for its appropriateness within the African context. In terms of this postmodernist framework, besides its emphasis on human relations, Africa itself has also accepted a postmodern lifestyle which is characterised by increasing connections through mobility and the use of social media (Geldenhuys, 2015).

Prior to considering social constructionism, two other prominent dimensions of paradigms (**positivist** and **interpretive**) were also examined for their relevance.

Introduced by Auguste Comte, positivism is a modernist approach. Its philosophical system is grounded on the rational proof/disproof of scientific assertions and assumes a knowable and objective reality (Babbie, 2013). As noted by Van Zyl and Nel (2011), from this perspective the emphasis on **knowability** of ultimate truths "endeavor to discover natural and linear cause-effect laws" (p.20).

The post-positivistic paradigm also argued for an entity such as a **"body of knowledge"** that people can study (Geldenhuys, 2015). As a result, these paradigms were excluded due to their

somewhat rigid assumption "that there is an objective reality independent of the observer and that, given the right methods and research design, one can accurately capture that reality" (Guest, Namey, & Mitchell, 2013, p.6).

In comparison to positivism, the **interpretive paradigm** seems to acknowledge that "a completely objective reality is impossible to apprehend" (Guest et al., 2013, p. 7) and introduces ontological and epistemological perspectives on internal reality and intersubjectivity, but the researcher felt that this **paradigm** still failed to appreciate the relational and contextual aspects that shape and inform world views.

This study takes place in an organisational setting: therefore, systemically, the relational interconnectedness, for example between the participants, the researcher, colleagues and so on, would form part of the participant's experiences through a social process.

Social constructionism is regarded as a **postmodern paradigm.** The postmodernist epistemology "acknowledges the possibilities of multiple and relative realities which are constructed by the meanings that people attach to events" (Van Zyl & Nel, 2011, p. 20). Burr (2015) asserts that **postmodernism** has its centre of gravity not in the social sciences but in the art and architecture, literature and cultural studies. It rejects the fundamental assumptions and ideas of modernism and structuralism, that there can be an **ultimate truth** and that the world as we see it is the result of hidden structures. It emphasises the co-existence of a multiplicity and variety of situation-dependent ways of life. At times, the term postmodernism is used interchangeably with **poststructuralism** due to the latter's rejection of the notion of rules and structures underlying forms in the real world.

Prior to developing his notion of automodernity Samuels (2013) sought to clarify how **postmodernity** can be understood. He did this in an attempt to rescue postmodernity from misuse, stating that some people have labelled it an intellectual fad. He argued that there were four separate aspects of postmodernity that have often been confused:

The first and perhaps the most important idea has been "the notion that our world is made of multiple cultures and that we should respect the knowledge and cultures of diverse communities. In fact, **multiculturalism** is a reflection of the important social movements of the twentieth century" (p.64). In recognition of vital values and historical contributions from diverse societies, multiculturalists maintain "that there is no single, universal source for knowledge or truth" (p. 64).

Secondly, it has been unfortunate that "this multicultural idea has often been confused with the extreme postmodernist notion that there are no truths or moral values since everything is relative to one's own culture" (p. 64).

The above mode of cultural relativism **(the third aspect)** is often a caricature of the subtler idea that all truths are socially constructed. "Therefore, a more accurate statement of multicultural relativism and social constructivism is that while there are truths and values in our world, we can no longer assume that they are universal and eternal, particularly when universal and eternal often function as code words for white and male" (p. 64).

The fourth aspect of postmodernity revolves around the academic discourse under the title of deconstruction or poststructuralism "and has been attacked for offering the extreme idea that our world is determined by language, but language can never escape its own domain, and thus ultimately all knowledge and meaning is suspect" (p. 65). This theory of rhetoric has tended to obscure the critical connection between postmodernity and social movements.

Lastly, Samuels' advice is "to avoid the pitfalls of promoting theories that destroy the foundations for any type of stable meaning, argument, or social action" (p. 66).

As a postmodern paradigm, Hosking and Morley (2004) cited in Geldenhuys (2015) mentioned that the social constructionism represents a number of theoretical frameworks such as those coined in the literature as **relational constructionism, conversational construction** or **relational practices**. These different frameworks provide background on the contemporary debate in psychology, on the one hand between scholars who view it as a natural science and argue for a descriptive approach with an emphasis on individual psychology and, on the other, scholars who view it as a moral science with the emphasis on collective psychology. The latter scholars are mostly concerned with underlying values and forms of self-expression that are constituted in conversations, unique to specific places and times. Geldenhuys asserts that the perspective of psychology as a moral science aligns with theories of social psychology, which serve as one of the roots of organisational psychology.

It would also seem that there is also an expectation of the postmodern paradigm that it will contribute towards transforming relationships in postmodern literature. The new surge in researching and applying psychoanalytic constructs in South African organisations, which occurs on the basis of a systems-psychodynamic approach rooted in the Tavistock or Object Relations movement, makes a case for transformation. This is based on the argument that interventions based on other paradigms such as humanism, behaviourism, cognitivism and positive psychology do not address the major conflictual issues encountered in South African organisations. For example, the humanistic paradigm covers optimal functioning of the individual, without considering people's impact on others (Geldenhuys, 2015).

As for the systems-psychodynamic paradigm, Geldenhuys states that it primarily emphasises the unconscious influence of past authority relations on current behaviour, although it provides a diagnostic perspective on behavioural dynamics.

Nevertheless, while one acknowledges Samuel's advice earlier, "to avoid the pitfalls of promoting theories that destroy the foundations for any type of stable meaning," one cannot, however, ignore the latest discourses around post-contemporary ideologies which are said to be futuristic.

According to Brooks (2013) a principle of **post-contemporary** thought is to rethink the "admonition to never forget the past, lest we be doomed to repeat it" (p.139); a position mostly

associated with postmodernism. Post-modernism is seen to be obsessed with the past, irrespective of the obvious revisions and advancements in, for example, politics, economy, culture and technology. Anderson (2012) added that the call for democracy, social justice, and human rights was mounting from all over the world.

Brooks, however, likens post-modernity to the motto, "the more things change, the more they stay the same" (p.139). Postcontemporarists can be defined as the emerging forward thinkers who attend to the future and emphasise the need for "a new way of thinking in a post-contemporary society realising that it has been the locus of nothing but new practices for fifty years, all of which have been assimilated and packaged for them under one singular heading" (p. 139).

WHAT EXACTLY IS SOCIAL CONSTRUCTIONISM?

As Lock and Strong (2012) express it, Darwinian thinking came to be associated with the history of nature's technology whilst Giambattista Vico (1668-1744), writing three centuries ago, takes the position of the first social constructionists. For Vico the difference between human history and natural history is that humans have made the former, but not the latter. The novelty of Vico's science still remains because he has only been partially understood, in a tame, domesticated sense, which has disguised his subversive meanings.

Lock and Strong (2012), however, also acknowledge the difficulty in approaching Vico's work, which for many is nonsensical, unconvincing and exaggerated from a modern perspective. Nevertheless, as the original thinker Vico was associated with the rising modern scientific conception of humans and their meaningful interaction. This approach to human science was exceptionally different from that of his time.

Amongst others Vico confronted Descartes for prioritising the deduction of **certain knowledge** in a logical fashion as an adequate basis for a human science. This view, he thought, depicted human experience as being like a knowable and toying with a machine, leaving out the human qualities and origins of what we can know. He criticised the Cartesians' concept of universal truth, when there were so many variations on truth pertinent to human institutions as diverse as cultures, disciplines and even families.

Other philosophers, such as Hobbes and Spinoza, were also challenged for their proposed notion that there was a universal and constant human nature. Vico emphasised the view that human beings are historical beings and that the human mind is regularly reconstructed into new forms over time.

To illustrate the point of multiple truths Vico used therapy as an example, wherein therapists are presented with versions of how things are. In this scenario, the role of the therapist is to listen to, amongst other factors, the client's common sense. This could, however, be seen as digressing from the 'real issues'; as a result, therapists are faced with choices in how to listen to clients, for instance through the DSM-IV-TR's ears, which is as much a human construction as is geometry. The institutional forms of understanding which the therapists bring to interactions with clients, and the extent to which they engage with clients in terms of such forms, imply that clients might be held to talking solely on the therapist's terms. Vico's view of understanding was, however, not fixed to static forms of common sense but perceived the therapist's varied use of **language** as fluid and constructive, not merely descriptive or representative, but as creating a **conversational space** for other possible meanings to resurface (Lock & Strong, 2012).

Similar to that of Vico, the writing of the French philosopher Michel Foucault (1926–1984) has also been found dense and difficult to penetrate. However, the impact of Foucault's conceptualisation of the **nexus of power and knowledge** made an indelible mark in social constructionism. Foucault's view was that history did not unfold "in a rational, progressive way, developing ever higher forms of reason, but through the exercise of power", according to Lock and Strong (2012, p. 245).

Power was perceived to be exercised as **the will** of one particular group over that of another one. This became the major factor in determining historical change. Lock and Strong discuss four main ways in which they regard Foucault's thought as important:

The first is to be found in his analyses of the history of human practices in the Western cultural era, whereby distinctions are constructed, legitimised, and acquire the values of **right** and **wrong**, **normal** and **abnormal.**

The second lies in the ways in which Foucault noticed how these distinctions go beyond grounding norms for changing etiquettes within society, and actually enter into the construction of what it takes to be human, and dictate everyday ways of life.

The third is an extension of what Foucault tackled in his later work on sexuality and ethics, concerning the means by which, similarly, such distinctions adopted particular cultural ideas and practices to govern themselves **appropriately.**

The fourth is to be found in the dialectical nature of many of Foucault's arguments and the way these highlighted the **fixing** of words so that, without thinking much about it, human beings use them in a manner that does not acknowledge **pre-existing social facts** which have been laboriously discovered, but simultaneously **creates those facts** and locates them as if they were discoveries of the **way things really are**.

Furthermore, according to Foucault underpinning the worldview of a culture as it is established in practice at a particular time and place is a **discourse.** Within this framework, the term discourse refers to the systematic, coherent set of **images, meanings, metaphors, representations, stories**, **statements,** that construct an object in a particular way. This takes place during spoken interchanges between people, painting a particular version of an event. Multitudes of alternative versions of events are potentially available through language. In other words, each person may employ a variety of different discourses, leading to **different stories to narrate the same situation** (Burr, 2015).

Discourses tend to have an **internal consistency**, and the principles of consistency provide **spaces** as to what might be legitimately expressed, and what might not be expressed. By implication, the views or **knowledge** of those in positions of power would have been intuitively accepted as the **natural way that things are** because the discourse was consistent. Those who are not in power would be coerced into demonstrating loyalty and accepting the status quo or facing the negative consequences that result from being **othered** (Lock & Strong, 2012)**.**

Burr (2015) has also alluded to power inequalities, such as in mental health, and adds that **macro social constructionists** have a special interest in analysing various power inequalities, with a view to challenging them through research and practice.

Aligned to the above Foucauldian thinking, in relevance to this study, one may assume, firstly, that although the participants' diagnoses may be similar, their personal experiences, having lived with the conditions, would be different from one another. Secondly, through the unequal knowledge power dynamic between the medical profession and the participants, the diagnoses of **stress, anxiety, depression and or burnout** are labels that they were obliged to accept in order to receive psychiatric or psychological treatments and so on. These interventions were not only critical to their well-being but were also key dependencies for their ability to remain employed.

Moreover, the repeated medical discourse about mental illnesses, could also have influenced the participants' thinking about their ailments. The study, therefore, amplifies their **voices,** based on their own independent **beliefs** and understanding of their conditions.

The same power/knowledge process continued to produce scientific specifications during the **Enlightenment** phase. These would be the classifications that came to define what is **normal** as opposed to what is **abnormal.** People were subjected to scientific documentation, examined for classification and had their status transformed into individual files. Given his psychology background, Foucault reflected on these methods and practices of psychology and psychiatry. He was fascinated with how particular "virtues came to be articulated into apparatuses of power, where **'experts'** developed and used knowledge in ways that specified and produced certain social ways of being"

(Lock & Strong, 2012 p. 250). Understandably, the lay public did not want to be excluded from "such expert power, so they took up such knowledges and practices to use on themselves, as in the case of clients in therapy, self-identifying according to DSM diagnoses, and using self-management strategies found in the self-help literature" (p. 250).

The usage of dominant psychological knowledge, with its associated cultural and self-applications, was referred to as the **Psy complex**; **language** played a key role in perpetuating such dominance.

The above led to family therapist Tom Andersen writing "that language is not innocent. Its availability to us owes something to the purposes it has already been put to, purposes that might not fit a circumstance to which it may be imported"; cited in (Lock & Strong, 2012, p. 291).

Foucault's discourse on language, therefore, saw speech in broader terms and related discourse to the manner in which people organised their ways of talking which also involved familiarity and regularity in how they talked and thought. In doing so, they imposed particular views and language on their experience. A problem results when these people relate to what happens using talk beyond or outside these familiarities and regularities. It is said that such talk and thinking can be taken for granted. Having realised this challenge, Discourse Analysis **(DA)** highlighted the need to "become aware of the link between our taken-for-granted ways of talking and how they shape our thinking" (Lock & Strong, 2012, p. 276).

Critical Discourse Analysis **(CDA)** probed further, to explain that the discourses people use to understand and communicate with each other are those most accessible to them. Such discourses provide them with particular **meanings**, including buzzwords or **metaphors** that distinguish them. This implies that language with its symbolic markers has the power to convey to people **how things are and should be**. Therefore, the question is: to what extent do people **accept any** discourse and its words and understandings as **theirs** (Lock & Strong, 2012)?

Earlier it was assumed that the participants in this study would have accepted their diagnosis so as to receive treatment. However, the study hopes to create space for the participants to **re-tell** their personal discourses and understandings of their work dysfunctions based on their own lived experiences.

Lock and Strong (2012) further emphasise that **any** discourse can achieve dominance if it is made the primary one which people use to make sense of their experience, but it may be hard to be aware of such interaction, particularly when it comes packaged as a value-based discourse. Acknowledging discourse dominance based on the **CDA** perspective, it can be argued that the DSM, and to a certain extent other diagnostic taxonomies, have ascended to the language of psychiatry, while other languages, constructs and thinking have had to be subordinated.

Lock and Strong (2012) borrow another example from a therapeutic context and present the view that therapists who have adopted a discursive angle would be aware of how the languages they were trained in might be suspect for furthering some forms of cultural dominance. Their challenge would be to listen **ethnographically** and hear the differences in how language is used to represent

experience, and how the conversation itself is performed by the client. "But it is one thing to be discerning of and sensitive to such discursive differences and another to engage with clients talking from such differences", as Lock and Strong note (p. 290). This can put the onus on the practitioner to be the discursively flexible party in professional conversations: "[s]uch flexibility encompasses both the listening and speaking domains and involves finding ways to bridge discursive differences with ways of communicating that suit both parties. Without such flexibility practitioners and clients may be talking right past each other" (p. 290). The same flexibility is necessary in the interview conversations to be conducted in this study.

SOCIAL CONSTRUCTIONISM AND ITS ONTOLOGICAL PERSPECTIVE

The ontological assumption in social constructionism is that the way in which the world is traditionally understood is not derived from the world as an entity, but from the shared or relational construction of it. This implies that all realities are socially constructed by people who agree as to what constitutes that reality and or world. Social construction is therefore not concerned about ontology separate from epistemology and is not interested in the literalness of so-called "facts", but is concerned with the **meanings people attribute to things**, with its focus on the processes people adopt to arrive at their understandings of themselves and their experiences. Social construction accepts and acknowledges the existence of multiple socially constructed realities, viewed as interdependent constructions that exist and are known only in relation to one another. One can therefore speak of a **relational ontology** (Geldenhuys, 2015).

SOCIAL CONSTRUCTIONISM AND THE EMERGENCE OF ALTERNATIVE APPROACHES TO THE STUDY OF HUMAN BEINGS

In his book, Burr (2015) writes about the gradual emergence, since the early 1980s, of a number of alternative approaches to the study of human beings as social animals. These approaches have been presented under different headings, such as **critical psychology**, **discursive psychology**, **discourse analysis**, **deconstruction** and **poststructuralism**. What they have in common is what is now often referred to as **social constructionism.**

They all draw from disciplines such as philosophy, sociology and linguistics and offer radical and critical alternatives in psychology and social psychology, as well as in other disciplines in the social sciences and humanities. The comment about the alignment between psychology as a moral science and the theories of social psychology was made by Geldenhuys earlier, and sociology's label as psychology's cousin is well known. Burr (2015), however, regards this stance as having presented an unhelpful separation between the two disciplines since the early twentieth century.

In any case, the above picture indicates that there is no single description for social constructionism that is able to satisfy all types of writers and intellectual traditions due to its un-traceability back to a single source. It resembles a movement or family, with family members in possession of different characteristics, or a broad church with more than one school of thought influenced by a variety of disciplines (Lock & Strong, 2012; Burr, 2015).

Extrapolating from the **broad church metaphor**, Lock and Strong (2012) mentioned the following extensive tenets that hold social constructionism together:

First: its interest in **meaning** and **understanding** as the core features of human activities. With respect to meaning, the focus falls on how it is that a symbolically based language can provide a very different quality of social experience for two people who speak the same language, as compared to two people who are speaking different languages. People have an immediate grasp of what is being said in the former conversation whilst just hearing noise in the second one. It suggests that to fully grasp the conversation there is a need to continue conversing until there is agreed understanding.

Second: the view that meaning and understanding are steeped in social interaction and shared agreements as to what these symbolic forms are to be taken to signify.

Third: ways of **meaning-making**, being inherently rooted in socio-cultural processes, are specific to times and places; "[t]hus, the meanings of events, and our ways of understanding them, vary over different situations" (p.7). These variations might be trivial; for example, what is regarded as a fashionable dress code may differ within cultures over time. Other variations could be much more substantive. The Delphic Oracle was admired for hearing the voices of Gods, rather than presented as "schizophrenic". Such Oracles were thought to be "blessed" rather than marginalised as sick. "The different discourses in which their experiences were available to be constituted and made sense of place both historical examples in very different relations to very different problems from their modern counterparts" (p.7).

Fourth: stemming from the other principles, most social constructionists have an uncomfortable relationship with **essentialism,** in terms of the concept that one of the main goals of psychology is to uncover the essential characteristics of people. The constructionist's view is that,

"people are **self-defining** and socially constructed participants in their shared lives. There are no pre-defined entities within them that objective methods can seek to delineate but, rather, our ways of making sense to each other are constructed to yield quite different ways of being selves" (p.7). Therefore, social constructionists are interested in outlining "the processes that operate in the socio-cultural conduct of action to produce the discourses within which people construe themselves" (p.7).

The above perspective does not refute the point that humans have certain propensities, nor does it dispute the idea that people have brains, but it simply highlights that these brains are more linked to bodies and other people, artifacts constructed by social practices, than psychologists usually indicate.

Furthermore, Geldenhuys (2015) asserted that scholars involved in social constructionism are also reluctant to define the concept or to view it as a paradigm. They think defining it might be a construction of a reality with power over other definitions or paradigms, hence resulting in the exclusion of other possibilities. They suggest that the concept should be regarded instead as a practical philosophy based on a specific thought style.

Geldenhuys's proposition is that social constructionism should be viewed as "a way of engaging with the world with the focus on relational practices and the social realities these practices create, maintain and transform. It is not an attempt to identify the origin of social realities, but to focus on the relational activities and the products of these activities" (p. 4). The emphasis is on relationships, but not in the sense of what is traditionally known as interpersonal relationships with the focus on the individuals. Instead, "the focus is on the relational processes between individuals

and the meanings that are constructed during conversation at the intersubjective domain between them" (p. 4). Therefore, social construction is about relating and relatedness, meaning, the interactive processes, the conditions of being in relation and the products of this interaction.

Burr (2015) also attempted to describe social constructionism by referring to Gergen's work of 1985. This presents the view that a social constructionist approach would accept one or more of the following key assumptions:

A critical stance towards our **taken for granted ways of understanding** the world and ourselves. This challenges the conventional view that "knowledge is based upon objective, unbiased observation of the world" (p. 2). Social constructionism opposes positivism and empiricism which "entail the assumptions that the nature of the world can be revealed by observation, and that what exists is what we perceive to exist" (p. 2). The paradigm argues that there is a vagueness in how we have come to classify people, influenced by mainstream psychology's universality, essentialist, realist and individualistic, characteristics. From a social constructionist approach all ways of **understandings are historically and culturally relative** and dependent on the prevailing social and economic arrangements at a particular time. Like Geldenhuys, Lock and Strong, Burr also supports the view that psychology has been accused of being imperialist in its attitude towards other cultures and has colonised them, replacing "their indigenous ways of thinking with western ideas" (p. 4).

The key assumption is that **knowledge is sustained by social processes,** in other words that people construct knowledge between themselves through daily interactions. Therefore, all kinds of social interactions, especially **language**, are of great importance to social constructionism. For

example, what we understand about an **anxiety disorder** as a condition has come through the exchanges between those who have suffered from it, their families, the different professionals such as psychiatrists, psychologists, health institutions, writings on anxiety and so on.

Since "**[k]nowledge** and **social action** go together" (Burr, 2015 p. 5), social dealings can create several possible social constructions of events. But each different construction also invites a different type of action from human beings.

In the context of this study, for example, if depression continues to be understood and viewed as a treatable condition, employees might be more often referred for psychiatric or psychological treatment as opposed to being labelled as lazy or poor performers. The latter calls for a performance management process which normally adds more pressure to the employee and exacerbates the depression. However, through **power relations** constructions of the world sustain some patterns of social action and exclude others.

Burr also cautions against the possible assumption that social constructionism is taking the nurture side in the nature/nurture debate, because both these views are essentialist. **Essentialism** is perceived as confining people inside personalities and identities that are restrictive and pathological. The essentialist angle, therefore, continues to render psychology as an oppressive practice. Burr uses the example of a person diagnosed as **manic depressive**, which is thereafter regarded as a permanent feature of their personality. This person faces a future in which change appears unlikely and includes the possibility of becoming "subject to invasive psychiatric procedures" (p. 7). This is attributable to the essentialist tendency to look for dispositional explanations for human behaviour, which results in

seeking “causes of behavior in psychological states and structures rather than in social processes” (p. 7).

The essentialist practice is also regarded as reductionist in that it describes complex phenomena in terms of simpler elements, either through the biological or social **reductionism** lenses. Both psychology and social psychology tended to concur with the biological mechanism in explaining behaviour and **therefore reduced** or de-emphasised the complex social and cultural conditions that inform any psychological phenomenon.

In this study, so as to avoid the reductionist influence, an appreciation of the complexity of the participants’ lived experiences as multilayered was critical. The literature has indicated that the issues around boundary demarcations between work and other aspects of people’s lives are a challenge, if not a fallacy. People show up as holistic beings, constructed from and by particular social processes, responsibilities and cultural backgrounds. Based on this view, it is to be expected that the participants’ expressions of their lived experiences would not be entirely **neat** nor **orderly,** neither would they be confined to the workplace.

Research needs to afford the participants **personal agency**, to express all possible multiple **versions of their stories** as well as the interrelatedness of those stories to other experiences of how work dysfunctions may have impacted other areas of their lives. This view is also aligned to the micro version of social constructionism, which emphasises the constructive work of individuals (Burr, 2015).

Another fifth key assumption of social constructionism is the denial that **knowledge** is a direct perception of reality. It challenges **realism**'s assertion that an external world exists independently of our representations. Its position is that knowledge is derived from different perspectives of how people make sense of the world and reality, reflecting on their personal vested interests. These forms of knowledge are also **historically and culturally** specific, indicating that the theories of psychology "thus become time-and-culture-bound and cannot be taken as final descriptions of human nature" (Burr, 2015, p. 9).

This study will take note of the participants' personal agency and also regard them as competent, possessing sound personal knowledge about their work dysfunctions. It can be assumed that their reality about their situations would be reflected in the knowledge that they would have continuously constructed and re-constructed through different professional interactions, for example, therapeutic interventions and/or medical consultations. Prior knowledge could also have been gained from informal conversations with fellow human beings who may have suffered from the same conditions.

Lastly, as presented by Burr (2015), based on Gergen's work, social constructionism argues that **language** is a precondition for thought. People are born into predetermined conceptual frameworks and categories in a specific culture. Concepts are acquired by each person as they develop the use of language through the course of everyday interaction with others who share the same language and culture. This perspective differs from Piaget's popular theorisation that children must develop concepts (passively) before verbal labels. Therefore, instead of accessing internal psychological states through language, "social constructionism sees language as one of the principal

means by which we construct our social and psychological worlds" (p. 10). Each time people speak, the world is constructed. There is action and performance. Of note, though, is that the performative role of language has certain practical consequences, restrictions and obligations. For example, there would be implications if a judge were to say in court, "I sentence you to two years' imprisonment".

Within the context of this study, the question is, what does it mean for the participants to be told that "**you have stress"** or **"anxiety"** or **"depression"** or "**you suffer from burnout"**?

SOCIAL CONSTRUCTIONIST PSYCHOLOGIES

This section presents an account of social constructionism, however, from a broad based psychology characterisation, that is, critical psychology, discursive psychology, deconstructionism and constructivism in line with Burr (2015).

Critical Psychology

The most pronounced character feature of social constructionism is that it functions as critique. Critical psychology flows from the critical nature of social constructionism and provides alternative readings of a range of psychological phenomena, such as **mental illness**. Critical psychologists "have attended to the numerous ways in which the discipline of psychology may be said to operate ideologically, having far-reaching and powerful effects upon the lives of people whose **own voices are silenced"** (p. 18)**.**

With relevance to this current study, the critical psychology perspective would enhance the researcher's thinking in conceptualising the lived experiences of the participants and avoid the pitfall

of relying only on the traditional mainstream psychology frameworks.

Discursive Psychology

Discursive psychology is particularly concerned with how people use **language** in their everyday interactions (the micro-social interactions), their discourse with each other, and how they put their linguistic skills to use in building specific accounts of events. In addition to the emphasis on the performative and action-oriented nature of language, discursive psychologists also believe that accounts are constructed in interactions to suit the users' purposes. They suggest that people draw upon a shared cultural resource of tools, such as interpretative repertoires and metaphors, for these purposes. These repertoires enable people to justify versions of events, to excuse or validate their behaviour, to fend off criticism or otherwise allow them to maintain a credible stance in an interaction. Repertoires are not the property of individuals and should not be belonging to them like characteristics or traits.

The above implies that, instead of taking what people say as an expression of internal states or underlying processes, we should rather look at what they are doing with their talk. This radically departs from mainstream North American psychology, which positioned internal states such as **cognitions, emotions, attitudes** and **motivations** as constructs that lie behind the things that people do and say. Discursive psychologists have taken the phenomena that we usually think of as private and placed them into the public, social realm. This has, however, been criticised by mainstream psychology for not answering the question as to **who** is doing the constructing and why (Burr, 2015).

Despite the above criticism, the researcher believes that it is in this web of linguistics performance, with its representative repertoires and metaphorical language, that **rich and in-depth information** around the **participant's stories** will arise.

Deconstructionism

According to Burr (2015) deconstructionism stems from the work of poststructuralist French philosophers such as Michel Foucault and Jacques Derrida. The term deconstruction was specifically introduced by Derrida**.** "Deconstructionism emphasises the constructive power of language as a system of signs rather than the constructive work of the individual person" and "is concerned with how the human subject becomes constructed through the structures of language and through ideology" (p. 20).

Foucault, as cited by Burr, argued that the way people **talk about and think about**, for example mental illness, "and the way they are widely represented in society, brings implications for the way" they are treated (p. 20). Representations necessitates kinds of power relations. For instance, society regards people who hear voices as mentally ill and refers them to psychologists and psychiatrists, who then are accorded power over many aspects of those people's lives. As stated earlier, Foucault referred to such representations as **discourses,** operating through language and other symbolic systems. For example, the use of written texts, pictures and images all constitutes the discourses through which we experience the world. The way that discourses construct people's experiences can be examined by deconstructing these texts, taking them apart and showing how they work to present people with a vision of the world, and thereby empowering them to challenge the negative discourses or representations**.**

In this research, the above perspective highlights a useful way of listening, with a view to deconstructing the participants' interview conversations and unfold deeper insights and the richness of the information. This implies that no interview material could be **merely** disregarded as irrelevant to the topic at hand. Careful and detailed analysis, and understanding of what is really meant and represented in each participant's story, will be critical.

Constructivism

According to Liebenberg (2008) social constructivism was developed during the late 1960's. Its origin, however, dates to the 1920's with the Swiss linguist, Ferdinand De Saussure. Upon his investigation on the nature and characteristics of language and its consequent influence and impact on our world of experience, De Saussure developed hypotheses which assume that our experiences in the social world are "dependent on the language that we use to describe these experiences" (p. 82).

Furthermore, constructivist psychologies argue that each person perceives the world differently and actively creates their own meanings from events, resulting in the world being a different place for each person. The power of this constructivist position is that people have the capacity to change their own constructions of the world and thereby to create new possibilities for their own action. This process is, however, often difficult and challenging.

The constructivist stance is like that of **narrative psychology,** which argues that we tell each other and ourselves **stories** that powerfully shape our possibilities. We are agents and active creators

of the stories we tell. That said**,** the essential difference between such **constructivisms** and **social constructionism** is two-fold:

- In the extent to which the individual is an agent who is in control of her or his construction process, and
- in the extent to which our constructions are the product of social forces, either structural or interactional (Burr, 2015 p. 22).

The social constructionism literature covered above shows common patterns of thinking, theorisations and concepts shared among different writers within the movement. The prominent key concepts are: **Knowledge, Power, Human Nature, Conversations, Language** and **Stories**.

This following section will attend to each concept respectively, in an attempt to further articulate and summarise the role of each and their conceptualisations.

THE ROLE OF KNOWLEDGE AND POWER

According to Geldenhuys (2015) the epistemological assumption in a social constructionist paradigm is that knowledge is constructed through social processes, representing different realities, and all knowledge is regarded as **perspectivistic.** It is constructed **"in motion"** through relatedness: "an ongoing process of meaning-making and creating common understandings" (p. 5).

Knowledge is therefore not viewed as objective, but instead provides a subjective frame of reference or cognitive map, expressed from a certain perspective in a particular meaning-making system. Such systems develop rules for determining what counts as hard facts and what not as a

means to gain social control. Knowledge is therefore regarded as objective, factual and coherent for those who are participating in its making, resulting in formation of scientific communities, communities of practice and cultures.

In line with the above thinking, the workplace can also be regarded as a system with, for instance, a defined set of rules on what constitutes **good** or **poor** performance, and standards against which to evaluate employees. Inability to successfully perform work duties is not uncommon for employees who suffer from work dysfunctions, resulting in them having to be taken through a poor performance management process for **those who perform poorly.**

The theorisation of knowledge also implies that if one does not participate in the making of knowledge one feels excluded and powerless, often due to the **hidden mechanisms of coercion** and **power** discrepancies inherent in the communities of people who define knowledge (Anderson, 2012). For Anderson, the call is simply to interrogate any knowledge regarding its claim to truth and also the consequences of **grand narratives** which perpetuate our **pre-knowing**. Assumptions based on pre-knowing inhibit openness to the novelty of people's individuality and may inadvertently lead to the search for similarities between people "that create artificial categories, types, and classes" (p. 10).

Diagnostic labels such as depression, anxiety, stress and so on are part of the categorisation of psychology and psychiatry; these include sanity/insanity, which later extended to countless varieties of abnormality (psychosis, neurosis, manic depression, schizophrenia and the like). The question then, according to Van Zyl and Nel (2011), is: what might be the consequences of labelling "for the diagnosed individual's perceptions of self in relation to **others"** (p. 18)? Labels, and phrases

such as **the identified patient** used in clinical settings, perpetuate the phenomenon of **othering** of which social scientists have been accused. Lock and Strong (2012) contend that social science has used **othering** people in ways that dehumanized and turned them into passive recipients of traditional practice.

This study is carried out in the belief that the participants' narrated **lived experiences** with **work dysfunctions** would assist in reframing the negative labels associated with work dysfunctions, and minimise the **othering effect** inherent in the label.

Disciplinary Power

According to Burr (2015) "knowledges can be very powerful, in that they manage the control of society and its members efficiently and without force, through what Foucault calls **disciplinary power**" (p. 81). Foucault believes, however, that western societies have shifted away from **sovereign power** in which the sovereign controlled people by his or her power to punish. **Disciplinary power** was implemented in such a way that people are controlled by freely subjecting themselves to the scrutiny of others, especially experts, and to their own self-scrutiny.

However, today's advances in technology such as CCTV, mobile phones and social media, asserts Burr, have led to concerns that people are now living in a **surveillance society.** Looked at against this background, the practice of psychology becomes highly dubious in that it becomes seen not as a liberatory project in which knowledge discovered about human beings is used to improve their lives, but as one more cog in the machine of social control. But the execution of power can be

invisible and not recognised as such by people. It is insidious and infuses all parts of our lives, our thoughts, "beliefs, and desires through the daily business of living" (Richardson, 2012, p 91).

Hence, "The argument is that, on rational grounds, if people really understood that they were being controlled they wouldn't put up with it. Foucault saw this as an essential aspect of the operation of power. Power is tolerable only on condition that it masks a substantial part of itself" (Burr, 2015. p. 85).

In fact, the concept of the **Psy-complex** has been created to refer to all the practices and professions with a **Psy** prefix, such as psychology, psychotherapy and psychiatry. They are perceived as playing a central role in the surveillance and regulation of people in contemporary society. The practice of surveillance requires information about people. This information can then be used to establish norms for healthy or morally acceptable behaviour, against which any person can be assessed or assess themselves. From a Foucauldian perspective, all this information about people constitutes the production of knowledges which can be used to control them while pretending as though it is in their own interests, and with a stamp of **science** to give such knowledge authority (Burr, 2015).

Subject Positions and Power

According to Burr (2015) subject positioning is about positioning oneself in the interpersonal context and is concerned with how positions are offered, accepted or resisted in everyday talk. It happens through discourses and brings associated power implications to life. "When we position ourselves or others during conversation, we are doing something that has effects which go beyond

that immediate social event" (p. 137). Therefore, no conversation is trivial; every one represents an important scene in which identities are designed and power relations played out.

The discursive positions on offer to individuals during social interaction may therefore play a central role in the extent to which they are able to negotiate satisfactory identities for themselves. To the extent that material conditions and social practices are intertwined with discourse, then our ability to, say, earn a living, or refuse to do what others wants us to do, depends upon the positions in discourses that we can take up or resist. "Understanding positioning and an ability to use it skillfully could be important tools in a person's efforts to change themselves and their circumstances" (Burr, 2015, p. 138).

Furthermore, Burr asserts that the subjectivities open to people through positioning in discourse may be oppressive. He uses the example of a medical discourse that typically contains positions of those who offer treatment through their medical knowledge (e.g. doctors) and less knowledgeable patients who receive the doctor's care. Through this discourse the doctors are addressed as potential carers. They possess **medical authority,** conferred upon them because of their medical qualifications and training, whereas those without medical training are addressed as patients.

Therefore, doctors **warrant voice** in the sense that they have the capacity to legitimise their own versions of an event by making **a diagnosis.** They are also heard more frequently and therefore more likely to receive **the label of truth.** Their patients may, however, have a **different story** to tell about what is happening to them. The patient's **voice** is, though, determined by how skillful they are

as **discourse users** to be able to bring off their desired identity construction of themselves and to resist those offered by others.

Burr cited this example by Davies (1961) to demonstrate the negotiation of roles, which can also be viewed as a struggle for viable positions within a medical discourse:

> A physiotherapist tried to convert a person with a temporary physical handicap into a patient. The therapist emphasised the disability [’] seriousness, to persuade the person to relinquish normal roles usually played, in favour of total patienthood. The person responded by emphasising the handicap’s temporary character and the imminent prospect of recovery. The person attempted to establish friendly relations by providing personal details about self, asking the therapist personal questions, extending social invitations and in other ways attempting to avoid becoming **only** a patient. The therapist could not play a completely professional role unless the person became a complete patient, however, so that offers of friendship and intimacy were rejected. But the therapist still could not afford to be viewed as cold and distant by either patient or colleagues. A **distant cordiality** was maintained as a role relationship emerged from the negotiation (p. 134).

Furthermore, the concept of **subjectivity agency** relates to **subject positions and power** in that it looks at the way in which human beings are conceptualised within discourses. This introduces what Foucault phrased as **the death of the subject** which amounts to viewing people as puppets

operated by structures they cannot see, making it impossible to allow people **human agency**. The subject as she or he is constituted by discourse is not recognized as capable of critical reflection and able to exercise some choice with respect to the discourses and practices out there. Within this view, given the right circumstances, change is possible because human agents are capable of critically analysing the discourses that frame their lives. Change is possible through opening up marginalised discourses (e.g. work dysfunctions), making them available as alternatives from which we may craft alternative identities (Burr, 2015).

The view that change is possible by opening oppressed discourses, perceives the individual as simultaneously constructed by discourse and as using it for their own benefits. The first step towards personal change, then, is to draw on the idea of discursive positioning, which might be to recognise the discourses and positions that are currently shaping the person's subjectivity. Such a recognition can be beneficial in itself, by re-locating problems away from an intra-psychic arena and into a social one.

For example, **depression** is a term that locates problems within the internal psychology of the individual. A woman employee may complain of depression, feeling that she cannot cope with her life. Perhaps she also feels that she is a bad mother because she frequently loses her temper with her children or that she is possibly an inadequate daughter because she is reluctant to care for her own elderly mother.

When one re-casts this woman's problem at a societal level rather than at an individual level, a different analysis emerges. Such an analysis may suggest that the woman sees herself as **oppressed**

rather than **depressed.** The discourses of motherhood, femininity and family life encourage women to engage in practices that are not necessarily in their own psychological, social and economic best interests. Thinking of oneself as oppressed rather than depressed promotes a different view of oneself and how to approach one's problems. This woman's issue with her ailing mother may still remain to be solved, but she might not feel so conflict ridden and guilty.

The relationship between the person's positioning and the power dynamic reflects the predicament employees may find themselves in the event they wish to express, for example, their real feelings about **their lived experiences** with work dysfunctions within the organisation. Their dependency on the organisation to **earn a living** may have an inhibiting or **silencing** factor.

It is important, however, to amplify the assertion by Fairclough (2015) that power is not inherently bad, as long as it is legitimate. When people go to the doctor, they accept that the doctor has certain legitimate power over them.

THE ROLE OF HUMAN NATURE AND CONVERSATIONS

Geldenhuys (2015) comments that the argument that human nature has a social basis, with emphasis placed on theories on child development and learning for instance, has frequently been made. Child development research was based on observations of how babies are socially constructed as speakers through relating with their caregivers. Based on this view, neither the self, nor the meaning, is regarded as a pre-condition for social interaction; these emerge from and are sustained by **conversations**. As Lock and Strong (2012) put it, human reality is located and constructed within the conduct of conversations.

The significance of a **conversation** has been well enunciated in Fourie's 2012 journal article. This indicates that as long ago as 2000, Fourie had already reported as an example, “that all successful psychotherapy, regardless of theoretical orientation, embodies two elements over and above the common or relationship factors and over and above technique. These are the development in conversation of a shared understanding of the problem, usually an understanding which is somewhat different from the client’s original conception of the problem (that is, a cognitive reframe), followed by action which is considered to be coherent with or appropriate to the developed understanding” (Fourie, 2012, p. 131). Fourie’s concept was not new. It dated back almost 30 years to when earlier scholars such as Jerome Frank (1971/2006), cited in Fourie, wrote about these same two elements as necessary constituents of successful psychotherapy.

From a social constructionist perspective, a **cognitive reframe** can be conceptualised as a new understanding or frame “which fits the known facts of the client`s situation as well as or better than the client`s original conception” (Coyne & Segal, 1982, cited in Fourie, 2012, p. 132). According to Fourie, reframing is sifted or teased out in conversation, leading to the development of a new meaning or understanding of the problem shared between the involved parties (e.g. therapist and client).

This study was undertaken in the hope that the conversational approach would assist the participants in reframing their experiences, thereby leading to accessing additional meanings of **their lived experiences** by **voicing** them from a new perspective.

As Geldenhuys (2015) puts it, what begins as a social process can be transformed over time into intrapersonal processes through conversations. It could be argued that **"work dysfunctions"** have been socially constructed and reframed, with specific meanings influencing the workplace culture and certain evolving conversations in the health sector. The conversation including its agenda would have been set and carried out by those who are in power – the **knowers** (e.g. medical practice and the workplace).

In line with the notion that people's transformation can be brought about by means of conversations, it is believed that, over time, a different conversation about **work dysfunctions** could play an important role in altering the organisational culture and attitudes towards mental illnesses in general. This stance "assumes that human beings are sustaining and reproducing multiple cultural patterns that have formed them as persons and what they have learnt": what participants would have **learnt** (e.g. coping mechanisms) **through their lived experiences** would provide **rich information** "or sources for future thoughts, relationships and behavior" in relation to work dysfunctions (Geldenhuys, 2015, p. 5).

Broader workplace conversations which include managers and co-workers would also address the criticism indicated in the literature, that managers are always the last to know about their employee's work dysfunctions, unless the problem has an impact on the work performance. It can also be assumed that this inclusiveness into the conversation could help alleviate the stigmatisation associated with mental illnesses.

In addition, the holistic integration of employees supports the belief that an individual is only an individual insofar as he or she is an individual-in-relationship, a view of human nature closely aligned with Ubuntu values (Geldenhuys, 2015).

The Role of Language

Language is central in social construction. It provides the basis for all thoughts, and constructs our experiences of each other and ourselves. It is viewed as the object of the study in itself; our very selves become the product of language. It is unique to human beings. With animal language the meanings appear to be fixed and stable, whereas with humans language constantly changes in its meanings (Viviers, 2005, Burr, 2015).

According to Lock and Strong (2012) the view that meaning is never fixed is based on **poststructuralism.** Its underlying implication is that, if words, sentences, books and so on change over time, from context to context and from person to person, then meaning is always contestable. This, consequently, turns language into a site of variability, disagreements and potential conflict. From this perspective, we are drawn into a view of talk and social encounters as places of struggle and conflict, where power and relations are constantly acted out and contested.

Language is also the place where **identities** are built, maintained and challenged, implying that people may feel trapped, or oppressed by the identities they have been given. Therefore, the same language can be used to reverse or change identities. If our experience of ourselves and of our lives is only given meaning by language, and if these meanings are not fixed but constantly change, and are

struggled for, then our experience is potentially open to an endless number of possible meanings and constructions (Lock & Strong, 2012).

Based on the above thinking, what it means to be identified as **neurotic** or **depressive** could be transformed and restructured, through the use of language. Lock and Strong acknowledge that change is not easy, nor can we just talk our way out of damaging identities, but that the way we represent things to each other matters, crucially.

Vizmuller-Zocco (2013) observes, "there is no need to emphasise the fact that verbal language is without exception listed among the most distinguishing features of what it is to be human" (p. 59). Whilst Anderson (2012) refers to it as "active and creative rather than static and representational" and adds that "words are not mirrors that reflect a fixed meaning, they gain meaning as, and how, we use them" (p. 10). Of importance is the context within which we use words, our purpose and how we utter them, for instance our tone and inflections: "All utterances are the product of the interaction of the interlocutors, the product of the whole complex social situation in which it has occurred" (p. 11).

However, for everyone to be able to enjoy the **language game** they must all have the same understanding of what is been said and an agreement about which game is being played. For instance, terms such as "the unconscious" have shared meanings that facilitate the flow of interaction with the language game of psychology (Lock & Strong, 2012).

In addition, social constructionism specifically highlights the **transformative power** and use of language as a sense-making process and vehicle through which people construct their world. With

its action orientation, and the power of words when people engage in **conversation**, it offers the possibility of creating future worlds collaboratively (Lock & Strong, 2012; Geldenhuys, 2015). These conversations can take place in **dialogue** (an interactive two-way process) which is a form of communicative interaction and exchange of utterances, dynamic in nature, allowing each person to engage **out loud** while silently with themselves and, together, questioning, wondering, reflecting on ideas and the issues at hand. Appreciated in dialoguing is the realisation that understandings come from within the conversation and are not based on any preunderstanding (Anderson, 2012).

The meaning of the **lived experience** is created through **language** where people's accounts and stories are culturally created within a particular linguistic system, telling and reflecting on their stories from within their context of living (Viviers, 2005).

In this study, the role of the researcher from a social constructionist perspective is to create the metaphorical space for the **"voice"** of the participants, who had been diagnosed with one of the work dysfunctions, to be heard. The research did, however, have to guard against imposing its language while holding a conversation, for both researcher and participant to learn from each other's constructions of work dysfunctions through the participants' stories of their **"lived experiences"** (Stanton, 2005).

Phrased differently, the researcher will engage dialogically as opposed to monologically. Monological non-engagement refers to the domination of a single **voice** to the exclusion of others. "Participants become like solo skyscrapers that exist side by side without connecting doors, windows, or bridges" (Anderson, 2012, p. 13).

The Role of Stories

A social constructionist recognises the role of **stories** and assumes that people give coherence to their lives and relationships by developing stories about them. Not only do they tell stories but they live them also. The constructionists therefore value stories and the meanings within stories over facts and causes. Any story is a compilation from various plot events and any relationship can support multiple stories. Therefore, for **every story a counter story** can always be found (Monk & Winslade, 2013). The authors use the story below to illustrate this point:

> A man called Bevan, checked into the hospital after a negative allergic reaction to seafood. He was treated with medication. He began to improve but was held for observation. He, however, relapsed with some symptoms coming back. A second dose of epinephrine was administered, a typical procedure in the treatment of an allergic reaction. His condition deteriorated. The emergency doctor reviewed the chart and discovered that Bevan had been injected with ten times of the recommended dose and nearly died. He escaped death but was left with a permanent heart damage.

Bevan's story is the **dominant one.** However, other counter stories unfolded in an attempt to give their own different version of the case: the family's story, the doctor's narrative and the nurses' one. The above authors stipulated that "these events cannot be adequately understood as simply individual phenomena" (p. 13). They happen in a cultural context, with specific cultural narratives at play. The cultural belief or assumption in the early 21st century has been that the hospital is a place

where sick people can be healed. From the stories in the movies, television documentaries and research reports we have learned the concept that modern medicine can perform miracles.

Given the above internalisation of the cultural narratives, these have shaped our expectations about the health care system. We inform ourselves by drawing from the **great anonymous murmur of discourse** as referred to by Foucault (1989) cited in (Monk & Winslade, 2013). When the vigorous promises of the healing narratives do not materialise, continuous harm is done to patients. Damage is not only experienced as regards the patients' functioning but also as a sense of betrayal by the health system.

Monk and Winslade, however, highlight that the medical professionals are also influenced by the same cultural forces: "[c]onstructionism emphasises the cultural context of the person rather than a universal foundational psychology of the individual and the family. It assumes that we are both bearers of and also reproducers of the cultural patterns that we have learned throughout our lives. From this perspective, culture is not like a layer of chocolate coating around a person's individual nature but is as fundamental as biology to every aspect of who each person is and how each person responds to others" (p. 25).

Furthermore, **storying** would for example not accept the standard diagnosis as the truth or reality. It would enter into an **in-depth** conversation through an interview with the individuals, aimed at helping them resolve problems by discovering new ways of **storying** their situation.

Borrowed from narrative therapy, the concepts of **storying** and **externalisation of the problem** are not premised on an essentialist view of human nature defects that can be diagnosed or pathologised and then treated. The problems that clients present are regarded as **stories** they have about themselves and their situations. The person's understanding of who they are, their interpretations of what is troubling them, are constructed through these stories. During this process, the person could find a **substitute** and **preferable story**. The story that is being co-constructed legitimises the new identity as indicated in the narrative that follows:

> I am depressed, I am instituting myself as depression, and I have little recourse but to unreflexively live out and through that way of linguistically formulating depression as my way of being-in-or-against-the-world. I need to be treated.

In the above example, if depression is linguistically separated from the self, then perhaps an alternative identity can be constructed that can counter the narrative of depression which the dominant construction allows, and which entraps people (Lock & Strong, 2012).

In resonance with the **counter stories** in Bevan's case, one may assume that the participants in this study also have counter stories to tell about their conditions. These may involve their views about their diagnosis or may be in relation to their identities as people who live with work dysfunctions. It was hoped that through voicing their stories of their lived experiences they might be able to reconstruct their stories about themselves and their lived experience.

SOCIAL CONSTRUCTIONIST CASE FOR HEALTH AND ILLNESS

According to Burr (2015) Illness cannot be perceived as a fixed entity but should rather be regarded as something that necessarily differs according to the norms and values of the particular social group that one is studying. Social constructionism makes a strong argument for health, illness and disability that views it not only as socially created but also sustained by social practices that often serve the interests of dominant, powerful groups in society. Lately, "in our society we are seeing an increasing use of **alternative medicines,** which are often based upon belief systems quite different to biomedicine" (p. 44). This should caution the dominant systems against their view that their predominant, biomedical perspective of disease is the right one and all others false.

Biomedicine cannot be regarded as simply a story of the progress of medical knowledge. It is a way of viewing the body, and it can be argued that it is connected to broader social developments. The study of the inner workings of the body in the anatomy laboratory happened in the context of a movement towards understanding the world by ordering and classifying it. Foucault (1973; 1976; 1979) cited in Burr has persuasively argued that such ordering and classifying of human beings has played, and continues to play, a key role in controlling the population.

The dichotomous classifications normal/abnormal, mad/sane and healthy/sick, were used to control society by regulating work, domestic and political behaviours. For example, the certified mentally ill may not vote and may be forcibly confined, whereas those who cannot obtain a sick note from their doctor may have no choice but to work. Furthermore, pathological entities themselves can be perceived as problematic; for instance, prior to 1973 homosexuality was a disease and was classified in the DSM-III. "Following changes in the attitudes and campaigning by gay activists the

American Psychiatric Association voted to remove it, diseases are not simply objectively defined medical entities but social ones" (Burr, 2015, p. 46)

This study is interested in hearing the participants' alternative **meaning makings** of their work dysfunctions based on their own personal norms and value systems.

SOCIAL CONSTRUCTIONIST RESEARCH

If we accept the key principles of social constructionism, it becomes obvious that the aims and practices of social inquiry must be drastically transformed. The continued focus on investigating the psychological and social world using our old assumptions and practices has become obsolete. It is suggested that our new research practices must be seen in language and other symbolic systems, since the uses and effects of these are paramount for social constructionists (Burr, 2015).

Burr adds that the preference for qualitative methods of inquiry as the ideal for gathering linguistic and textual data has been welcomed. These methods have been perceived as less likely to decontextualise the experience and accounts of respondents. Data is often analysed using approaches that are referred to as **discourse analysis.** However, social constructionists may validly use other qualitative methods in their research, such as the analysis of interview transcripts, recordings of naturally occurring conversations and other texts of various kinds.

According to Burr, social constructionist research has, however, raised some major methodological issues as follows:

OBJECTIVITY AND VALUE-FREEDOM

From a social constructionist standpoint, objectivity is impossible because no human being can step out of their humanity and view the world from no position at all. The task of the researcher therefore is to acknowledge their own inherent involvement in the research process and reflect on the part that this plays in the findings. The researcher ought to view the research as a co-production between themselves and the research participants. For instance, "in an interview, it can be readily seen how the researcher's own assumption must inform what questions are asked, and that the interviewer as a human being cannot be seen as an inanimate machine that records the interviewee's responses uncontaminated by human interaction". After all, "facts themselves can never be impartial. They are always the products of someone asking a particular question, and questions always derive from, albeit often implicit, assumptions about the world" (Burr, 2015, p**.** 172).

RESEARCHER AND RESEARCHED

As articulated earlier, the social constructionist framework regards mainstream psychology as a scientific enterprise, that makes powerful knowledge and truth claims. As a result, the **rhetoric** of science puts the psychologist, the researcher, in a relatively powerful position with respect to their research **subjects,** according the former a greater claim to truth than the **subjects** of their study (laypeople). The use of the term **subject** indicates a power differential between researcher and subject, held in an undemocratic relationship.

The terms **scientist** and **layperson** represent available subject positions within a scientific discourse, with the researcher's version of events warranted a louder voice than that of the subject.

The subject's experience is interpreted and given sometimes quite different meanings by the researcher (the holder of knowledge).

In the above scenario, the subject merely passively responds to the **experimental conditions**, with their **voice silenced** in the research report. Social constructionists therefore call for the democratisation of the relationship. If the researcher's **factual** account of a phenomenon is seen as a result of the warranting **voice** of science, we must then acknowledge that the accounts of research participants are also equally valid in principle. The research participants' "account of their experiences can no longer be given an alternative interpretation by the researcher who then offers their reading as truth" (Burr, 2015, p.174).

RELIABILITY AND VALIDITY

The concepts of reliability and validity, as they are normally understood, are inappropriate for judging the quality of social constructionist work because social constructionist research is not about identifying objective facts or making truth claims. There can be no final description of the world**.** Reality may be inaccessible from our discourse about it and all knowledge is provisional. One of the ways for such researchers to justify their analyses is by giving in-depth information about the steps in the analytic procedure. This would enable the reader to make an independent judgment about the research adequacy. Member checking can also be used, whereby the researcher asks for feedback from the research participants themselves.

To contribute towards the overall **trustworthiness** and soundness of the analysis, Wood and Kroger (2000) as cited in Burr suggest that a way of ensuring that the participant's orientation is

reflected in the analysis is to pay close attention to the participant's use of language, noting what categories, identities and interactional problems appear to be salient for them in the interaction.

CONCLUSION

As with any new field that is still changing and expanding, issues and debates in social constructionism are to be expected.

Social constructionism has been regarded as a threat to psychology as a study of the experience and subjectivity of persons. The absence of the **self** has been a bone of contention and reported as one of the large gaps in constructionist psychology. The **self** is the **humanistic** concept that has provided mainstream psychology with the content of the person in terms of personality, attitudes and motivations, as well as the personal agency to realise these in behaviour. Social constructionists seem agreed that this humanistic self just cannot be reconciled with social constructionism.

The paradigm has also been seen as an effect of **language**, fragmented and distributed across discourses and interactions but failing to replace the humanistic self with something that performs its explanatory function (Burr, 2015).

Its defence on the language issue is that, from the scientific psychology perspective, **human language** has been long treated "as the manifestation of a faculty of the mind, a mental organ whose nature is determined by human biology and whose functional properties should be explored just as

physiology explores the functional properties of physical organs". This implies that the ability to speak and understand language is biological in nature (Lock & Strong, 2012, p. 344).

Lock and Strong cited that many scholars (Wittgenstein, 1953; Husserl, 1900; Schutz, 1942; Mead, 1932; Garfinkel, 1967; Goffman, 1952) concurred that language and thought are socially constructed. Meaningful language originates between us, not from within us. Through discourse in a relational context we are provided with the conversational **reality we live in.** Most scholars have acknowledged, though, that language is not a **silver bullet** that can provide ultimate understandings. However, used differently, depending on one's purposes **language** can give effective ways of relating to reality within a specific situation (Lock & Strong, 2012).

As regards the subjectivity issue, the social constructionism debates pose a compelling metanarrative with the appreciation that people have **(inter)subjective** experiences central to human activity. This adds value to the paradigm of psychology. Subjective experience is not something that can just be haphazardly added on to cognitive explanations of how people do things by information processing. This notion had been ignored in the theories of "scientific" psychology (Lock & Strong, 2012).

Critics have also submitted that the models of constructionism have neglected other aspects of personhood that we think of as psychological, especially experience, subjectivity, and emotional and bodily life. "These have often been regarded as either inaccessible and irrelevant or as effects of discourse" (Burr, 2015, p. 219).

Lock and Strong (2012) assert that, despite the frequent criticism levelled at constructionists,

> as those of **'the looney fringe'** mistakenly lured into various sets of unreliable ideas, such as post-structuralism or postmodernism the **'relativists', 'activists'** and **'anti-establishment'** with no concrete contributions, constructionist thinking has been increasingly adopted by practically oriented disciplines such as, therapy and more in the social sciences.

The discourses and criticisms have **stirred things up**. This is good, for this is the nature of **human reality**: it is located and constructed within the conduct of **conversation,** or put in another way, **it is a work in progress.** Constructionists need more investigations and understanding of the underpinning principles that may be contained in much underutilised social constructionist content. This would further provide a richer picture of human beings (Lock & Strong, 2012).

CHAPTER 4

RESEARCH METHODOLOGY

WHAT IS RESEARCH METHODOLOGY?

Simply stated by Lamont (2015), if **ontology** is the study of being, and **epistemology** is the study of knowledge and how knowledge is produced, **methodology** is "ways through which we acquire knowledge" (p. 25). Hammersley (2011) avers that, in its core sense, methodology refers to a discipline concerned with studying the methods employed in conducting some form of enquiry. A short step to the use of methodologies covers "distinct approaches to studying the social world that involve conflicting ideas not just about methods but also about the intended goal and products of research, the ontological and epistemological assumptions involved, how the role of research is defined in relation to other activities, and so on" (p. 32). It has also come to include philosophical and political issues that differentiate the many approaches which exist in social research today.

WHO NEEDS METHODOLOGY?

The above question is somewhat, tongue in cheek, asked by Hammersley (2011) to capture the vast nature and complexity surrounding the debate on **methodology**.

Per Hammersley, the literature on **social research methodology** is greatly increasing and so substantial that it is unlikely anyone could read all of it. Having acknowledged this, the author reflects on the long-standing ambivalence towards methodology, evident since the first decade of the twentieth century in German sociologists such as Max Weber who complained about a **methodological pestilence.** The list of critics goes on and includes American sociologist C. Wright

Mills, who felt that methodological conversations are a disturbance to people who are at work and lead to methodological **inhibitions.** Others have referred to it as **methodological narcissism, methodolatry,** and a **myth.**

In covering methodological ideas that shaped social science in the past 50 years, Hammersley also examines **three broad genres** found in the methodological literature today, including their contribution towards the continuation of ambivalence:

1. Methodology as technique
2. Methodology as philosophy
3. Methodology as autobiography.

Prior to discussing each category, Hammersley (2011) asserts that, "around the middle of the twentieth century, methodological texts generally treated natural science as a model to be followed, with **method** being seen as the driving force behind science" (p. 18). It had been widely believed that the development of experimental methods in the sixteenth and seventeenth centuries had yielded the remarkable success of the natural sciences which resulted in astonishing "discoveries about the nature of the Universe, the constituents of matter, and the character and development of living organisms" (p. 18). Hence, the application of **scientific method** to the job of understanding the social world. This led to the expectation that social science could, in the same manner, deliver benefits similar to those which science-based technology provided to aspects of human life.

The widespread adoption of natural science as a model, however, failed to silence the conflicting philosophical conflicts and arguments by social scientists about its model's

appropriateness in dealing with the human phenomena. Hammersley states that, by the middle of the twentieth century, many social scientists were already aware of, and also admitted, that their disciplines had not achieved progress comparable to that of the natural sciences.

The above realisation stimulated approaches that rejected the natural science model. The practices of natural science, such as those concerning warfare and the Holocaust, also dented its image, leading to "a shift in view about the nature and value of scientific knowledge" (p. 19). Hammersley further pointed out that, by 1972, the philosopher of science Mary Hesse had already noted the consequences and stated that:

> Various intellectual and moral tendencies are currently combining to overthrow natural science from the sovereignity of reason, knowledge, and truth which it has enjoyed since the seventeenth century. Far from being the paradigm of objective truth and control which will make them free of all natural ills and constraints, science is increasingly accused of being a onesided development of reason, yielding not truth but a succesion of mutually incommensurable and historically relative paradigms, and not freedom, but enslavement to its own technology and the consequent modes of social organisation generated by technology (p. 19).

One of the consequences of these challenges, "in the second half of the twentieth century, was the emergence of a fundamental division between **quantitative** and **qualitative** approaches within many fields of social science"(Hammersley, 2011, p. 20). Quantitative methods and their requirements for measurement and the control of variables began to be abandoned by a growing number of social scientists, because they "were based upon a false, positivist philosophy" (p. 20). This

asserted that when one could not measure it, and could not express it in numbers, one's knowledge was insufficient (Hammersley, 2013).

Qualitative researchers started to adopt different ideas about the proper nature of social enquiry, based on, for instance, hermeneutics philosophies. Over time the competing approaches in qualitative research saw the birth of philosophical and political commitments such as **feminist, constructionist, postmodernist** and so forth.

A BRIEF DISCUSSION ON THE THREE BROAD GENRES WITHIN THE LITERATURE ON SOCIAL RESEARCH METHODOLOGY TODAY

Methodology as Technique

In the 1950s and 1960s, the biggest differentiators of these methodologies were their research focus on research designs and their concern with hypothesis testing, measurement and statistical analysis. The question to be answered needed to be explicit at the outset. Even in recognition of the role that different methodological philosophies could play, their importance tended to be reduced "according to fitness for purpose or as a matter of taste" (Hammersley, 2011, p. 21). This author indicates that what is implied here, at its most extreme, is what might be referred to as **proceduralism**, resembling the idea that good practice amounts to following a set of rules which might even be in the form of recipes. **Codifiability** has always been **quantitative research's central tenet**.

Proceduralism also held to the idea that the research process should be made transparent, fully specified to allow replication by other researchers. "However, just as doing research cannot be reduced to following procedures, so too it is not possible to give a complete account of how any piece

of research was actually carried out, nor would it be productive to attempt this" (Hammersley, 2011, p. 34)**.**

In terms of qualitative enquiry's positivist, philosophical orientation, quantitative work clashed with it owing to the former's "emphasis on the importance of creativity in research, and on the role of personal, social and cultural factors in shaping it" (p. 21). The reader only needs **sufficient** information to be able to assess the **likely validity** of the findings**.** For the purposes of replication, the information may be selective.

Given the above assertion, the fear is that methodology as a technique can put **blinkers** on the researcher, restricting creativity and innovation. However, creativity cannot operate in a vacuum. The need for knowledge about the existing methods is imperative. **"**While proceduralism is a danger, so too is ignorance."(Hammersley, 2011, p. 34)

As compared to **proceduralism** and **quantitative** approaches**, qualitative** research embraces the thinking that "research is done by people with distinctive characteristics in particular socio-historical locations, and that it is based on philosophical assumptions" (p. 21).

Methodology as Philosophy

Central to the new literature in this genre is a very different view about the relationship between research and philosophy from that which had informed **methodology as technique.** As was noted in the twentieth century, the emphasis shifted away from the role of experimental method towards stressing how **philosophical ideas** had characterised scientific development. Below is a

somewhat abbreviated version of Hammersley's (2011) list of some of the most contentious areas of philosophical enquiry, that became part of the discussions:

- Whether research can identify causal processes functioning in the social world, or whether what it documents are social constructions that are produced by people "through their interpretations of and interactions with one another" (p. 24).
- Whether inquiry is a process of discovery or whether research itself necessarily constructs the phenomena that it claims to document.
- Whether any account of the world necessarily mirrors "the social and personal characteristics of the person(s) who produced it, in a way that undercuts claims to representationality" (p. 24).
- The contrast, if any, between social scientific research reports and fictional writing.
- The political and ethical responsibilities that researchers have in representing their participants in a way that ensures that their lives are portrait authentically.
- Within this context, what does the term objectivity mean? Is it even possible to be objective? Should people be viewed as objects? Is the production of unbiased accounts of social phenomena possible? If it is not, what are the implications of this for the claim of social science to produce knowledge that is valid or true?

The above challenging questions and a wide variety of response stances are often referred to as **deep heterogeneity**, with a distinctly different focus from scientific method on rules and procedures, and emphasis "on the need to be reflexive, continually questioning one's philosophical and political assupmtions"(Hammersley, 2011, p. 25). As per Hammersley, doing research has always involved the

reliance on philosophical assumptions. The belief that research can be entirely technical and philosophy free is an illusion.

The author does, however, caution against some of the pitfalls of **methodology as philosophy**, such as:

- The possibility of being misinterpreted in ways unhelpful to the pursuit of social inquiry.
- The possibility of according attention to philosophical issues that do not have major implications for actually conducting social research.

Methodology as Autobiography

Simply put, methodology as autobiography encapsulates reflexive accounts stemming from chapters in books, journal articles, a considerable number of collections of research biographies, and other people's accounts of their research, as sources of illustration in qualitative text.

As compared to the earlier focus on basic methodological facts, this method emphasised amongst other issues the relational problems faced by researchers in the field. One argument was that research is a practical rather than a technical activity. It involves making judgments, often based on uncertain and inadequate evidence, subject to all manner of contingencies to which the researcher must respond. "These contingencies are especially severe in the case of qualitative research" (Hammersley, 2011, p. 27)**.**

Furthermore, from a qualitative research perspective, adaptation to the situation being studied is imperative in order to avoid the maximisation of reactivity, thereby threatening the validity

of the findings. One should also adopt the open-ended approach to data analysis, which is typical of qualitative work and indicates that ideas about data may change over time. Therefore, the requirements cannot be identified upfront with complete certainty.

Thus, it is argued that social research is about **improvisation**. Many qualitative researchers have concluded that while methodology can provide **tricks of the trade** it cannot supply specific guidelines for doing research. Moreover, the emphasis on what ought to be done, they suggest, has led to a misleading context-free account of research: neglecting the vital contextual aspects of the research such as interpersonal relationships and so on.

Methodology as autobiography furthermore argues that textbooks also give a false image of the researcher and place the discussion on an entirely logical intellectual basis. This fails to recognise that researchers, like their participants, are also social animals, with personalities and needs and not immune to emotional stress that may be experienced due to the research process. The recognition of the role of the researcher also implied that a much more detailed account of both the research and the researcher had to be made available, for readers to be in a position to assess and/or interpret the work (Hammersley, 2011).

One result of the above argument was that researchers should provide an audit trail. This would be provided to the reader and enable her or him to see how the conclusions were arrived at. This was viewed as an alternative form of rigour to that characteristic of quantitative research. Instead “of the argument that rigour involves following rules, thereby allowing replication as a test for the reliability and validity of the findings, it was suggested that the demand for rigour could be

met by continual and careful reflection on the research process by the researcher, in terms of possible sources of error, plus documentation of this reflexive monitoring for readers, so that the latter could make their own assessments of likely validity" (Hammersley, 2011, p. 29).

According to Hammersley, other researchers took the **notion of reflexivity** in a more radical epistemological direction, arguing that any research is infused by a distinctive personal perspective. Notions of **bias** and **error** are obscured, while research reports are not to be assessed in terms of impersonal criteria, "but should rather be judged in relation to the person and process that generated them" (p. 29). This is a different stance from the concept that research findings are an accurate reflection of the nature of the phenomenon being studied in favour of a more **constructivist** point of view. Implied here is the argument that any account is necessarily partial and subjective.

Furthermore, within the methodology as biography genre, there are ethical views which perceive reflexivity in terms of **fairness.** If the researcher expects people to expose information about their lives, then the researcher's life ought to be included within the focus of the research. Omission to do this has been argued to imply the superiority of the researcher as "a god looking down on the world, offering a view from nowhere" (p. 29).

This genre reveals an increasing emphasis on the creative nature of research. The researcher is a bricoleur, drawing from many images of the world and resources, like a collage**.** From this radically reflexive perspective, methodology with its concern about specifying techniques and methods etcetera "is simply a distortion of the research process, one created through the ideological

imposition of a natural scientific or technical model, under the influence of a false positivist philosophy" (Hammersley, 2011, p. 30)**.**

According to Hammersley, methodology as biography, however, also attracted its fair share of criticism, for example**:**

- It is not only opposed to procedularism but it also denies philosophical means of resolving problems.
- It emphasises decision making and the wisdom derived from the experience in doing research and subsequent reflections.
- It relies a lot on trying out various strategies.
- Its expectation is for researchers to view it as a recurrent activity with continuous learning.
- It underestimates the value of methodological literature, leading to the idea that doing research is a matter of common sense.
- Last but not least, is the concept of reflexivity which can be taken to imply that researchers must fully explicate all that has gone into their work, with regard to their own personal biography and philosophical cum political assumptions. Not only is this impossible to achieve, since research is a never-ending process, but it also faces the risk of research not telling us anything except for the preoccupation with explicating the subject positions of researchers.

The above discussion insinuates that the concept of methodology is an inescapable one for all researchers, therefore the question continues. **Who needs methodology?**

There is no straightforward answer to the question. The considerable ambivalence about methodology could be seen as an embodiment of different views, thinking and philosophical stances among researchers. The view for instance, about methodology as technique, is that it is rule driven and these rules must be followed. It constitutes "a system for offering more or less bankable guarantees" (Hammersley, 2011, p. 30).

However, some versions of methodology as autobiography are associated with the craft model of research which generates scepticism about the value of abstract discussions of methods and so on. Hammersley states that the intellectual craftsman himself, C Wright Mills (1963), commented that serious attention should be given to discussions of methodology only in relation to actual work. If all social scientists followed this straightforward practice, all of them would be engaged with real work on the problems of social science.

For Hammersley, anti-methodological arguments fitted the spirit of qualitative approaches in social research in the second half of the twentieth century. Following these arguments there has been a suggestion that researchers must move beyond method in recognition "that the realities that social science deals with are often **messy** rather than well-defined, and therefore cannot be captured by rule-based procedures and theories, so that in an important sense social science **makes** the phenomena it purports to describe and explain" (Hammersley, 2011, p. 32).

Therefore, instead of interpreting the social scientists' ambivalence around methodology as a revolt, we should appreciate that it raises awareness of the limitations or the dangers presented by each of the three genres that have been discussed. With this awareness and understanding of the

pitfalls of research methodology the answer to the question becomes: **not a blanket rejection** but an unequivocal **YES.**

The researcher's emphasis is that: **we all need methodology,** it is an essential component of social scientific research, both at the practical level and in more specialised terms (Hammersley, 2011, p. 42)

QUALITATIVE-QUANTITATIVE RESEARCH METHODOLOGIES

The differences between the **qualitative** and **quantitative** research fundamentals have already been alluded to. Howitt and Cramer (2014), however, emphasise that the conventional rigid dichotomy between these methodologies is inadequate to differentiate them. It implies that research falls, neatly, into one or the other box, whereas there is some research that draws on both.

The above authors also declare that "psychologists should be interested in the topic of research and not be **straightjacketed** within methods" (p. 349). Their preference is for psychologists to select from different approaches when planning their research and not "stick in the same old rut", as (Alvesson & Skoldberg, 2009, p. 1) put it. The research approach should be advised by the nature of the study, the research question to be answered and last but not least the nature of the participants.

This study is **qualitative** in nature, as it aims to **amplify** the **inner voices** and **personal experiences** of employees who have **lived with work dysfunctions**. Therefore, qualitative research methodology was viewed and adopted as the most relevant approach to conduct this research.

Applied accurately, it can become a valuable method for health science research to develop theory, interventions and evaluate programs (Baxter & Jack, 2008).

Denzin and Lincoln (2005) cited in Alvesson and Skoldberg (2009, p. 7) defined qualitative research as follows:

Qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible**.** These practices transform the world. They turn the world into a series of representations, including field notes**,** interviews, conversations, photographs, recordings, and memos to the self.

At this level, qualitative research involves an interpretive**,** naturalistic approach to the world**.** In other words, qualitative researchers study matters in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them.

Furthermore, the qualitative research methodology is also aligned with **social constructionism,** which is the chosen epistemological paradigm for this research.

Preference for a qualitative research method instead of a quantitative one can be summarised as follows:

- In keeping with the constructionist paradigm, modern qualitative research generally involves a detailed study of text, **conversation**, **real life situations, interviews** and not the specific

psychological characteristics of interesting people (Howitt & Cramer, 2014). Text in qualitative methods "refers to anything which may be given **meaning**" (p. 338).

- In the previous chapter (3) the author (Burr, 2015) has already been cited for his assertion that the preference for qualitative methods of inquiry is the ideal for gathering linguistic and textual data, as the methods have been perceived as less likely to decontextualise the experience and accounts of respondents.
- The researcher believes that the qualitative method helps to gain an in-depth understanding of how the participants have made sense and meaning of their lived experiences with work dysfunctions.
- The information would be much richer than what would have otherwise been provided by a quantitative method. Whatever the evidence is, there is an underlying view held by "many psychologists that quantification alone provides only partial answers" (Howitt & Cramer, 2014, p. 339).
- Furthermore, Howitt and Cramer say, because quantification ignores a great deal of the richness of the data, the research instruments often appear crude and, possibly, alienating, leading to participants doubting that the research is about them. This may lead to the questions being asked even being experienced as stupid; thus, participants might feel that they have not added value to the research. On the other hand, qualitative researchers value rich description.
- Mouton (2001) also buttressed the view that qualitative research is strong in terms of eliciting rich and in-depth insights and has potential to enable deep rapport between the researcher and the participants.

- As already mentioned in chapter (3), social constructionism is regarded as a postmodern paradigm, and qualitative research accepts other features of the postmodern sensibility, such as the ethic of caring as well as political action and dialogue with participants in the research. "The qualitative researcher has a sense of personal responsibility for their actions and activities" as Howitt and Cramer (2014, p. 347) write.
- Sensitivity is crucial in this study, given the risk of relapse that may be precipitated by the research process. This would include the fear of stigmatisation that may be experienced by the participants who have been diagnosed with work dysfunctions (stress, anxiety, depression and/or burnout). It is the researcher's belief that the qualitative approach, if conducted appropriately, offers a safe space for the participants while dealing with the sensitive nature of their stories.

SAMPLING METHOD AND SELECTION OF CASES

According to Picardi and Masick (2014) there are two techniques used by researchers, referred to as probability sampling and non-probability sampling. In probability sampling "each member of the population has a specifiable probability of being included in the sample" whereas in non-probability sampling "a researcher cannot determine the probability of any one member of the population being included in the sample" (p. 156).

In this study, the selection of the **five participants** has been carried out according to **purposive sampling** which falls under **non-probability sampling.** Picardi and Masick (2014) note that in purposive sampling the researcher will select "the cases to include in the sample based on how

relevant they are to the research question and the quantity and quality of information they are likely to provide" (p. 156).

Palys (2008) considers purposive sampling as "virtually synonymous with qualitative research" (p. 697) and indicates that the researcher sees sampling as a series of strategic choices about with whom, where, and how she or he conducts research. This "implies that the way that researchers sample must be tied to their objectives" (p. 697). The technique is also usable with small samples and cost effective (Mutinta, 2013).

In alignment with **qualitative research** and **purposive sampling** the following principles and reasons for choosing the **five participants** were considered:

- Firstly, the number of participants to be interviewed was not the impetus for selection as the study was not concerned with the generalisability of the findings. Of interest was the richness and the in-depth information of the participants' lived experiences. Selection was concerned with participants who could provide such rich accounts.
- Although language was not specifically part of the selection criteria, it was important for the researcher to work with participants who felt articulate and at ease about having conversations that revolved around their inner most personal stories. The participants' level of comfort was evaluated through an open dialogue between the researcher and the participants. This discussion also clarified that the interviews would be conducted in English; however, participants were to feel free to communicate in their preferred languages in the event they came across matters they felt would be better expressed in their own language.

- The participants needed to have been officially diagnosed with one of the work dysfunctions being investigated (stress, anxiety, depression and/or burnout) OR,
- Would have been placed on Personal Health Insurance (PHI) after having been diagnosed with one of the work dysfunctions, meaning they would have been deemed temporarily unfit for work for some time. Some of the PHI participants would have undergone the internal organisational Industrial Relations (IR) incapacity hearings prior to being on PHI and on sick leave for not less than 3 months consecutively.
- Employees who would still be on PHI were excluded; only those who had recovered and had been integrated back into work qualified to be part of the interview process. This criterion was based on the ethical principle that spoke to the prevention of harm by research. The researcher insisted on a somewhat "clean bill of health", intended to minimise the risk of causing participants to relapse in the event the interviews evoked vulnerability.
- The selection condition for participants who had not been on PHI was that they needed to have been officially diagnosed by a psychiatrist. This condition was aimed at preventing the interview process from derailing into diagnostic debates or being pushed (unintentionally) into diagnosing the participants. Being a clinical psychologist, the researcher considered it necessary to set a boundary between her role as a researcher and that of being a clinician. The researcher, however, acknowledged that from a social constructionist perspective this type of boundary would be viewed as artificial. The belief is that we bring our holistic selves into interview processes.
- Lastly, the participants could also be selected through the assistance of the organisation's Employee Wellness department.

QUALITATIVE DATA COLLECTION METHOD

A researcher wishing to collect accounts of the experience of depression may find greater success through giving the participants attention by interviewing them rather than by asking them to complete a questionnaire (Howitt & Cramer, 2014) paraphrased.

The above authors add that, "the main criterion for an effective qualitative data collection method is the **richness** of the data it provides" (p. 361). **Richness** in this context "refers to the lack of constraint on the data which would come from a highly-structured data collection method" (p. 361). Using this method would also allow further **exploration** by the researcher to gather the participants' unique in-depth and rich information around the meanings and realities they had constructed out of their lived experiences with work dysfunctions (stress, anxiety, depression and/or burnout). During exploration, "questions and specific constructs to be used in the analysis of the themes related to the study" were identified (Liebenberg & Hermanus, 2008).

In-depth interviews, sometimes also referred to as semi-structured-interviews, designed to **voice** the participants' personal experiences with work dysfunctions, were used as the main data collection method. According to Howitt and Cramer (2014) it is important to note that due to the their conversational characteristics, in-depth interviews should still observe the qualitative rules of research and not the rules of everyday life.

The interviewer is expected to extensively prepare in advance, and must also absorb a lot of information throughout the interview in order to question and probe effectively. Using a voice-recorder does not minimise this demand, "since the recording cannot be referred to during the course

of the interview" (p. 358). Howitt and Cramer (p. 359) listed the taxing activities of in-depth interviews as follows:

- The researcher has a less clear agenda in terms of content and the agenda is less clearly interviewer led.
- Reliability and validity are problematic concepts in this context.
- Qualitative interviews are flexible.
- The researcher must have a broader agenda which accommodates the participant led agenda.
- There is a view that rambling accounts are to be encouraged, as they push the data far wider than the interviewer may have anticipated.
- Qualitative interviewers expect to rephrase questions appropriately, formulate new questions and probe in response to what occurs in the interview, and generally engage in a relatively relaxed approach to standardisation.
- As already been said, the researcher is looking for rich and detailed information.
- Repeat interviewing is not uncommon, since it allows the researcher to re-group and reformulate ideas during the research. Checking and gathering data that had previously been omitted from the first interview, are among these characteristics.

Furthermore, in line with qualitative interviewing, the researcher will have a minimum skeleton structure with a list of topics or questions to be explored, normally referred to as an interview guide. Howitt and Cramer (2014) stipulate that the guide is often little more than a memory aid, with the basics the researcher intends to cover. This opens the process to the participants, for them to partially formulate the topics during exploration in conjunction with the interviewer. "Experienced

researchers will probably refer very little to the interview guide – perhaps only using it as a check at the end of the interview in order to ensure that the major issues have been covered" (p. 358).

Given the sensitive and emotive nature of this study, the questions and topics were presented in a sensible and caring manner using a combination of the Rogerian person centred approach (such as **empathy** and **unconditional positive regard** for the participants) with, in addition, relevant interviewing techniques based on Ivey's micro-skills hierarchy such as **non-verbal**, **attending behaviour** and **listening skills** (Olivier, 2016).

With **participant consent**, additional sources of data, such as their incapacity hearing feedback, if any, were obtained from the organisation's Industrial Relations (IR) department. The purpose of soliciting this information was to establish if there were any discrepancies between the participants' stories and that of the organisation. Such discrepancies, if any, would form part of the rich data, its analysis and interpretation, at a later stage.

From the physical setting perspective, both researcher and participants work for the same organisation. However, it was not automatically assumed that this would provide easy access to participants for interviews to be conducted at the workplace. The participants were specifically asked to identify their preferred location for the interviews to be conducted. "Sometimes privacy is regarded as essential for the material in question" (Howitt & Cramer, 2014, p. 360) but privacy could also be requested by participants in order to feel safe during the process. Every participant's individual request as far as the setting is concerned was accommodated. The researcher also

discussed and agreed on the interview times, and allowed flexibility around participants' work commitments and time schedules.

DATA RECORDING

Mouton (2001) points out that, in qualitative research, researchers are inclined to note keeping as they engage in the field work. In this study audio recording was utilised to allow the researcher her full presence in the interview process and minimise errors that could occur because of handwritten techniques. However, according to Howitt and Cramer (2014), research is the activity of humans, not super humans. "If a researcher audio-records conversation then all that is available on permanent record is the recording" (p. 364). Visual information such as body language and facial expression is not recorded.

Given the nature of the topic, non-verbal communication cannot be ignored and was integrated or viewed as part of the participants' verbalised stories about their work dysfunctions. Therefore, **observations** and **reflections** by the researcher that could not be recorded during the interview were noted down in writing immediately after each session whilst still fresh in the researcher's memory.

This study wished to capture the **rich** and **in-depth information** of the participants' **unique meanings** that are attached to their **lived experiences** with **work dysfunctions.** Thus, literal transcription to maximise the quality of information was carried out. The fact that the participants' language was used as a representation of their reality, makes literal transcription appropriate and adequate (Howitt & Cramer, 2014).

The above authors also add that qualitative researchers tend to be familiar with their texts prior to transcribing. This familiarity helps to set the level of detail that is fit for their purposes and is claimed to be one of the analytical virtues of qualitative research. In this study, intimate familiarity was also increased by the researcher's referring back to the original recording while ensuring that nothing of significance from the interview information was omitted.

Howitt and Cramer cite some of the generic advice offered to transcribers by O'Connell and Kowal (1995):

- The principle of parsimony - meaning only those features of speech that are to be analysed should be transcribed. There is no point in including extra linguistic features in the transcription if they will not form part of the analysis.
- The transcriptions given in reports should only include whatever is necessary to make the analysis intelligible to the reader, all the more so, given the sensitivity of the information in this study. The protection of the participants' identities is crucial. All the recordings will also be safely stored for the purposes of confidentiality.
- Subjectively assessed characteristics of the conversation should not be included in the transcription itself as if they are objective values.

DATA ANALYSIS

Fellows and Liu (2015) note that Tesch (1991) identified three approaches to the analysis of qualitative data:

- Language-based - which focuses on how language is used and what it means.

- Descriptive or interpretive - these are attempts to develop a coherent and comprehensive view of the subject material from the perspective of the research participants
- Theory building - seeks to develop theory out of the data collected during research (e.g., grounded theory)

Fellows and Liu (2015) indicate how the above approaches recognise that **meaning** is a **socially constructed** phenomenon. It is subjective and negotiated between people and continuously changes over time, which is in line with **social constructionism.** In this study the data analysis approach can be categorised as interpretive. Through the participants' **voices**, the study aims to understand their individual and personal lived experiences with work dysfunctions and the sense and meaning they have attached to these experiences.

Furthermore, the purpose of analysis is to unpack and understand different aspects of one's data by scrutinising the relationships between concepts or constructs and seeing whether any patterns are being established out of the data (Mouton, 2001).

Schutt (2012) states that qualitative data analysis is viewed as an art, with dynamic and complex interpretation calling for perseverance and discipline. Schutt, however, highlights that the research question largely drives the appropriate analytic approach.

Therefore, the preferred method of analysis in this study was **thematic analysis**. This approach is commonly interchangeably referred to as **content analysis.** Some researchers regard thematic analysis as part of content analysis but both share the same concept of coding and, as Hsieh

and Shannon (2005) state, content analysis is a widely used qualitative research technique. Henceforth, to avoid confusion, the researcher will use the term **thematic analysis.**

WHAT IS THEMATIC ANALYSIS?

The term thematic analysis **"**first appeared in the psychological journals in 1943 but is much more common now" (Howitt & Cramer, 2014, p. 375). It is an analysis of textual material (e.g. in-depth interviews or transcripts). The researcher does not identify the overall topic of the text but "digs deeper into the text" to identify different "themes which describe significant aspects of the text" (p. 375). The analytical work for the researcher is that of organising "the textual material by defining the main themes which seem to represent the text effectively" (p. 375).

Howitt and Cramer (2014) mention that there is very little guidance available on how to use thematic analysis because of its poor image in the family of qualitative methods**.** Such an image stemmed from some of the following perceptions:

- Users paid scant attention to the method in their reports and hardly provided details about what they did; for instance merely writing that "a thematic analysis was carried out on the data" (p. 375).
- In other cases, reports which described themes identified in the data made no reference at all to thematic analysis.
- It often appeared to have been "sloppily carried out and very subjective in terms of the findings which emerge" since any details were usually omitted (p. 375) or the themes were only supported by quotes from the data which the given researcher assumed were amongst the most convincing.

Having stated the above criticism, these authors, nevertheless, assert that thematic analysis, conducted properly, is quite an exacting process requiring a considerable investment of time and the effort by the researcher.

How to Conduct Thematic Analysis

According to Guest et al., (2013) the analytic process consists of reading through data, identifying and coding themes, and then interpreting the content of the themes systematically, covering the following stages:

- Read: first basic step.
- Identify themes: attention to detail and data scrutiny.
- Developing a coding scheme: assemble themes for coding.
- Coding data**:** data will be coded using the name categorisation.

Fairly similar to the above steps, Howitt and Cramer (2014) cite a **3 step approach.** However, they regard this approach as providing the most basic, essential, components of thematic analysis.

Transcribing Textual Material

This can be done on any qualitative data collection, including in-depth interviews. The work of transcribing is rated highly since it increases the familiarity of the researcher with their own material. In other words, it forms the beginning of the process of analysis. In the best-case scenario, the researcher would have conducted the interviews themselves, as was the case in this study.

Analytic Effort

This involves the processing that researcher applies to the text to create the final themes which are the end result of the analysis. The components in this stage include:

a) Achieving increased familiarity with the text, so that understanding is not based on partial knowledge of the data. As mentioned already the researcher would have gained familiarity by conducting her own interviews.

b) The detail with which the researcher studies the data, which may range from a line-by-line analysis to a much broader-brush approach that merely seeks to summarise the overall themes.

c) The extent to which the researcher is prepared to **process** and **reprocess**, to achieve as close a fit of the analysis to the data as possible.

d) The extent to which the researcher is presented with challenges during the analysis which must be resolved.

e) The willingness of the researcher to **check** and **recheck** the fit of their analysis to the original data.

Identifying Themes and Sub-Themes

The authors state that researchers will differ considerably in terms of how they carefully choose to refine the themes which they suggest on the basis of their analysis. Some researchers may be quickly satisfied with the initial set of themes, since they seem to be adequate in describing what they see as the key features of the data. In this study the researcher was tenacious and adhered to

the principle of refining themes, allowing sub-themes to emerge, and continued with analytic work until the entire amount of data was covered.

The above approaches seem adequate for analysis; however, Howitt and Cramer (2014) positioned Braun and Clarke's (2006) model of thematic analysis as probably the most systematic thematic analysis to date, as depicted in the following diagram:

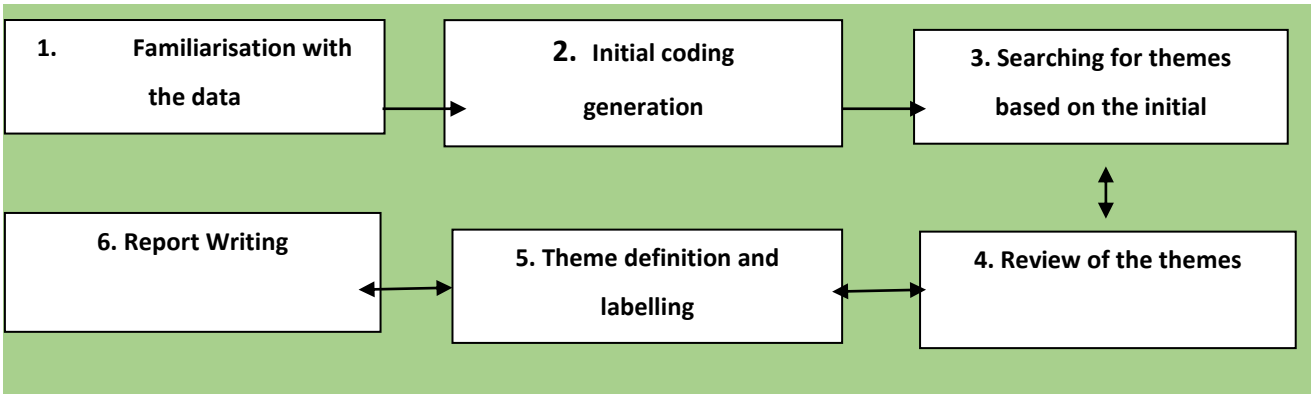

***Figure 2*:** Braun and Clarke's (2006) model of thematic analysis.

Step 1 - Familiarisation with data.

Familiarisation has already been covered in the basic steps mentioned earlier.

Step 2 - Initial coding generation

This involves working through the entire data in a systematic manner, making suggestions as to what is happening. Step 2 - Initial coding generation. reference for the line by line approach comes up once more; nevertheless, it is said that "as a rule of thumb, a coding should be made at fairly regular intervals - every line may be too frequent, every two or three lines would probably be acceptable" (p. 381). Since analysis is carried out on **people's talk** the chunk of text does not have to be precise and exactly the same number of lines as any other. At this stage coding is intended to

capture the essence of a segment of a text and not to develop broader themes. As a result, it may seem like jottings or notes rather than a sophisticated analysis of the data.

Consequently, the initial coding is about **simplification** and not a **complication** of data. It is concerned with giving summaries of a chunk of text and not "about generating substantial insights into the data but it is merely a process of identifying and summarising the key things about what is going on in the text" (Braun & Clarke, 2006 p. 382). At this stage, over coding may make it difficult for the analyst to move onto the latter phases of the analysis: too much coding can obscure what is going on.

Through active involvement with the data, the researcher may realise that two or more codings may mean the same thing, although expressed differently, and therefore "should be regarded as a distinct coding" (p. 382).

It is of interest to note that, in terms of this approach, the idea that codings and themes emerge as suddenly appearing to the researcher is totally dismissed. The belief is that "codings and themes are synthesised actively from the data by the researcher, they are not located in the data as such but are created by minds and imaginations of researchers" (p. 83). The authors Howitt and Cramer (2014) advise novices to select the page they found most interesting and practice coding on that material first.

Step 3 - Searching for themes based on the initial coding.

As mentioned above, “initial coding has involved the researcher in formulating descriptive suggestions for the interesting aspects of their data” and the codes are relatively close to the data (p. 383). Therefore, a **theme** can be described as **coding of codings**. As a second level of interpretation of the text, themes identify major patterns in the initial codings. In this process, the analyst focuses on the relationships between the codings. It may be “difficult for the analyst to separate the coding phase from the theme-generation phase, so one might expect the occasional close correspondence between a single coding and a theme” (p. 83).

To identify themes, one may jot each of the different initial codings down separately on paper; then sort the codings into separate chunks of codings which seem to be similar, followed by putting “words to the ways in which the similar codings are, indeed, similar” (p. 384). The sorting process has an element of trial and error; therefore, it allows the analyst to change the groupings as their analytic ideas develop. One could put paper slips on the table and move them around, so that similar initial codings are next to each other while those which are dissimilar are physically apart. This will make the relationship between the codings more obvious.

Howitt and Cramer (2014) reiterate that “the entire process is one of trying to understand just what are the overarching themes which bring together the individual codings in a meaningful way” (p384). Thereafter the themes must be related back to the original data; hence the data associated with each theme need to be collated. In this manner the themes can be related back easily to the original textual data.

The above discussion indicates that developing themes demands great effort. The authors assert it becomes easier the harder one works. The idea is to **just do it.** Staring at the coded transcript wastes time. As already stated, active procedures such as spreading themes on the table, moving them together or apart based on similarities, are likely to yield dividends.

Step 4 - Review of the theme.

At this stage, there are already a set of tentative concepts which help one understand what is in the transcription. However, the themes are probably not very refined and need to be tested against the original once again. There are several possibilities:

- There may be very little in the data to support a theme that has been identified. Consequently, the theme may have to be abandoned or revised in view of this.
- A theme may need to be split up if the data which are supposed to be linked together imply two different themes or sub-themes.
- A theme may not fit some of the data which were initially believed to be part of that theme. Hence, a new theme to deal with the non-fitting data may have to be found.

Step 5 - Theme definition and labelling.

The aim of all academic work is to be accurate and precise. To achieve this criteria, definition and labelling of themes will need considerable refinement, to determine just what it is about a specific theme which differentiates it from other themes. This exacting process cannot take place in a vacuum but needs to be carried out against the data. It requires going through the data again to ensure that the identified themes and sub-themes still effectively account for the data, “since the definition

imposes a structure and clarity that may not have been present in the initial coding process and the identification of themes" (p. 385).

At this stage, one might wish to go public with one's idea, according to these authors. Discussing one's analysis with and explaining themes to others may reveal challenges to one's theme definition and labelling, thereby stimulating further revision.

Step 6 - Report writing.

As with all qualitative research reports, thematic analysis is intended to tell a story about the researcher's data. The story relates to the question which initiated the report. In this study:

the question relates to the **"lived experiences"** and **"meanings"** of employees who have been diagnosed with **work dysfunctions**. The researcher wishes to create an opportunity and safe environment that will allow the participants to have their **"voices and stories"** told, heard and understood.

Therefore, report writing should not be regarded as merely recounting a narrative about the steps in one's research. Report writing is an opportunity to **further reflect** "on one's data, one's analysis and the adequacy of both with respect to each other" (p. 385). What may emerge at the end of the report writing process may be a somewhat different and more refined story than was possible before writing the report. It is another critical stage in the analysis and should not be looked at as another chore to complete the work.

The final report requires that one illustrates their analysis using extracts from their data. It also provides the opportunity to discuss one's analysis in light of previous research literature. In this study, the literature that will be used as frames of reference will be that covered in **Chapter 2** and the literature on social constructionism as a research paradigm in **Chapter 3.**

However, although the stories will be shared based on anonymity, using fictitious names, direct extracts from the data will still be chosen sensitively so as not to reveal raw data on the participant's deepest personal information.

In summary, according to Howitt and Cramer (2014) **thematic analysis** involves three crucial elements: **the data**, **the coding** of the data and **the identification of the themes**. What is essentially emphasised is the way the researcher constantly goes back to the earlier stages in the process to verify and refine the analysis.

In this study, the researcher will align her analysis to the above authors' thematic analysis components. The key points to be followed by the researcher in the analysis of the data can be summarised as follows:

- Firstly, the researcher will **immerse** herself in the data and read each interview transcript in detail to re-familiarise herself with the content.
- The **data immersion** process will be reiterated pulling each transcript apart to surface and listen to and analyse the unique conversation nuances, words and attached emotions and their meanings.

- The data will then be systematically **coded** and if necessary **recoded** and integrated into comprehensive themes and subthemes and develop rich and insightful data. The researcher will declare problems, if any, that were encountered during the identification of the themes.
- This study is qualitative, however, as a guide the researcher will follow Howitt and Cramer's recommendation to quantify the rates of prevalence and incidence of each of the themes, if possible. "Prevalence is the number of participants who say things relevant to a particular theme, and incidence is the frequency of occurrence of the theme throughout the dataset or the average number of times it occurs in each participant's data" (p. 386).
- It is important to emphasise that the above quantification element will serve as a guideline to test the authenticity and presence of the theme and would therefore not be strictly applied as in a quantitative study which seeks numeric accuracy.

Lastly, once the interview content has been thematically analysed it will be compiled into participants' stories.

RESEARCH QUALITY

Credibility

Shenton (2004) based his paper on the work of Lincoln and Guba (1985) and stated that the trustworthiness of qualitative research is generally often questioned by positivists. This is perhaps because the qualitative research concepts of **validity** and **reliability** cannot be addressed in the same way in naturalistic work. It, thus, appears that most naturalistic inquirers have preferred to use different terminology to dissociate themselves from the positivist paradigm. Therefore, instead of focusing on **reliability** and **validity**, qualitative researchers talk about data **trustworthiness**. Shenton

proposed the **four criteria** that constitute **trustworthiness** which must be considered by qualitative researchers: **credibility, transferability, dependability** and **conformability**.

The intent in addressing credibility is to demonstrate that a true picture of the phenomenon under scrutiny is being presented. Put in another way, it is an attempt to prove the **believability** of the research. According to Shenton, the provisions to promote the confidence that researchers have accurately recorded the phenomena under scrutiny include the adoption of research methods well established both in the qualitative investigation in general, and in information science.

Based on the above idea, it is believed that in this study the **in-depth interviews** for data collection, the **recording technique** and **thematic analysis** for data analysis are well-accepted methods in the field of research and adequate to render this research credible.

Patton as cited in (Liebenberg, 2008) also affirmed that "credibility depends less on the sample size than on the richness of the information gathered and the analytic abilities of the researcher" (p. 95). Patton declares that credibility can be achieved through triangulation methods:

1) Methods triangulation
2) Data triangulation
3) Triangulation through multiple analysts
4) Theory triangulation.

The researcher will conduct some form of data triangulation by comparing relevant participants' interview information with the participants' **IR** records, if there are any such records. The purpose

will be to examine if there are any **discrepancies** between what is stated in the records and what has been said in the interviews. Consent to check the **IR** records will always be sought from the participants prior to conducting any verification or triangulation. In addition, as already stated earlier, part of the data analysis process will involve the **checking** and **re-checking** of recorded interview material with the participants, where necessary, until the analysis has been completed.

Transferability

To allow transferability, researchers provide sufficient detail of the context of the fieldwork for a reader to be able to decide whether the prevailing environment is similar to another situation with which he or she is familiar and whether the findings can justifiably be applied to the other setting. Furthermore, the research fraternity has shown an appreciation for the qualitative researcher's ability to provide baseline information of the phenomenon, as a building block for further work, acknowledging that understanding of the phenomenon is gradually gained over a period of time (Shenton, 2004).

It is against the above background that the current study will be viewed as an ongoing process, seeking and adding new blocks of knowledge, rather than an event intending to reveal the ultimate truth that is transferable to another situation.

Dependability

Shenton (2004) states that meeting the dependability criterion is difficult in qualitative work, although researchers should at least strive to enable a future investigator to repeat the study. He cites authors such as Fidel**,** (1993); Marshall and Rossman, (1999); Florio-Ruane, (1991); who noted

that the changing nature of the phenomena scrutinised by qualitative researchers renders such provisions problematic because the investigator's observations are tied to the situation of the study.

In this study, meeting the dependability criterion also posed a challenge in that the study deals with the participants' unique and personalised **lived experiences** which are specific and **tied** to themselves and their stories.

Conformability

"The concept of confirmability is the qualitative investigator's comparable concern to objectivity" (Shenton, 2004 p. 72). Both qualitative and quantitative research are also equally plagued with the difficulty of ensuring conformability due to the inherent human bias. The intrusion of the researcher's biases is inevitable. Patton (1990) cited in Shenton mentioned that even questionnaires are designed by people, rendering them vulnerable to intrusions of researcher bias and once again highlighted the role of triangulation in promoting such confirmability.

Furthermore, Miles and Huberman (1994) cited in Shenton (2004) recommended that beliefs underpinning the researcher's decisions, the methods used, the reasons for taking one approach over others must be explained and weaknesses in the techniques employed admitted.

In this study, in addition to discussing the researchers' epistemological paradigm, a detailed methodological description including preference for the qualitative approach, the data collection method and analysis has been covered. The researcher's credentials (as a clinical psychologist), working in the same organisation as the participants have also been disclosed. This information

should enable the reader to gain proper context for the study and also determine how the research eventually led to the formation of recommendations. A section dealing with the weaknesses or criticism of qualitative research or approaches will also be provided at a later stage.

The Question of Research Quality in Qualitative Research Continues

In both his books (Hammersley, 2008) and (Hammersley, 2013) this author presented another perspective on the topic of quality in qualitative research.

He declared that the recent questioning of the quality of qualitative research in some fields has been in large part because of the influence of the evidence-based practice. It has been criticised for poor or lacking clearly defined standards and quality criteria for judging the research. Varying debates in terms of the criteria by which qualitative research should be judged have taken place. Some traditional writers have even tried to apply quantitative criteria such as validity and reliability to qualitative work. Others have reformulated these criteria and added non-epistemic criteria in order to give voice to the marginalised. Some have outright rejected the possibility of criteria.

The author's position is that the nature and role of criteria deal with how researchers go about and should go about assessing quality in doing their work, which is integral to any form of inquiry. During this process, researchers use their own judgements about particular items and sources of evidence, about inferences, about the reliability of the conclusions drawn and so on. This description offers a much more complex and involved picture of determining criteria for measuring quality in quantitative research.

The insistence for qualitative criteria comes not so much from other researchers though, but rather from other lay users of research (policymakers and practitioners). Lay people do not have the background knowledge nor the skill to judge quality and if guidelines are provided they may be overly reliant on them. It is not unreasonable to ask them to trust researchers but at the same time trust is not blind. It may be possible for some of them to make a number of judgements about the coherence and reasonableness of the research.

The above brings us to the concept of **transparency** which demands that professionals' work should be explicit so that the laypeople will be able to judge the quality of what is being provided. However, there is no possibility of full transparency, in the sense of the latter being in a position consistently to make judgements about research quality. This puts the ball back in the qualitative researcher's court, that is, to give more attention to and apply their own judgement in how they should assess the quality of their own work.

The Concept of Rigour in Research

During much of the twentieth-century social research aligned with the conceptions of scientific method in determining what counted as rigorous investigation**.** Today, qualitative researchers vary in whether they see their work as scientific. A demonstration of this is what has been termed radical critique of interviews which challenges the conception of rigour that is central to some forms of ethnography and replaces it with a view of rigour that is characteristic of many forms of discourse analysis. Discourse analysts often insist that data must be presented to readers so the readers can assess directly the validity of the inferences made.

By contracts ethnographers often argue that it is impossible "for them to make all their data available to readers, that the validity of their inferences depends upon the success with which they have learned the culture of the people they are studying, and thereby become able to interpret accurately what meanings various phenomena have for them" (Hammersley, 2013, p. 79)

ETHICAL CONSIDERATIONS

In this regard, "[a]s researchers, we are held accountable for ensuring research studies are designed and conducted safely and ethically for our participants, and we are also obligated to follow ethical guidelines for the analysis and reporting of the study" (Picardi & Masick, 2014, p. 27). The authors also differentiate between **ethics** and the **law.** Their view is that a legally compliant study does not automatically translate into an ethical study. They define ethics and ethical standards as follows:

Ethics is a topic that covers human behaviour and the motives and decisions that impact one's actions. Ethics explore how individuals act, judgements being made from individuals, groups, and society in terms of how they view actions as good or bad, right or wrong. "From a foundational and objective perspective, ethical behaviours and actions should result in **more good** than **harm** and should have positive consequences for as many individuals as possible, also referred to as the **greater good**" (p. 27).

The authors, however, emphasise that understanding the difference between what is ethical and what is unethical is complex. This is because such constructs (e.g. performance, personality, intelligence) are open to many interpretations, depending on one's culture, upbringing,

environmental influences, experiences and so on. The same behaviour one may regard as unethical may be considered ethical by someone else, making ethics highly debatable. Therefore, how can we ensure that studies conducted are maintaining ethical standards?

To answer the above question Pircadi and Masick (2014) suggest that readers take a step back and understand the evolution in the area of ethics, including the historical events that prompted unethical research experiments which violated the physical and psychological health and well-being of their human subjects. These events included forced participation, deception, lack of confidentiality and privacy, and refusal to give necessary treatments.

The Nazi regime in the 1930s and 1940s has been well documented for its torturous experimentation in the concentration camps, much of it carried out by doctors and researchers. This led to the Nuremberg trials which resulted in The Nuremberg Code of 1949 and recommended ten principles. Although these principles are based on scientific experimentation crafted around **experiment subjects** instead of research participants the gist of most of them is still relevant to other current research fields.

Principle 1

Voluntary Consent - this means that participants should have the legal capacity to give consent, be able to exercise free power of choice, without the intervention of any element of force or coercion, and should have sufficient knowledge and comprehension of the elements of the subject matter involved to enable them to make an informed decision**.** This meant that the person that initiates the experimental study must explain the nature, duration, and purpose of the study, the

methods and means by which it is to be conducted, inconveniences reasonably to be expected, and the effects upon health or person which may arise from participation in the experiment.

In this study, all participants were employees in the same organisation as the researcher and were fully capacitated to exercise their choices either way. Voluntary consent was first sought verbally, during which the researcher explained the purpose of the study, the possible risk involved (e.g. relapse) moreover how it would be addressed, the participants' right to participate and freedom to opt out should they wish to, anonymity and how the research information was to be used and disseminated.

Verbal consent was followed by consent in writing according to the research consent form in **Appendix A.** Furthermore, the researcher also believed that direct involvement with the participants without any mediator coupled with an agreement to **opt out** at any point, would encourage **trust** and **openness** between the researcher and the participant.

This principle correlates with the principle of **respect for persons** which was based on the US Belmont report (Picardi & Masick, 2014)**.**

Principle 2

This principle states that the study should yield fruitful results for the good of the society, unprocurable by other methods and not random and unnecessary.

The literature has shown that work dysfunctions are on the global increase and have been predicted to continue given the current and ongoing challenging economic environment. This scenario calls for consistent efforts in understanding the phenomenon within organisations and making continuous improvements towards well-being interventions. It is believed that the knowledge yielded from this study will be beneficial both at the organisational and financial sector levels.

The researcher also hoped that, at an individual level, through conversational and exploratory interviews, the participants would also be afforded an opportunity to self-reflect and further deepen their understanding of their work dysfunctions. This could lead to a positive reframing of the meanings they have attached to themselves as people with work dysfunctions, resulting in self-enhanced interventions.

There are similarities between this principle and the principle of **beneficence** which also stemmed from the Belmont report. Beneficence requires researchers at all times to "strive for positive outcomes for the subjects, as well as for themselves, the research community, and society" (Picardi & Masick, 2014, p. 32)**.**

Principle 3

In this study, this principle is relevant in as far as it demands that the study should be designed based on a knowledge of the natural history of the disease or other problems under investigation so that the anticipated results will justify the performance of the study.

As mentioned earlier, the researcher is a clinical psychologist with organisational work experience. This background gave her a holistic and sound knowledge around work dysfunctions both at a clinical level and an organisational level. It was also believed that working for the same organisation could further assist in building rapport between the researcher and the participants.

Principle 4

The experiment should be conducted in a way that avoids unnecessary physical and mental suffering and injury.

Firstly, in this study, from a vulnerability perspective, newly diagnosed employees or those who were still on sick leave were excluded. **Secondly,** the nature of the interview conversation was designed to be light-hearted and not interrogative. The researcher consistently checked on the participants' emotionality, mood and tone of voice throughout the interviews. As and when it was deemed necessary, the researcher constantly asked the participants if they still felt "ok" to continue with the interviews.

During work peak periods, the participants were also allowed to reschedule appointments to later times when they felt less pressurised. All these conditions were implemented to prevent additional strain for the participants.

Furthermore, in as much as the participants were deemed fit for work the researcher gave them her contact numbers, so that counselling could be arranged, in the event of recurring vulnerability after the interviews if debriefing was needed.

Principle 5

No experiment should be conducted where there is an a priori reason to believe that death or disabling injury will happen. As with **principle 4** the researcher's sensitivity to vulnerability was also applicable in alignment with this principle.

Principle 6

The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the study. This was exemplified by the researcher's flexibility and willingness to postpone interviews when participants felt increased work pressure.

Principle 7

This principle is concerned with proper preparations in terms of adequate facilities to protect subjects from harm. Although not quite relevant in this study, since it was conducted at the place of work, to guarantee the participants' **psychological safety,** the researcher checked for the participants' preferred location for interviews. Did they prefer to be interviewed in their offices or did they prefer being interviewed in the researcher's office?

Principle 8

The experiment should be conducted only by scientifically qualified people. The credentials of the researcher, qualifying her to conduct this study, have already been shown in the previous discussions.

Principle 9

This principle deals with the human subject's freedom to choose to continue or stop with the experiment in the event they wish to do so. As stated under **principle 1 - voluntary consent,** participants were informed of their choice to **opt out** at any given point prior to signing the consent form.

Principle 10

During the experiment, the scientist also has the responsibility to stop the experiment if they believe that continuation places the subjects at risk. In this study, as has already been said, the same responsibility and ongoing judgement calls were carried out in order to prevent participants from psychological and emotional harm.

The importance of **confidentially** has also been raised by authors such as Guest, et al. (2013) whilst Picardi and Masick (2014) state that **privacy** issues and our need for safeguarding access to our personal information and the digitisation of our identities constitute a real concern in today's society of electronic information access. The latter authors however differentiate between **anonymity** and **confidentiality**.

The study is anonymous when the identity of the participants is not known by anyone who is reading the research, including the researcher. In this study, the participants' identities were fully known by the researcher. The participants were, however, reassured about anonymity in as far as their personal identifying information would not be used in their transcripts and that the findings would be aggregated and reported thematically, thereby obscuring their identities. From a

confidentiality perspective**,** the researcher kept the interview recordings safe; the recording device will always be locked up (see consent form Appendix A).

Furthermore, the risk of bridging interview confidentiality was seen as low, based on the fact that, although the organisation approved of the research to be conducted, the study was not mandated by the former. It stemmed from the researcher's own personal initiative and interest.

The organisation is also highly reputable and observes compliance regulations as stipulated by South African legislations such as the Labour Relations Act (LRA) and the Protection of Personal Information Act (POPI). As a registered clinical psychologist, the researcher is also governed by the Health Professions Council of South Africa (HPSCA) code of ethics. Compliance with all these regulations and ethical standards minimised the risk of forced disclosure.

Ethics in Reporting Research Findings

Picardi and Masick (2014) asserted that the accountability for researchers in reporting their study findings is just as important as their obligation to follow ethical protocol in designing and conducting their studies. Researchers must report the study findings as well as the "weaknesses, flaws and limitations so that other researchers can address these issues through improved design and methodology in future studies" (p. 35).

The authors acknowledge the pressures that the researchers may find themselves under while conducting research. It will, however, be prudent of researchers to note that the omission of data, inaccurate reporting of data findings, and misinterpretation of findings in conclusions made,

constitute serious research reporting misconduct. As already mentioned earlier, it is imperative to provide a detailed description of the researcher's methodology and analyses, including data findings and any supporting information in their findings.

In addition, researchers are obligated not to fabricate, modify or distort data in any way. They should also ensure that any inferences or conclusions made are consistent with the findings they obtained. This will maintain integrity and scientific rigour. No research study is perfect in its design and execution, but an accurate depiction of the study's positive and negative features equips other researchers with critical knowledge about the methodology flaws and limitations to:

a. not replicate these in the same manner and
b. consider addressing the issues in follow up studies to improve scientific rigour.

The above "will enable growth and progression of credible research findings that inform and provide societal value" (Picardi & Masick, 2014, p. 36).

CONCLUSION

In conclusion, no matter the amount of high methodological standards and ethical principles to be adhered to in this study, the researcher felt that the study remained highly sensitive and delicate, given that it dealt with participants' painful past and present memories related to their work dysfunction. This called for her to be continuously alert, flexible and open to the unforeseen realities that may be posed by such a study. This also included the need for the researcher to cultivate self-awareness and have insight into her own emotional and psychological well-being during research.

Introduction to the "Lived Experiences" of Employees With Work Dysfunctions

The next **five chapters** to be covered will present the **stories** and **voices** of employees who have suffered from **stress**, **anxiety, depression, bipolar** and/or **burnout. Bipolar** was not initially included in the research scope. Two participants with bipolar, however, found their way into the study. One of them was referred by **HR,** whereas the second was referred through the Wellness department.

With hindsight, I realised that the intention to have excluded bipolar had been unrealistic. My referral sources (HR and Wellness) would not have been able to differentiate between bipolar and depression. They relied on the diagnosis stated on the employee records, which was mainly that of depression.

The details and confirmation of the participants' diagnosis unfolded only in the interviews. Two participants had been officially diagnosed with depression, one understood her diagnosis to be a mood disorder, while two were bipolar. The **co-occurrence** with other conditions (**stress**, **anxiety,** and **burnout)** was present in almost all the case studies.

Furthermore, because the study was conducted in the **workplace,** I preferred to call these conditions **work dysfunctions** as opposed to **mental illnesses**. This was aligned to Lowman's study which defined **work dysfunctions** as psychological conditions that involved an impairment in the capacity to work. The decision to keep to mood disorders and exclude other categories, such as substance abuse or personality disorders, was influenced by the literature's stance that mood disorders, including burnout, were the most prevalent, and on the rise, in the workplace.

Although all my participants, to varying degrees, had experienced the impact of their dysfunction on their work performance, the severity of their conditions had not warranted that they should be placed on Personal Health Insurance (**PHI).** Their relapses were treated mainly by hospital admissions. However, one of the five participants had a significantly difficult relationship with their employer which revolved around her performance. After many discussions, it seemed that the work relationship had been irreparably damaged and they agreed to separate. It was also an interesting coincidence that all my participants ended up being all women.

Semi-structured interviews of a conversational nature were conducted. The interviews were audio taped, and hand-written notes were also made, especially in instances where the recording was deemed inappropriate or intrusive. This was mostly determined by the emotional status and or the vulnerability of the participant. The notes were, however, not taken during the interview, but were written down immediately after it, whilst still fresh in my mind. The transcripts and notes were collated and later analysed and interpreted into themes.

Emerging themes and **subthemes** from the content analysis were discussed and supported with quotes from the transcripts. Each transcript with its related notes, was analysed independently with its distinctive nuances. Some of the themes and/or subthemes overlapped, whereas others were unique to each participant's story. After identifying the themes, my brief personal reflections on each story were presented, followed by a summarised conclusion to the story. Symbolically, reflections also served as closure to the research process.

Given the sensitive nature of the study all participants were given **pseudonyms** to maintain anonymity. In some cases, the transcripts used in the stories were carefully chosen to obscure further the participants' identities and the identities of other employees who were mentioned in the stories. For similar reasons, details concerning the nature of the participants' exact job titles were also made deliberately scanty. This was the result of the heightened need expressed by some of them for confidentiality, which stemmed from their fear of victimisation and/or stigmatisation.

The above dynamic also made it extremely difficult for me to find consenting participants. Potential participants raised different sensitivities based on different personal work circumstances. Furthermore, although all participants had been considered fit for work/healthy, they all still experienced varying levels of vulnerability. I had to be extra cautious for the process not to be too evocative and cause further relapses. I also stopped certain interviews when the participants felt saturated by the amount of information they had disclosed. Thus, some interviews were much shorter, with lesser content than the others.

Time and availability for the interviews comprised the biggest hindrance to the process. Working in the same environment, I had a full appreciation of the time pressures. I had to remind myself, and accept, that my research was concerned with the **richness** of the information and not the number of interviews. Therefore, I often had to postpone my interview needs and go with the flow of the interviews, which in most cases felt slow with less verbal content, yet loaded with sadness and other emotions.

Lastly, the stories were not only told from both the participants' subjective reality, but also observed through my lens, at a particular point in time, and therefore may not represent the **only** and **ultimate** truth about all employees with work dysfunctions. A different researcher with different participants might present disparate findings.

However, all five participants' personal observations suggested that there could have been more employees **living** with work dysfunctions. Therefore, the interpretation could be that the five stories were not unique to them but were shared versions of other employees' **untold stories**.

CHAPTER 5

EVELYN'S STORY: CAREER STAGNATION AND DEPRESSION

INTRODUCTION

This chapter will present a case study of the lived experience of Evelyn who had been diagnosed with depression. The findings will be presented according to the topics discussed in the interview and the themes that emerged. The statements and interpretations will be supported by quotes from the transcripts. The themes are followed by my personal reflections and a short conclusion to the story.

The overall number of sessions conducted was 4; they took approximately an hour each. There were about two extra, off the record, sessions when Evelyn had desperately asked to see me after she had had very difficult performance discussions. The second one was to use me as a sounding board as regards her career plan beyond the organisation. She was extremely depressed and contemplated going back to the hospital in order to be admitted. We agreed that she should first contact her therapist for a proper evaluation and recommendation. She was finally admitted to the hospital for a week.

There was a break of about **3-4 months** in between the first sessions and a follow-up session which I conducted around the 5th month. The pause was meant to allow Evelyn some rest, and I was also cognisant of not causing disruptions in her already strained work schedule. The interval further created useful reflection moments for both Evelyn and myself. She provided additional **data** to the material already acquired. This also gave me some time to listen to transcripts and validate the

information with her in the subsequent sessions. She was my first participant and in a way, her interviews helped me to trust my interview process and questions.

At the time of writing this introduction, Evelyn had left the organisation. She had pre-empted her resignation and had accepted this separation long before it happened. She had realised that she was young, with great potential, and planned to pursue an entrepreneurial career.

BIOGRAPHICAL INFORMATION

Evelyn was 34 years old, divorced and raising her daughter who was 2-3 years of age. She did so with the support of her parents and siblings except for during weekends. She felt that she needed to give them a break. This became one of her motivations to heal so that she could fully embrace her parental duties.

Her two siblings entered professional careers and she described them as settled and accomplished. She said she was her own person and different from her siblings, and as a result had chosen a career in the hospitality industry.

At the time of the interviews, she had been employed for about 3 years in a catering specialist/managerial role, with a team reporting to her. She was diagnosed with depression for the first time whilst working in the current organisation. At first, she had attributed her depression to her marital problems. She eventually filed for a divorce, but the depression continued. During that period, she was admitted, and her therapist indicated that her work was her main stressor. This person predicted another relapse if she went back to the organisation.

She described two years of her career as productive and engaging. Her difficulties began in the third year when she began to feel stagnant in a pressured and hostile environment. Her performance discussions had become excessively stressful and negative. The organisation's view was that she was not coping and had become a poor performer, a view that she strongly disagreed with. She and the organisation finally agreed to part ways.

During her tenure, she had been admitted to hospital 3-4 times with depression. Her admissions had ranged between 1-3 weeks before she was deemed fit to return to work. She had informed me about her last admission before her final resignation from the organisation. At the beginning of the interviews she was seeing a therapist on 'a need-to basis' but needed more consistent support towards the end.

THE NATURE OF ENGAGEMENT

The interviews took place at our organisation's offices in a small and private room. The lights often went off, virtually turning the room into a dark, secret place. Evelyn would joke about how she preferred the room to stay like that so that people would not see us, especially **HR**. Because her office block was on the other side of the building, she walked across each time to see me. The interviews were always later than 3 pm, after lunch peak hours which was her busiest period.

She would always be tired, from catering for lunch, and most of the time tearful. We therefore normally started the interviews off the record with a light-hearted conversation to create a relaxed atmosphere. At times, this felt like a debriefing session. She had already told me that she hated

everything that represented the organisation…***why am I still here*****?** I had acknowledged the comment but had also sensed some ambivalence in the tone.

I requested her permission to fully explain what the study was about and explained that she had the right to opt out if she so wished. She pondered and reiterated her need to be **guaranteed confidentiality** as a precondition for her participation. She expressed her **'uneasiness'** with me being part of the same organisation and working for the **HR** department. She said she did not trust the organisation and feared being stigmatised.

She also **'voiced**' her preference for a **'Christian researcher/psychologist'** because there would be a shared Christian belief system. It became important for me to allow the belief system dialogue and I declared my position in the matter. I also sought to clarify my role as researcher vis a vis my role as a psychologist in the context of this research.

The above conversation was followed by a long silence with us looking at each other. In hindsight, it became one of the most critical interactions I had with Evelyn. It created **deep rapport** and provided the much-needed **psychological safety** for her. The silence broke with Evelyn agreeing to participate. She thought the research was probably a worthwhile exercise to be engaged in and gave both verbal and formal written consent.

No audio-tape was used in the above conversation but she agreed to be recorded in the subsequent interviews.

Earlier I mentioned the additional support sessions that Evelyn had requested. When this happened, it was obvious that she did not differentiate between my role as a psychologist as opposed to that of the researcher. I was reminded of the social constructionist perspective, that these boundaries are somewhat artificial. We **show up** with our **whole selves** in every situation. I also had to be ethically mindful not to be drawn into the unhealthy relationship between Evelyn and her department.

However, the flexibility offered by the qualitative research methodology, helped me to make use of a broader agenda which accommodated her need for support, within reasonable limits.

Lastly, while the interview was conducted in English, Evelyn had asked to speak in her first language when she needed to be more articulate with her feelings. I was fully conversant with her language. In that way, the interview could bridge discursive differences in communication. As Lock and Strong (2012) said for everyone to be able to enjoy the **language game** they must all have the same understanding of what has been said and an agreement about which game is being played. To protect her identity, though, I did not present the transcripts that were in her language "**as-is"** but I wrote and interpreted them into her story.

At the end of the interviews when we both felt saturated and agreed there was nothing more to add we officially concluded the process. I asked Evelyn to contact me should anything else come up for her. She indeed contacted me after a while but it was to say **goodbye**. She was finally leaving the organisation.

EMERGING THEMES

Depression

The struggle to make sense of the diagnosis.

Evelyn was probed about her personal understanding and the sense she had made of her diagnosis with depression. Her story revealed a constant upheaval and struggle in trying to make sense of her condition. She described herself as a visual person, and through visualisation, she reflected on the first time she consulted a psychologist, who wanted to know how she felt.

Ok, you understand me, I think I'm more visual in any way. I remember the first thing that I said to my psychologist when we started talking and she was asking me about where do I see myself? What is it that I feel?

*At that time, I was in a **dark hole**, it was just a hole, I could feel there is space around me and, but I could feel somehow there is air I can breathe, you know everything that you need on a daily basis, you need oxygen I was able to be functional at work and at home, but then still I find myself in this **dark place.** I can't see anything I don't know if I'm going or I'm coming or what is it that was happening so I would say at that time that's what I felt like you are in a **pit,** you are all **alone**,*

Nobody understands it. And, like you feel that you are in a pit, ok for me it was after work I go back home there's a lot to do, I it's done, my daughter goes to sleep and then my husband goes to sleep then it's me. Then I, you know I need to sum up the day and then in summing up the day it's more like there's your pit, go into that pit and then I'd go into that pit. So that's what it was for me I was in a dark place but I could breathe I could do everything. There was life yes. That was it.

Darkness in this context was likened to her lack of knowledge about depression prior to being officially diagnosed**.**

The first time that I got in…I was told I have depression. I was like….I never felt it…or anything … but then I got to know about it. And once I was made aware of how …. I could everything was just grey. So now it's ***black and white****, in* ***colour green is green, yellow is yellow.*** *And I see things for what they are. So now that I knew about it immediately I would feel something I would actually let my, if I'm seeing my psychologist I would let my psychologist know. Sometimes I would just pick up the phone you know my phone and tell them this is how I'm feeling.*

This could be interpreted as saying that Evelyn had to first **self-identify** with the diagnosis to make sense of her condition and to receive psychiatric treatment and psychological counselling. According to Lock and Strong (2012), Foucauldian thinking argued that the acceptance of a diagnostic label, as a precondition for receiving treatment, resulted from the unequal knowledge power dynamic between the medical profession and the patients.

Other scholars supported Foucault's view and highlighted that the same power/knowledge dynamic, through repeated medical discourse, had an influence on people's thinking about their ailments. The consequence of refusing to accept and being loyal to such dominant discourses by those who are not in power is the risk of being **othered** and ultimately being denied treatment critical to such people's wellbeing, which is a key factor in their ability to keep their jobs (Lock & Strong, 2012; Burr, 2015).

Through visualisation, she continued to give a rich account of her depression. She used metaphoric language and words such as **'dark hole'**, **'dark'**, **'pit'**, **'stuck'** to amplify the **meaning** she had come to attach to her **lived experience** with depression. These voiced the subjective reality of a person **'trapped in a dark trench'.**

Confusion as a **sub-theme** emerged throughout her sense making story, even after she had been diagnosed. Her story concurred with the literature's stance that even though depression has become a common topic amongst many people it is still not easy to describe (Iron, 2014). Her process involved constant **internal dialogues** as she attempted to deconstruct her multi-layered understanding of the cause of her depression.

At first, she attributed the cause of her depression to marital discord. Later, with the help of a therapist, she realised that the condition continued even after the divorce. At other times, she believed that it came ***out of the blue***. The psychiatric evaluation at the clinic confirmed what the therapist had said. These authorities concurred that her work environment was the cause of her depression and predicted that she would relapse if she went back to work. This diagnostic view by the clinicians qualified her condition as being a work dysfunction. It was a **work-related depression** comprising a **pattern of under-commitment** with temporary work disruption associated with depression (Lowman, 1996).

The clinicians had shone the spotlight on her work, which had also been under her own scrutiny as she reflected on her occupational history.

It's been a struggle to tell you the truth. I have been fighting, like what I could not understand, is how is it that I find myself in such a situation where ***I feel stuck*** *like experience.* ***I have everything*** *that a company would love to have in their space* ***but*** *then* ***somehow I feel like I am stuck here,*** *I can feel that* ***I have reached the ceiling,*** *there is no way that I am going, there is* ***no growth.***

I cannot go to the sides, I cannot go up. *This is where I am but then how… I got to decide … I think it is the timing, because most of the time I listen to my guts and before I have been asking myself,* ***this is the first year,*** *okay the* ***first year*** *I felt that I have arrived because I have goal whenever I get to any space, any step that I take. So like for* ***the first year*** *was like* ***I am teaching*** *because I got to the people who were not skilled and it is so specialised, so I had to redirect them, get them to understand and then have a standard, then having a standard knowing how to get to that standard. So our products and everything else that comes with service.*

And then ***the second year*** *for me* ***was how do I maintain this*** *and then in maintaining, introducing other skills like developing them even more and then for me it meant I needed to develop myself because I have to lead way ahead of them.*

So ***now*** *that it is* ***the third year****, I am like* ***the pressure that I get****,* ***the hostility*** *in the environment that I get now that I am working in and then eventually it just happened that I felt actually there are reasons why I have been here.*

She questioned her **work identity, sense of adequacy** and the **value she added** to the organisation. She described how she had been a top performer but, ***what I could not understand, is***

how is it that I find myself in such a situation where I feel stuck like experience*.** She felt that she had ***everything that a company would love to have……but then somehow I feel like I am stuck.

Evelyn tried to think positively about her **stuckness** and rationalised about the purpose of having been in the organisation.

I needed to learn *certain things and these things* ***I wouldn't have learned anywhere else.*** *Most important was that I had to* ***feel content*** *with me being here and* ***feeling inadequate*** *very much as I have at times felt confident.. Yes,* ***they really needed you****, you have done your part.*

You have brought it in*, now that* ***we no longer need more than this,*** *so it is okay however it comes, it may come by* ***pressure*** *to say you must resign or however it comes, it may come by* ***pressure to say you must resign****, it may be by however it comes,* ***core is we no longer need your services****. And* ***I see that they no longer need my services.***

The way everything happens in my space, where I am supposed to be managing but somehow somebody who is above me comes down to speak to the person who is under me to say you are going to do this. And whatever goes wrong, I still need to worry, so all I told myself is ***I will manage what I believe it is within.*** *Anything that is beyond my control, I will just let it be.*

So I will say I had to come back to myself and some [voice] within says Evelyn you are a great person, you are good at what you are doing, you love it and if it has come to a point where … this is the point and it felt okay, it felt good because before in my head I could not picture anything beyond,

I could not picture anything that says it was more it is that space was where I would say the universe was saying you are still here, there is still some more equipment for you to collect so that you are well equipped to the next page of life. So now I feel more confident, I am more equipped

It could be interpreted that at the time when she felt **redundant** she experienced the **'double whammy'** of both the **depression** and **insecurity**.

Work forms an integral part of a person's **identity** and **self-worth** (Hulin, 2014). The feeling of **inadequacy** and the subjective threat of losing the job was anxiety provoking. The **survival** question became pertinent for Evelyn. Failure to answer the question in a positive and restorative manner could have perpetuated her depression.

Loneliness

Loneliness appears in both the DSM-5 and the ICD-10 as one of the major symptoms of depression. Evelyn's **lived experience** echoed loneliness, captured in her description of how she ended each day.

*in summing up the day it's more like there's **your pit**, go into that **pit** and then I'd go into that **pit**.*

Her experience was accompanied by an internal dialogue and self-interrogation for as long as she was depressed. Although it felt like a prison sentence deep down in her, the voice of her fighting spirit could still be heard.

are you going to give yourself some to time to say this is how long I'm going to be there? Is there a time frame to it?

*at the end of the day depression is somebody who is just not in great space, out of touch just not sure and they just need to find something that says **no**, like I'll say **validation**, **validation works**, like it helps a lot because that was something that I that got me to understand that this is the situation that I'm in and there for me to work towards being the Evelyn that I know.*

Work Identity Crisis

Prior to suffering from depression Evelyn was proud of her **identity** as a **top performer.** Her inability to meet her work performance standards, however, altered her from being a **top** to a **poor performer.** From a constructionist perspective, the label **poor performer** could be viewed as a social **construction** by her workplace and is **performative** in nature. It calls for action. This action in Evelyn's case had been the remedial performance discussions she was obliged to undergo with her manager.

Both labels, **poor performance** and **depression**, ran concurrently with their respective **experiences**. It went without saying that this scenario made her more vulnerable due to the stress and anxiety caused by the remedial performance intervention she was required to undergo. This inevitably perpetuated her depression; hence her recurring breakdowns and admissions. Before every discussion her anxiety would rise as she anticipated the negative experience and pain of the performance evaluation and she would, in advance, ask me for an **off the record** debriefing session after the event.

Nonetheless, she tried to reclaim her original **identity** as a competent person by using her own **personal agency** to reflect on how she had come to choose her current career. She walked through a detailed scholastic memory lane as she narrated the different career paths she had chosen, as compared to her siblings.

*They believed I was going to do medicine I remember in high school I was **interested in first-aid** and then later on there's junior there's intermediate then there's the next level of **first-aid**, so I was an intermediate and I was like no junior was so much better, there's no blood there. You only deal with you know. So, something very light. And then now in intermediate now I'm starting to see no I don't want to go into this*

She had seen in a magazine, an item concerning:

*a group of chefs and then immediately it clicked I knew nothing about ….. but then all I saw in that book is that they were **travelling,** I thought this is what I'm going to do**, I want to travel** I tried to go outside of South Africa for me and it's so amazing how everything ties back to what you are trying to achieve especially in this complex relationship (work relationship).*

*I wanted to go overseas for me at that time South Africa did not have pastry schools, so I needed to find a school and my parents could not afford to pay for me overseas for me to go overseas. So I thought ok, so I'll find myself a job there, I worked there on a cruise ship after a month I was done…I'm going back home, because like I said somehow, **I knew, I knew who Evelyn is, I knew what***

*it is that **I wanted, I knew where I was going** though it was not so clear but **I knew there was something.***

In a **metaphoric sense** Evelyn's career exploration felt like the journey to **self-discovery** at a deeper level.

And finding, finding yourself, for me I thrive more on my own, I thrive more on my own. On my own I would do more than I would do within a group of people. I'm actually thinking I was so content, I was ok with it, I was seeing myself going to LA, I was seeing myself going to there but then when you are there you like, right now this is not important to me, this is not important and this is not about me, because I felt so out of place and a lot of people could not understand, I remember they had to call some girls from South Africa to come and help, maybe she misses home and everything. They came to me they gave me money go buy yourself a card to call home, I called but still, still, but still I still feel it was needed because for me like I said I felt more on my own.

I understand myself more on my own and that's where I find being more content. So I had to move away from everything that would clutter my mind and be on my own and say now I know exactly where I'm going. But then where I'm going is back at home not here.

In line with the literature (Locke & Kenner, 2016), it is evident that her career choice was **not second-hand**. It was an independent decision; as a result, she had **no regrets** even when she was faced with the current career challenges. One could also interpret this as signifying that her overseas career journey at such an early age was a sign of **hardiness** and **resilience.** The interview dialogue

reflected her personality strengths back to her. This reflection was partly a contribution towards the **validation** she needed earlier ***towards being the Evelyn that*** she knew.

The journey to reclaim her **self-identity** was, however, not easy. It was filled with **self-doubt.**

*Being out of place, being **out of touch with yourself** and being affected by what is outside of yourself and you **taking it in but then not accepting it** ….people are telling you this is what you are but then within you know that's not what you are then you start to have this fight within you to say what is it that I am, why would that person say this about me? Sometimes you feel content no that's not me and the other day**, I messed up one, two, three, four** now I understand why they would say this about me"*

Her narration above resonated with the saying by Selye as cited by Harder, Wagner and Rash (2014) that, **"every stress leaves an indelible mark".**

The Burden of Stigma

The metaphor of a **double-edged sword** used earlier in the literature, summarised the burden that most people with mental Illness incur. They are not only stigmatised but have also been marginalised and shunned from society (Kapungwe et al., 2010; Race & Furnham, 2014; Harder et al., 2014). Stigma has also been perpetuated through a consistent and dominant language discourse that used words such as **lunatic, crazy, weak, whiny** which negatively constructed mental illness.

Evelyn's choice of words showed the extent to which she had also adopted the similar language and possibly also internalised the associated negative views about mental illness. She describes an event in ***a ward referred to as 'Mental'*** wherein she was shocked to see a man,

*who appeared **crazy,** drawing pictures. I asked myself if I was **mad.** So, I will say I had to come back to myself and something within say Evelyn you **are a great person**, you are **good at what you are doing** [referring to work].*

The image of this man, however, seemed to have mirrored back to her what mental illness really meant. She wanted to be dissociated from this image and even expressed her disagreement with some of the medical views about depression and the reference to depression as **mental.** She also could not understand the rationale behind **labelling** the admission ward as '**Mental'.** She had also been disturbed by some of the **words** that had been used by professionals when probing about her depression.

*I remember most of the time the therapist that I would see me the first thing that they will ask me is, **Do you feel like you want to live suicidal?** [meaning do you always feel suicidal]. **Do you have thoughts of days anything?** [meaning what other thoughts have you had].*

The introduction of the word **suicide** could unintentionally be experienced as secondary stigmatisation due to the views often associated with it.

The **fear** of **stigma** as a **theme** had already **emerged** in our initial engagement, signified by her ambivalence as regards participating in the study. Hereunder, she elaborates further on her battle to make sense of the stigma associated with mental illness particularly at work because,

it could happen to anybody it does not look at where you are…. like in the clinics you sit with people.

She recalled her first visit to the clinic when she sat next to an accountant.

*and I'm like **an accountant** …. and **it's a man** and …this is **a black man**……and he actually brought himself in and said wow let everything stop now….we sat there we had normal conversations**….** that tells you it could happen to anybody.*

She commented on the indiscriminate nature of depression. ***You may have everything but find yourself being depressed….at the end of the day we are people.***

She **reframed** and **normalised** her story about stigma and mental illness from one of sickness and abnormality. This reconstructed view empowered her and gave her the courage to face the work environment after her discharge.

The literature had made the point about the coexistence of both normal and abnormal conditions within the workplace. The limitation was the sole focus on **normal functioning** which restricted the holistic understanding of what happens to people at work. As elusive as this dichotomy may be, there seems to be a case for the study of **abnormal psychology** in understanding people at

work without overly pathologising work dysfunctions (Race & Furnham, 2014; Sutton 2015). A healthy balance between **abnormal** and **positive** psychologies in driving wellbeing in the workplace is necessary.

Lack of safety as a subtheme for employees with work dysfunctions in the workplace emerged. Evelyn felt that the clinics provided more freedom and space for one's authentic self. At work, it was better that this illness was kept secret. Disclosing or having it known could cause discomfort and embarrassment as illustrated in one of the meetings.

*The **lady from wellness was explaining depression**… and how it affects the work environment. And the one thing the lady mentioned was oh firstly it was how one would see that there could be depression. And how it affects the person themselves before they could even say anything about the work environment. So the lady was explaining somebody who has depression and they'll be taking a lot of time away from work and eventually they won't have any more leave days… … available to them,*

*then they would want to apply for **PHI** … and then **PHI** normally does not approve of …of such. Because they believe that the company is supposed to be doing something about that. So that this person does not get sick, for them to come and claim from them. You understand? So to that person [HR person] they just heard **PHI** won't approve. So when I came back this time around I was on a negative already… on my leave days, because I used up my sick leave days and then I had to use my leave days. So everything was used up. So I was on a negative 7 or something. So now I said I went to apply for **PHI** to pay for this one week, because now I cannot afford to lose so many days… because during the course of the week of the year I would need to take timeoff.*

To her [HR person] it was more like I said PHI did not approve because HR did this [did something wrong]. So because you are in defence [meaning HR is defensive] … you want to solve it right there right now. But then there is nothing that's coming to say hey this is what you've done so therefore. Then you [HR] just look for anything even out of context, just because you [HR] heard something it triggered something in your [HR] mind then you say it …

She's been like this even before, …you were like this even before [said HR person].

If you are saying she's been like this before so what did you do? [meaning what did HR do about the problem]…. does this mean you were aware? ….and then you just decided to brush it off …and you won't do anything about it …. because maybe you don't know how to …… or maybe you don't want to deal with it …if you are saying it's been like this how do you know it's been like this?

The above experience sealed her scepticism about the benefit of the organisation's declaration policy for disabilities. She thought by declaring you … ***more like you actually putting yourself in a situation…. while trying to defend yourself***. Therefore, the organisation needed to take the blame for teaching employees ***the art of faking health.***

She recalled her experience before she became sceptical when she had tried to declare her depression.

Okay secondly about I think I was a year back. I asked them … HR if I wanted to declare … and it was because … read somewhere. If you want to ***declare*** *things* ***could be better for you****. And actually*

the company is obliged …. environment …. conducive…and accommodate you. So I thought okay …. and I asked them about it.

They told me …. hay! Evelyn you just need to fill in certain things. The EA forms. I looked for them myself. Found them, I filled them in, I sent them to HR. And then I asked them later after a week how come you haven't said anything acknowledgement of receipt or anything? Hay! we got it and then we'll put it up into your file. And then I asked them "okay now that you've put it up into my file don't you need anything from [the doctor] to say to support that I'm actually depressed? Ja, don't you need anything from the people that I've been seeing?" "Evelyn ***no that's it."***

And it's been like that until Wellness I think they changed their structure last year November …sent us the email to say this is how Wellness now is working. And I asked them and it was direct do you ***does the organisation see depression as a disability*** *or any. And it was clear a simple* ***yes****. Then that's when I started to read about it how [the company] sees it… looks at it and everything, ja.*

To further illustrate her point, she used the example of a company that faced liquidation because they had entrusted their financials to an accountant who had been pretending to be healthy while secretly depressed and dysfunctional.

And if you are really into business and how you want the business to be in the future and beyond. You start thinking how it's going to affect you now, in the near future and later on in life. But then if you going to look at this person being at the bottom or wherever you think this person … is and you going to look at that person and say ah and not look at it as a whole picture.

Because like remember when I said I was sitting down with an accountant. Therefore, it means at every level of your organisation … there would be somebody …especially being the number that we are I am sure … one, one, one up to … each and every level.

And this person being your accountant has depression. And it's not accepted and then his not able to deal with it. He's going to, to at the end of the day this person yoh I only have two hours to be reporting. This person is going to actually be cooking your books. And because … you just an organisation … I know nothing about accountants and finance and everything all I need to know is I spent 2000 and I, in return it's 5000 there for 3000 is my profit I am fine. You'll be convinced that's how it is.

3 years 3 months, 30 years later you'll actually find yourself "yoh we need to be liquidating. We need to liquidate ja the company needs to be liquidated because we've been thinking we have this much money because of the books.

We were given by this person we trusted …. and knows everything about it. But actually this is how things stand. They know …if I put this like …This they'll actually see it as true. Somebody else steps into …their seat and then says huh uh. This is not …how it is.

*the **mess …** when they [accountant] go on leave**…**or maybe later on when you have your **auditors coming in.***

To say no guys huh hmm. There's no way…what's happening? And being your business, you can't even account and then the very same person you call them in and say hey this is what's happening. They can't even account for it. And the only, the only explanation you would get that's if they want to say, it would be eish I'm sorry, this is what had happened. Something's not right.

According to Evelyn the above scenario might have had nothing to do with fraud. It could have simply stemmed from the unproductiveness and poor performance caused by depression. It meant that nobody within the company realised that there was something wrong, including colleagues even though ***they were friends with this person.***

*Knowing about **depression** and **being depressed** that's **one thing in leading**. I could pick up simple thing as okay there was this lady I knew she did not like me, but she was my subordinate, but this one time I went to her and said, you are not your normal self, you are not your normal self are you okay and then **she started crying.***

I said you know what right now if it means you are going to take 30 minutes gathering yourself. When you come back please come let me know you are back and then we [can talk]. At that time, I decided okay I have the other people … and that was it [short staffed].

Nobody knows and then she came back and said yoh Evelyn actually my daughter was sick…and I'm not sure. So I asked her why is it that you came in…because right now you going to make mistakes and I'm not going to see it won't be like mistake. Poor performance you do this, every day then today you can't. Then I need to be doing something I need to be disciplining you.

And the following she took the day off. Only one day and when she came back. The rest of the month but still the daughter was in hospital. For after that day for about a week. But she could deal with the 2 and balance things out. Because she saw [speaking Sotho] I need to gather myself for me to be able [speaking Sotho] and actually deal with what's happening.

That break makes difference the rest of the week. About a hundred scones a day you are losing a lot of money in that. But having that person. Nobody within the group sees something is wrong they could not pick it up themselves. They could not pick it up. But it makes a difference to take time off and come back to do the right thing.

And you don't have to … I did not know her on a personal basis, I just knew I had this responsibility. And that's our relationship it's as clean as that. It does not have to go beyond that. But then immediately humanised. You are human and you are hurting take time.

30 minutes it made a difference for that day. It made a difference when she came back she was able to smile, not that the situation had changed but because she was able to say eish I need to take time off. ***They are people at the end of the day.***

For her the above scenario was an example of the minimal commitment the organisation could provide in terms of implementing prevention and proactive support mechanisms for the affected individuals. She thought **HR** should be instrumental in the identification of employees with depression, including shielding them from all ***these unnecessary pressures and… changes***. Demerouti

(2014) and Bailey et al. (2014) supported the concept that most work stress programmes are reactive, and called for proactive individual strategies**.**

Evelyn balanced her view by acknowledging that organisations are part of a larger society that is not kind to people with depression. It generally lacked an understanding of mental illnesses. This has also been evident on **social media** platforms which further peddled stigmatisation. Her reference to social media confirmed the notion that we are a **postmodern society.** The ventilation via social media allows the expression of varied opinions based on multiple **truths** lodged in different cultures and divergent thinking.

Her story was commensurate with the literature findings that mental illness in the context of the modern workplace continued to be a challenge. At times the affected employees **maintain secrecy** "because of the perceived impact on their career progression" resulting in managers being the last to know about an employee's condition (Race & Furnham, 2014 p. 2).

Also reinforced were the difficulties in dealing with mental illness in the workplace posed by questions such as:

- How do employees recognise mental illness in fellow colleagues?
- What to do in the event they recognise such symptoms?
- Is dealing with mental illness an HR responsibility?

Interwoven in Evelyn's story about stigma was the **subtheme of the role played by different cultural beliefs** in dealing with mental illness. She spoke about how some belief systems perpetuated

stigma and negative attitudes towards people with such conditions. According to her these beliefs also played a major role in influencing the decisions around treatment modalities which people seek, at times resulting in worsened conditions.

As an example, she recounted the story of a well-known actress, who suffered from a mental illness. The actress was loved and celebrated by the community. In her view the actress' psychosis was perpetuated by the lack of understanding by both the society and the actress herself.

Because at the end of the day how I see depression is just you wanting to find yourself … being grounded to know this is who I am … this is how I see things and this how I do things.… ***…*** *to be yourself. But then if they going to take …. and you have to do certain ceremonies and you are left with knowing this thing but still inside. You are not content about this. What you are doing, about yourself about anything that has to do with you… then you find yourself even more* ***confused.*** *The situation* ***could be even worse.***

Ja it could make it worse because remember with mental illness up anything that is abrupt you are already in a situation you don't know what's happening with you. And you can't think straight. And then now they take you to do this thing.

She did not understand it herself, her family nobody around her understood it…… hearing voices, she's hearing….and then around her they saying this is what you are supposed to be doing (seeking alternative/traditional healing). She went there she finished the course but nothing actually helped.

From a transformation perspective, Evelyn believed that it is important for the organisation to understand these different beliefs and practices.

if you want to transform anything**, anything you must be **ready to hear**. Either you understand or not but just… sit there and take it in. How you going to process it and how you going to use that information at the end of the day this is your organisation it's about you, it's about everything that has to do with you and what you want and what you don't want. You would decide….. as an organisation you must be, in a position where you are saying I'm **ready to hear**. Anything it does not matter **just to hear**, … **however stubborn** you may be at the end of the day **something will get into your head** and say hey **how you see things is actually different, this is how things are.

Monk and Winslade (2013) reiterated the importance of **hearing**, because **for every story a counter story can always be found**, with its own different version plotted within a specific cultural context.

The literature also commented on the much criticised colonial stereotypical view of mental illness and stressed that illness cannot be perceived as a fixed entity, but should rather be interpreted as something that necessarily differs according to the norms and values of the particular social group that one is studying, as Burr (2015), Akyeampong, Hill, and Kleinman (2015) point out.

Social constructionist and **multicultural relativism** asserts that while there are truths and values in our world, we can no longer accept that they are the only universal and eternal truths traceable to a single source of knowledge.

Burr (2015) also highlighted that in recent times society has seen "an increasing use of **alternative medicines,** which are often based upon belief systems quite different to biomedicine" (p. 44). This should caution the dominant systems against their view that their predominant perspective on disease is the right one and all others false. This position would also be applicable to organisations that operate within the African context as pointed out in Evelyn's story.

She continued her narrative and made an impassioned appeal to the organisation to **hear** employees if they wished to transform their practices in dealing with mental illnesses. The importance of direct feedback from employees, at all levels within the organisation, in order to deal effectively with well-being was amplified in the literature. Leiter and Maslach (2014) stated that direct communication with employees could point to key issues and may be able to identify interventions that will yield more meaningful benefits to them, or be easier to implement, or be better supported by other colleagues.

Furthermore, direct communication enhances **employee collaboration** and **ownership** of interventions to maximise success. Employees experienced themselves as **"willing"** participants and contributors rather than feeling manipulated by authority figures and being dependent on others. Alignment of interventions and employees' motives increased success Leiter and Maslach (2014).

Lastly, Evelyn highlighted the freedom of choice for employees to resign for the benefit of their well-being if they feel misunderstood.

if I want to continue with these people who don't understand me or who don't want to understand me? …. when you are even no longer there….. look at the bigger picture….

Coping

The **battle** to **cope** with **fatigue** and **exhaustion** was evident as a **theme**.

*I was **tired**, I was **tired physically**, I was **tired mentally**, I was **tired.** I was on auto-pilot because I knew that at this time my daughter comes back from school then at this time this is what I do so I just **stuck** to that and did things like that and which was so unlike me, I am not a routine person and routine I've had to learn now that I have a daughter and I've learnt how it is important for her to be content so I've had to learn. When I was I that **pit** I had to do everything by the book. So that I felt somehow still **in control.** To hold on to. Like I'm everywhere and I don't know what's happening to me.*

Physical and mental exhaustion are symptoms of burnout. The **co-occurrence** and complex **overlap** of burnout with depressive and anxiety disorders was discussed in the literature. Burnout has also been found to be multifaceted and not isolated or confined to the work domain. It means that people cannot shrug off work frustrations when they arrive home, as indicated in Evelyn's story.

Boundary demarcations between work and other aspects of their lives are blurred, if not fallacious. Evelyn's fatigue was **carried over** to the home domain. However, despite her debilitated self, she had to execute her role as a mother and devise a coping strategy to discharge her parental

duties. She followed a strict routine at home whereas at work she preferred to go with the flow of how each day unfolded.

*On a daily basis, I would come in **without a plan** because I knew coming in with a plan it was going to be scrambled. And then that would actually work against me because I would feel out of place…. So I would come in **without a plan** and then the first thing that I do greeting everybody and then I look at the schedule for the day. This is on a daily basis and then I go to my emails and see what else my manager needs from me. And then now, that is when I would decide what is it that I am going to focus on.*

She would systematically attend to her mail box while avoiding emails with the potential to cause conflict, particularly between herself and her manager.

I would only respond to them at the end of the day when I have done everything else and I feel that whatever would happen won't affect what I should have done for the day and I won't feel like its day that has been wasted. So the response as well I would have to think about it, not just respond. And I've had to learn to you know when you say something but not without an open end where you not allowing it to be interpreted in any way or to start another conversation. Unless they ask a question for clarity, so I would send such emails later on in the day and then when I know it's almost time for me to knock off. And when I know my manager is not at work anymore she's gone home already.

Then the following day I know for her it's another day, there's something else that she needs to focus on, so that message she sees the email. And then focuses on something else but if it is something that is urgent I know at that time because now her time is limited, she would only focus on the core business or something that is important she would come back to me with that and it will be clear, I'll give it back to her and then it ends there. And mostly decide what is it that I'm willing to give my energy to or to spend my energy on and decide what is it that I engage in. So in that way at the same time I will also be ***feeling in control not being controlled****. Anything that is beyond my* ***control,*** *I will just let it be.*

Burnout interventions and coping strategies state that whether the person has **control** over the situation seems to determine the effectiveness of their applied coping strategy. **Control** and **job crafting** are processes that allow people to adjust their work. They are driven by the "search for meaning and for a motivating and healthy work environment" (Demerouti, 2014, p. 40) and (Montgomery et al. p. 40). Studies suggested that on days when employees were more exhausted they also reported less job crafting behaviour and added that high job demand coupled with low control caused mental strain (Demerouti, 2014).

Besides taking proactive steps in deciding which **task activities** she would execute and how, Evelyn also set the **relational boundary** between herself and her manager. This was to avoid conflict and confrontation.

Her need for control was, however, more pronounced at work than at home. The risk is high at work. Work is not only about purpose and meaning but it is also a source of income. It provides

for the daily bread and the basic physiological need for survival. The feeling of being out of control at work can instil a deep sense of insecurity.

The **use of silence emerged** as a **subtheme.** Evelyn considered **silence** as another **coping strategy**, particularly on her return to work when she still felt vulnerable. She used it especially,

*when being poked [provoked]…. for me **it is my coping mechanism**. I remember the first time, the very first time I came back I did not announce that I was coming back my manager was not aware, okay she knew that I'd be coming back on a certain day but then she needed confirmation to say I am here.*

This **silent entrance** was further meant to help her with the gradual adjustment as well as creating the space for her to deal with her ambivalence about being back.

*It's only later on in that day because now I've been away for so many times, for such a long time and then coming in I want to acclimatise to this. Because at the same time I know that this very same place is the one actually causing me to be that sick… come in slowly and take it slowly not something that just abrupt….because immediately it's abrupt then I again my mind …gets like I'm off balance again…I need to find myself… especially with where I'm working there's so much pressure there. Naturally the nature of the business there's so much pressure. So immediately I come in there's something that I'll be doing not like I'll be coming and then I'll be sitting. And then waiting until I'm given something to do. Immediately I come in there is something I need to solve I need to so I want to **acclimatise** to the place.*

then start talking to people here how's been dah dah dah … and then collect all that information and then start to digest it and see how I'll come into this and start working neh. Because of the way the setup is in business.

But it would be best if managers are trained are educated about depression, and how it affects people and especially coming in how they would be and how is it that they could receive those people and actually make it easier for the people to acclimatise to the work, to work again. I think education plays a major role …..education, education, education about everything that's depression related….. it would make so much of a difference….and a difference that is seen….not just maybe on paper work you start analysing your business no, no, no it would be seen.

At a subconscious level, Evelyn's choice for **silence** could have been influenced by her **powerless position** in relation to the organisational power. Any uneven **power dynamic** may result in a predicament for employees with respect to the event they wished to express, for example, **voicing** honest feelings about **their lived experiences** with work dysfunctions. **Silence** is a risk-free coping mechanism.

From a **transactional stress model,** it is, however, common for people to re-evaluate and change their coping strategies as they continue to reappraise their situations, especially when the demands continue to exceed their resources. This implies that **silence** could turn into **vocalism** depending on the situation. Most importantly, silence does not mean deafness.

Last week my sister was telling me, these days when we talk to you, you sometimes don't respond, it seems as if you are not here. And my response to her was, that is my response. When I am not saying anything, I am there, I am with you, I hear you but my response is that silence. Because to them I am simply saying I hear you.

Evelyn's story continued to demonstrate the **power her silence** yielded as a coping mechanism. **Silence** also seemed to have given her space for clarity of thought and decision making.

*So in that way [being silent] at the same time I will also be **feeling in control not being controlled** and more being, I'm also being able to put what I feel and what I see on the table because with experience I've given myself some time to actually **be conscious on a daily basis** of how psychology is and how people use it and how it works. More especially like how I've said before, I feel that I'm in a bullying like a bullying work relationship, so I've been reading about it and then I told myself I need to be conscious and be aware of every single thing that happens.*

*If I miss something it's ok, but whatever it is that **I'm able to pick up**. Just grab it and then see how is it that every day they apply it to get me to do certain things that I'm not comfortable to do, then from there **I felt more in control then I know my response has to be in a way that will work more for me than that person.***

Being in a business space I respect business, I respect my job, I love my, I'm passionate about my job and everything that I do, everything that I put out has my name on it. So being aware and everything it's me saying it has to work for me but then I'm here of service to you, the clients. So that

*would also **help me in decision making.** I would get an email to say Evelyn this is what we need right now, but I have a client who needs my services then I would have to weigh the [options] and **make a decision on my own**. Yes, and mainly for me was **whatever decision that I make I must be able to explain why I did that**. And be confident in it and just **stick to whatever I decided on** be it the right or wrong, **stick to it because that is me and that is how I see things.***

Finding the **purpose to live** also emerged as a **subtheme** underpinned by Evelyn's sense of responsibility towards her daughter. She took the decision **to toughen up.**

*Because **I have this girl**. Yes, to me is was **important** to me **to live**, important to me to find myself to know what is happening and where I am going, more especially for her. Because if I'm ok she will be ok. So yes I could see whenever I'd feel sick, down she would just stare at me. Being one-year-old looking at me like, mama what's happening, why are we feeling like this?*

So I thought there's no way that this man is going to take care of my child, he is part of her life, whenever he feels like he will come in but there has to be a barrier. A boundary yes, and a solid boundary where he would know that when you come this side, you have to come this side clear because we are building up this child. And I don't want my child later on to be struggling with something that I've been through, she has to go on with life.

She's not supposed to be going back to fix things that I have been through and I could not fix myself, she'd rather deal with something new, something else that we don't know or we learn it there. And it would be her story.

The one thing that made me want to fight to live for my daughter was that I made a promise to God that I know I am bringing a child on earth. Though it is my child but you have a purpose for her, and she has something to do here on earth. And that's why I cannot contain her or make her be a certain way. This is your child, you have trusted me with this child and all I'm going to do is protect, teach and encourage. And guide, that's what I am going to do, so that she becomes what she has come here on earth to do. So I don't want to be in the way of her purpose.

She also wanted to stop her reliance on her family's assistance to look after her daughter.

Let's say it's a Saturday I need to something, I would need somebody to look after my daughter, it's only my parents who would do that but would I go to them every Saturday or every second Saturday, it would too much for them. So I thought ***I have to toughen up.***

The literature showed that **depression** is a term that locates problems within the internal psychology of the individual. A woman employee may complain of depression, feeling that she cannot cope with her life. Perhaps she also feels that she is a bad mother because she frequently loses her temper with her children. When this woman's problem is **re-cast** different analysis emerges. Evelyn's story with her daughter was **re-cast** into that of a **self-reliant** and **adequate** mother.

The Gift of the Struggle

Constructivist psychology has argued that each person perceives the world differently and actively creates their own meanings from events. Implied by this position is the capacity for people to change their own constructions of the world and create new possibilities for their own actions.

This is close to **narrative psychology**, which contends that we tell each other and ourselves **stories** that powerfully shape our possibilities. We are agents and active creators of the stories we tell.

In resonance with the above view Evelyn's voice changed as she found the courage to **substitute** her story for a **positive version** of **her lived experience** with depression at work. Her new **preferable story** presented **work pressure** and a **hostile work environment** as **catalysts** for her personal growth.

I felt actually there are reasons why I have been here. I needed to learn certain things and these things I wouldn't have learned anywhere else.

She said the **self insight** and **awareness** from her depression and work struggles was that, she first needed to accept that she worked for the organisation. Acceptance was a precursor to regaining her self-confidence. This reframing and changed attitude assisted her to survive for as long as she was still working for the organisation. It contrasted with the feeling of stagnation she had experienced for almost a year. She felt somewhat liberated from her **lived experience** of inadequacy and hopelessness since being diagnosed with depression.

As a team leader, she felt her experience had also taught her **sympathy** and an appreciation for other's viewpoints and improved her approach in dealing with their different situations.

*What I noticed with **depression** it makes you like, it makes you to be **more aware** of things. You become more aware, how people react ….and you also look at how you deal with people how you*

do certain things …. in a positive way you would want to change certain things that are not helping you. Like me being a team leader, it also helped me to deal with certain people. Because I could not understand them. And now because I understand how people now are digesting things how they look at things.

It may be different from mine but then it does not mean now I have to treat them differently or anything I just need to understand their perspective …. ja you become more sympathetic…. more open minded… And don't just look at people because they acting that way and then you think this person ….this is work this is how things are supposed to be. But then you get, you understand where they are coming from. Because ***now you are aware****, how you think how you do things it's because of what has happened before. To you. So it means the other person has their own baggage's or whatever it may be. That's why this person is acting this way.*

So therefore then there is no right or wrong. Of being. Just being you. It works for you. You don't want to do certain things because it works for you. You feel safe… *in that. But then for me* ***understanding*** *and* ***why you feel safe in that corner*** *and you don't want to move on to the other side … of the room. Then I'd be like okay maybe this person is not able to deal with something like this I'd become more sympathetic and my approach towards that person it would be different from how I approach the others.*

And … because … I like to go into things so I'd be able to speak to that person in a way or in a language that they understand. And that would make them feel more secure to say move over just look at how things are on this side and then you will decide. That person comes and looks and then

they will decide on their own. If they don't want to they don't want to but then you've tried something and if it's not going to work then you know why it's not working. And how is it that you can make that person feel more comfortable to even try and come to the other side of the room.

people who are depressed are people's people

You become a people's person and then but then now because you understand how people look at things not necessarily specifically but in, you understand that people process things differently however it works for them.

Then in leadership …. I saw that it works. It helps a lot and even that person that you are trying to convince to look at things in a different way actually it even becomes more respectful towards you, because they see how you are like, I won't push you. I will give you time to deal with this.

And then at the same time you are saying to that person that remember this is where we are. But I will give you time, that person looks at you like yoh eish okay therefore. Now I need to do something. They, they… forcing themselves to do it because they want to please you or but then it's going to work for you at the end of the day.

Being in a business and being in a work environment where you want to things to go in a certain way. So it's you are able to influence you are able to ja to make things work. Especially like … because I won't lie to you the team that I got, yoh was so negative, negative, negative, negative in every way there was this guy who would look at me.

There was this other one would just leave me there. I would give instruction and say I don't want you to do this because we've done it and that's how it works. And then …also I have my analysis from the skill that I have, the knowledge that I have to say this is how we will do things. And I understand why you are saying that but then I'm saying this is how we going to do it.

Because I am the leader and I know why is it that I'm saying this is how we supposed to do it and because I'm looking at the end I need to get a certain result. You understand that, so ja. It helps, it helps in, I think I've become more analytical in everything that happens and everything that I do, in everything that comes to me. And it helps me to deal with things more appropriately.

She pledged time to deal with her team issues sensitively as it had been her wish to **help people.** Her empathy as someone who's lived in the **moccasins** of a depressed employee resonated.

Even if their depression has not … being accepted but for them to feel …. it's fine we have depression this is you… and just do whatever works for you.

ORGANISATIONAL SUPPORT FOR EMPLOYEES WITH DEPRESSION

The literature stipulated that a supportive work environment, with quality and professional working **relationships,** resulted in employees' contentment and a positive impact on their overall wellbeing. According to Day and Leiter (2014) people pursue three **"social motivations"** in the work place, **belongingness, nurturance,** and **esteem**. Poor interactions and overly toxic relationships characterised by insensitivity amongst co-workers could influence the strain people feel at work.

At a **colleague** and **team level** Evelyn narrated a story about the challenge and energy she had to expend in navigating relationship dynamics between herself and other fellow employees. As a result, she resorted to avoidance to protect herself from insensitive encounters. She felt too vulnerable to withstand such engagements. She described an occasion during which she had to attend a meeting with management to discuss her performance. Other colleagues seemingly knew about the meeting, which was supposed to have been confidential, and one of them commented.

I almost sent a search party for you because now I'm thinking for so many hours they probably ***grilling you.***

Much as the statement was probably not meant to be malicious she still felt **hurt**, but suppressed her emotions.

I was no longer emotional about it. And I could not even show. Actually ***I'm not happy****.* ***I didn't talk about it till today.*** *Stop and think, actually people will be happy every time to hear how unhappy you are and …And it actually makes. Some sort of validation that they are in the right. Now everything of theirs is okay …as Evelyn is not okay. So that's the thing. it's like test the water. And so like today it's more of….feel that it's personal …because like the line between …and personal … blurry*

Social constructionism has pointed out that no **talk is trivial.** A casual comment can have a damaging impact, contributing to the recipient's **lived experience**. The need for employee **sensitivity training** as part of creating a supportive environment for people with work dysfunctions was highlighted in the literature review.

At an **organisational level**, Evelyn felt that the least that organisations could do was to **genuinely** make employees with depression feel accepted. **Paying lip service**, just to be legally compliant, was insufficient. The understanding of depression could also be improved across all levels of the organisation if the breakdown in communication structures were to be addressed.

*Okay like when I thought about it, the one thing that like constantly comes to mind is as a business at the end of the day all you want to do is to make **money.***

But because of the way people who are depressed or mentally, or anything that is mental. The way they are treated at the end of the day the business is not aware whether they are going, they are losing money, it's happening. But because it's not on paper or it's not formalised. To them it's like agh it's not like that. But in the near future the way I see it. They'll be actually losing money.

In that people are becoming more aware of their rights. Becoming more aware of how they an organisation is actually expected by labour to protect such people. But because the organisation itself because of the set up …it's encouraging of negative treatment towards those people. Then the organisation actually is going to be losing money and they will be seeing it …it will be like what's the word, not practical but it would also be more, it will be happening. Like they will be able to see.

It will be obvious people will, they will be getting a lot of people for going to the CCMA. They'll be getting a lot of people, like reps from the labour coming in to investigate. And if it's not dealt with right now… in the future …it's going to paralyse the company in such a way that it will cost them their turnovers, everything that the company is what I can say, is there for.

Organisations are not ready to deal with such people with such matters, they are not ready…… but at the same time the very same people could be the one who actually make the company more ***money****….. if only the* ***environment is set up to accept*** *them.* ***Accept*** *people who are a bit different.*

But because of the set ups it, especially what I noticed in big organisations… there are so many levels of people before …the CEO so the in-betweens…all these layers…..the CEO would say our business is ***accepts such people*** *…..because labour says you supposed to be* ***accepting*** *them, but they …****it's more of compliance****….. and then to them because they get reports from the bottom….they just take whatever it is that the bottom is reporting to them…… but not being aware that the people at the bottom* ***don't know anything about depression****….they are just* ***not ready to hear*** *anything****….*** *all they want is just to come in make the business money and get out.*

Her **story** supports the view that people have **personal epistemologies** of how they know and make sense of situations**. Knowability of what is,** is a multi-layered social construction. It resides within the cultural fabric made of different interpretations and belief systems; albeit silent or excluded from **grand stories lay people** also **know.**

Evelyn made recommendations on how she thought the organisation could improve its current management of depressed employees. She reiterated the need to be reciprocal… ***balance out everything…. a two-way conversation*** and allow depressed employees to air their views. Furthermore,

with depression they need to have people at the very bottom the first part of things to say should I hear of or should I see certain things in people then I must know I'm dealing with something that is totally different from the everyday. It's no longer HR… I think it gets more into the industrial part of things then I must be able to take those people and sit them down and see what is it that they need from us for them to be more productive.

She continued narrating and roleplayed her views, however, perceiving from the organisation's perspective, and raised important factors around the real reasons behind employees' resignations.

At the end of the day as an organisation I'm thinking if it were my business I wouldn't want to have in a year … a certain number of people leaving…. if you look at reasons it's not more like they going for greener pastures or they are growing. But it's more of avoiding or leaving the manager or leaving the way things are done. Because they feel uncomfortable or they feel like they not accepted… in that space…the only way to avoid the manager is to leave the organisation. Because you won't be interacting with that person you not reporting to that person and more importantly you won't be seeing that person. So it's like it stops…… you can start over …..that's immediate relief.

Unlike where you it's in a conversation and because you avoiding an argument then you just say nothing, but the following day you are going to see the very same person. And be communicating with that person. So in leaving the manager again it's because the organisation itself, there's less awareness even for besides the psychological part and the depression and how it affects the business. But there is uh ja more it's, it's more like business technically or, business-wise you have this person

who is depressed and now because the manager does not know how to deal with such things and its just in the dark.

She emphasised the need to raise managers' level of awareness around depression and its impact on the business.

Again, it is the people above the manager who are analysing the business, they are the ones who are supposed to be able to see that there is something wrong in there. They may not able pinpoint exactly what it is at that point but they must be able to see… for example, is there a correlation between people who are ***depressed*** *and the way they are managed to push business to happen, it's aggressive.*

It was also important for management to spend time at the **coalface** of different ***departments*** to understand,

how's it that they are making a lot of money….and seeing how they run the business and then go down to the actual people who are doing what's needed in the business….not even talking to them just being there in the environment….and observing and taking things that will help you to see how is it that this department is making money. Anything positive can be replicated in other functions…..but then if there's something negative then you are able to like to nip it at the bud….before it spreads onto the other departments…..it becomes a culture of the business…

And now you as somebody who is above everybody let's say now the CEO…..all he sees is figures….. but you not in, but you don't know what's happening beneath and once whatever it is that's happening in beneath erupts or somebody just decides you know what this is just wrong and I want to deal with it in a legal way. And people start consulting and everything then you will see a lot of people are coming up and once a lot of people come up then you must know your business could be doomed. On that only on something that could have been … stopped. As it started.

Once again, Evelyn drew comparisons between the organisational environment and the hospital environment. She felt that clinics were more supportive, understanding and less judgemental.

Knowing that you are understood you don't have to explain why is it that you find yourself again in the very same situation…no judgements nothing… they take you as you are and then put you in a safe space where you are able to find yourself again to say okay I'm able to stand…and I'm able to go back into the world and face it.

She talked about the misery that people without support might be experiencing.

Miserable. Very miserable. There was this one time somebody on Facebook put up a status like people who don't know mental illnesses. Okay they were talking about more ….. How we look at it. And I remember saying it is so sad how we look at it. And how we ***stigmatise people who actually say I have depression.*** *And how we even treat those people. And what's even more sad is because we not aware we don't know about these illnesses.*

Evelyn's story **highlighted** the predicament faced by organisations in dealing with work dysfunctions. It resonated with Lowman's pronouncement that, because work dysfunctions are of a psychological origin, they are not always evident to managers, colleagues and the organisation at large. He cited an example of an anxious employee who may dread giving a talk or speaking to their superior, without anyone being aware of their personally experienced problem. The need for confidentiality and the fear of stigma added more complexity to the situation.

The challenges are set to continue plaguing the modern/postmodern workplaces as psychological disorders are bound to affect a significant employee population during their lives. Lowman considered that the only choice organisations have is to know how to assess, and treat, cases presenting with work difficulties and psychological problems.

The quotation below was voiced in the last of our formal interviews and I noticed that Evelyn's depressed mood had significantly improved. I shared my observation with her.

I am. I am like I do [feel better]. And I think ja the conversation, the last conversation we had that session it made a, it had a positive impact on me. It was as if like … out of the situation. It's actually going to help you even more. And I think now … okay this is the situation …there's nothing that I can do, it's beyond me. I only do that makes me comfortable …that's it.

Ja and for [speaking Sotho] the other thing this is something I've become passionate about …and something that I've wanted to do like how do I help people. Even if it means … is depressed and

is not being accepted but for them to feel … it's fine we have depression this is you. And just do whatever works for you.

Thank you

REFLECTIONS OF THE RESEARCHER

TENACITY AND COURAGE

During the moments I spent with Evelyn sometimes in her tearful eyes I saw brilliance, potential, tenacity and courage. Towards the end of our conversations she was under no illusions about turning around her career within the organisation nor did she want to hold onto it for dear life. She was gradually making a comeback to the self that she knew. The one that had once taken off on an international career exploration journey in search of a career or herself.

Her energy had shifted as she shared her thinking about her probable future career as a business woman and an entrepreneur. I thought her ideas were befitting her potential and felt glad that she had arrived at that stage. At a deep personal level, I recognised this strength and somehow knew that she was going to make it. She was still young. Depression had been a temporary setback and perhaps also a stimulant to her happiness and success. It was just a matter of time.

The time duly came and Evelyn informed me about her resignation. We bid each other farewell and promised to keep in touch. My memories of her **strong** and courageous nature remained. Almost a year after our last interview, as I worked through her transcripts I thought about her and sent her a **checking in** text message; she responded**.**

I'm settling in well, things are working out for me. Working on myself has been the biggest highlight. I didn't realise I had so much to offer, most of the time it scares me. Have been introduced to a money coach...I never thought life gets that far nor beyond. So I have been on a spiritual journey and thank God for meditation. Challenges are not so intimidating anymore. I can say I'm winning.

The above quotation showed that she had realised the wish she had earlier when she contemplated her resignation.

It feels more peaceful because I can actually see where I am going to. Because before I thought I don't know what is going to happen, all I see is just a thought and for me it is more than a ***canvas for me, it is where I will be able to start****. It is part what I have been dreaming of and importantly, I have more time for my kid.*

CONCLUSION

Evelyn was officially diagnosed with depression while already working for the organisation. Prior to being diagnosed she knew and understood very little about the condition. She, therefore, seemed relieved at **knowing what was wrong with her**. She continued to engage her **personal agency** in order to **make sense** and **meaning** of her **lived experience** with the condition. Although her depression had an impact on her family domain, particularly the area of motherhood, her struggle was more prevalent at work. She had been admitted a few times and her clinical evaluation had confirmed that her work environment was the main underlying stressor of her depression.

She had chosen a career in the hospitality industry and loved her job. Her ideas about how to improve and deal with business, including the management of her team, showed that she had a good grasp of how the business operated. I found her entrepreneurial and thinking skills outstanding.

After having been with the organisation for three years her performance evaluation had been downgraded from that of a good to a poor performer in the third year. She did not agree with the company's view and this continued to cause significant friction and strain in her relationship with the organisation. She felt stagnant and unwanted and her morale was almost non-existent. She had been proud of her achievements in the first two years and could not comprehend the current status quo. This situation had a negative impact on her self identity and esteem and contradicted her image as a self-reliant go-getter.

Amongst others, her themes and subthemes revealed a **lived experience** with pain, confusion and loneliness as she confronted her work dysfunction due to depression. Her narrative and theme of stigma was interesting. She positioned the phenomenon beyond the workplace, situating it in the societal realm, amplifying the burden carried by people with mental illness. She questioned the legitimagy of the **language** used in mental health and implied that **such talk** perpertuated stigma. She also reflected on the need for the integration of **multicultural perspectives** in the management of work dysfunctions within organisations.

Evelyn's narrative further emulated a resilient and tenacious personality with the ability to **reframe** and **re-tell** her story in a **positive manner** in the face of adversity. Her **self insights** are evident in the manner in which she **crafted situational coping strategies**. She undertood the risk of

using **self sabotaging** coping mecahnisms at her workplace. Most importantly, irrespective of the pain, she felt gratitude for her personal growth and transformation at the **emotional** and **interpersonal** levels.

Her growth was evident in the genuine manner with which she discussed suggestions for the improvement of the organisation. These were based on a sound understanding of the latter's **economic need** for survival.

Overall, Evelyn's story unveiled the psychological and emotional **upheavals** of living with depression. Her experience vacillated between feeling **strong** and **adequate** to being **down** and **teary**. Her chosen **mental schema** was, however, that of courage. She had **constructed** her **lived experience** as **work in progress** as opposed to a **death sentence.** She saw the **light** at the end of the tunnel.

CHAPTER 6

NONTU'S STORY: DEPRESSION, THE STRUGGLE OF A WORKING WOMAN

INTRODUCTION

This chapter will present a case study of the **lived experience** of Nontu who was diagnosed with depression. The findings will be presented according to the topics discussed in the interview and the themes that emerged. The statements will be supported by quotes from the transcripts. The themes are followed by my personal reflections and a short conclusion to the story.

Nontu's referral to my study was rather interesting in that she had initially visited the clinic not for depression but for her thyroid problem. The clinic sister suspected that there was more to her medical presentation and suggested that she contacted the company's employee well-ness department. It was during this consultation that she was informed about my research and was asked if she would like to participate. Without much thought and processing, she agreed. Well-ness kindly sent me an introductory email and I proceeded to contact Nontu directly.

It would make sense, then, that Nontu's initial engagement was hesitant and ambivalent although she warmed up to the interviews as we continued. I will discuss this point further under the nature of our engagement.

Overall, I conducted four sessions of about an hour each over four weeks. Nontu's view was that blocking off time in our diaries in advance would help to complete the interviews. The latter could only take place at 12 o'clock on Fridays when other colleagues and her manager attended the mosque. This way her absence would go unnoticed. When these sessions had been completed, she

felt she had no additional information to share, so we decided to take a break and check in with one another at a later stage. I had given her permission to contact me or email me if something came up.

She did indeed contact me, except that the reason was unrelated to the additional interview material. Instead, it concerned the research she had conducted on depression and burnout since our first meeting. In between the interviews she had also sought my advice **off the record** on how to deal with the difficult encounter she had experienced with one of the senior managers.

Apart from the above, after about three months, I still requested an official follow up session related to the interview. She gladly accepted the invite but said she had nothing significant to add. We ended the process by mutual consent. Highlighted in this session was the deep sense of rapport that had been built between us.

BIOGRAPHICAL INFORMATION

At the time of the interview, Nontu was 51 years old and happily married. The couple had two children, a son and a daughter, almost teenagers and five years apart. She was the eldest of the other two siblings. Her parents were still alive and she described them and her children as well as her husband as very supportive. She and her spouse married when Nontu was 23 years old. Both were teachers when they met and courted.

Her teaching career started in 1991 at her old girls' High school; in the same year, her husband went to the army for his military service. She had chosen to teach because she loved sharing knowledge and making a difference. She had received a bursary from sponsoring her studies.

Her career had, however, not been particularly enjoyable; therefore she had no regrets about leaving it. She loved her students but had experienced some challenging encounters with them. She eventually joined the private sector and began a new career in technology. In approximately 2002 she joined her current organisation as a system analyst in a supervisory role.

Nontu's longstanding history with depression had started in her youth before she joined the current company. At the time of the interviews she was on an antidepressant, but nobody knew except for her family. She was also seeing a psychologist from time to time just to keep a check on herself.

She felt very **unproductive** at work but also pointed out that she was not the only employee suffering from depression or bipolar syndrome. She related a story about another female colleague who broke down at work. They, however, preferred to keep it secret or, if necessary, resign for fear of being stigmatised.

THE NATURE OF ENGAGEMENT

The interviews likewise took place at our company offices in a small and private room. As with the other participants, her office location was on the other side from mine. She said this was ideal for confidentiality because when she looked around, she ***could not recognise anyone***.

She spoke about her scepticism when she heard that I was from **HR** because "***HR is not trusted***". Her hesitance was also driven by the fear of opening old wounds.

I did think about an hour or so ago when I got my reminder, I thought am I really letting myself in for this…not in a bad way or to put you off I just thought I'm probably gonna have to bring up things I have not thought about for a while…I know I am passionate about helping this process of what you are doing is important.

The conversation naturally proceeded into explaining what the study entailed, her rights as regards confidentiality and her freedom to **opt in** and **out** should she feel uncomfortable at any stage. Thereafter, she gladly signed the formal consent form to participate. She also agreed to the interviews being recorded.

Nontu had a pleasant and likeable personality. This helped to create a relaxed atmosphere and instant rapport and eased us into a conversation.

I was at the varsity yesterday where they had Prize giving in the Science Faculty and my son got some awards. I was sitting there before, I was early. And I was thinking about you going back and doing your PhD and you know. And I thought gee Lord what can I do?

Her beautiful sense of humour and genuine interest in the topic brought much **lightness** to an otherwise sad story. There was also an Australian based psychiatrist known to her family that she wanted to link me with, because she thought there were similarities between our work.

*This thing of **stress and burn-out** is a lot in the media, half the Business Review I think it comes up sometimes in my Timeline in Facebook. Then I looked at an article I have been saving to read when*

*I eat my lunch and I saw it's about **burn-out** and **stress** at work. They are saying what is the counter to that? Things like compassion, helping, doing other things…*

EMERGING THEMES

Depression

The relentless struggle.

Nontu opened her story with a **rich description** of her **lived experience** and history with depression.

It's not easy.

I started thinking about that then I thought I must you know, there're always times when you feel happy and you feel sad, that's normal. But the part that's really hard when you feel like you're dragging yourself. And you uh years ago I remember thinking of it like when you're depressed, you like in a pit and the sides are like ground and its mud and you want to get out but you keep slipping back. And it's dark and nobody can hear you and nobody is uh you kind a like isolated and left like uh…and I think uh years ago I was living in East London at the time, it felt a lot like that.

*I was on anti-depressants then. **It was really hard** on my husband to kind of know what to do because I would almost **appeal to him to help** but then he wouldn't know. And I would feel even more uh **unable to manage**.*

*You tend to **sleep a lot** and you **don't feel like going to work** but you have to. You daren't not go because… then it looks like you're **not coping** and **you don't want anybody know that you're not***

coping. *You go to work even like here when you're really feeling down you come to work. Everyone greets which is great and they say oh how are you and you got to say hi I'm fine how are you.* ***You can't say I'm terrible****, nobody is interested anyway, you don't really wanna tell them. You don't know their greeting is fine when you feeling fine. You know you start think what I'm even lying to myself… I know you must* ***fake it until you make*** *there's an element of that. You* ***feel really depressed****, you* ***feel useless*** *and you feel like they can see it on your face.*

You don't feel like and you ***drag yourself****.*

I must say after in a way my kids help me keep going sometimes inadvertently you know you keep going to be there for them.

Subthemes of **loneliness, desperation** including **hopelessness** and **worthlessness,** emerged in her story. Words such as '**dark'**, '**pit',** '**slipping'**, '**dragging'**, '**mud'** amplified the severity and magnitude of her depression.

Diagnosis

The journey of endurance.

Nontu's onset and history with depression dated back to her early adulthood. It had negatively impacted both her family and career domains. Below is her reflection on the journey until she was ultimately diagnosed.

Ok! I also have been thinking about this. Perhaps it's a type of person with certain characteristics that ends up with this, ***I'm an A-type personality,*** *achievement driven, brought up strict, you do this and not that, …. and I'm the eldest child of three, whether that makes a difference of not…*

Nontu's quotation above confirms that people bring their own personal characteristics to their work. Thus, any assessment or intended assistance to their work-role issues must acknowledge their individual make up and contribution to the job (Lowman, 1996).

She continued to remember her early days in teaching when she had been full of passion and inspiration. And one day, out ***of the blue*** during her teaching lessons she, *felt like* ***very down****…and you like* ***battle*** *to keep going.* She told her mother about this experience:

mom said go to the GP the home doctor and ***he put me on anti-depressants****, and they supposedly helped. But it is terrible when they give you meds, but you feel so I remember like waiting in the waiting room, in these places sometimes and* ***you feeling so down****, you just have these feelings of* ***worthlessness*** *and* ***you tired*** *and you feel just like* ***you can't carry on.***

They give you the meds and say it will take two to three weeks to kick in and you sort of feel like you ***hanging on by your fingernails*** *to wait until you see the doctor. Then you think it's another two weeks.*

Her husband eventually came back from [....] and they moved *to East London.* She couldn't recall whether she had stopped taking medication during that transition but she then,

started teaching at another school, a different kind of school. Kids are difficult and I'm also not a type of uh, I don't enjoy conflict. I feel for me if I'm giving, I can't be a dragon at the same time. You know that sort of counter on me. Then I ended up going to a doctor in East London and he put me on the same thing. He eventually referred me to a psychiatrist there and eventually after a lot of ***trial and error*** *he put me onto something that seem to work* ***Prozac*** *for a month and that kind of like makes you* ***dry mouth****, made me* ***very tense*** *and I was having to teach and talking like … acting out in front of the kids and you like* ***my chest*** *was like* ***tight not tight*** *as in* ***hard*** *breath but like a* ***tension*** *it's like ... [deep sigh].*

They eventually found some tablets that helped. Then I blamed uh I sort of thought it was teaching, I would rather not be teaching. I would rather have done research and not gone into schooling you know, you just there and babysitting you know. Then we decided we want to make a change my husband is also a teacher.

At this point in the interview her pain and struggle with depression was palpable. She nevertheless continued narrating, about the family's relocation to Gauteng.

I got a chance to be retrained as a programmer, trained as a programmer at …….. It was a big thing for me, a big opportunity for me and the odds were small and I made it. Yes, and I remember we had to spent time in the programming course and ***I so enjoyed living again.***

However, her relief and the joy of life was to be short-lived as her **depression relentlessly** struck again.

*you start working and then that **depression started coming**, oh by the way I remember my last year of teaching I remember I walked to my school it was like to the end of the road, cross over and there's the school. As I closed the gate then **my stomach into knots,** as the **gate would squeak**… …so it was a lot of teaching and uh…something I did not realise but obviously my husband would realise because I was talking in my sleep, **grind my teeth.** When I was 23 I had to have inlays be put in my teeth that need replacing also after 30 years also. Because **I had ground them flat**. Actually now I'm feeling like I am **grinding them** during the day as well right now (heavy sigh and pause).*

The powerful metaphor of a **squeaky gate** captured the last memories of Nontu's teaching days.

When prompted about what she thought caused her **teeth to grind** during the day, she said,

*It is kind of **out of the blue** but also when I'm concerned about like I am not relaxed, **I am not free,** when I'm like **check my back**, check that one. **It's not nice**, **not nice** to be like that. So then in East London I went to a psychiatrist and he gave me stuff and referred me to somebody for psychotherapy as well because he said it goes hand in hand. And then he said **you know some people just need some anti-depressants to help them to cope**. It seemed fine. Then I went off when I wanted to have a baby and the GP helped me come off. Then I had my baby and back to teaching.*

The account to follow further revealed Nontu's persistence in trying to make sense of her condition from a **physiological perspective**. She **voiced** her issues from her personal **knowledgeable** position and cognitively appraised the physiological interconnections between her lactating experience and her psychological state during breastfeeding. Her own critical analysis presented her as an **expert on her own body,** denouncing the view that the only legitimate and competent **knowers** about her situation are the health professionals. Postmodern epistemology has acknowledged "the possibilities of multiple and relative realities which are constructed by the meanings that people attach to events" (Van Zyl & Nel, 2011 p. 20). It rejects assumptions that there can be an **ultimate truth** and emphasises the co-existence of a variety of situation-dependent realities.

*I did notice an interesting thing in **physiology**, in physiological origin is that when I started to have my baby and I was breastfeeding. I noticed my left arm, then you have that let-down Reflex so the … sends a message to the brain and the brain will then I suppose in a simplified version that's how he explains to me, it lets down the prolactin and starts the milk releasing …..and in that pathway I did not realise when I was feeding my baby I would suddenly **feel useless** and all these thoughts would like start flooding in like **I was not coping.***

*Luckily there was a very good clinic sister and she said it's that when the hormone is released. Then that's actually what's causing it and she arranged with the psychiatrist to have me back on the meds. … it was **crazy** because I had my daughter as well she is five years younger than my son, but it happened again I remembered oh! yes it's that…then I could get acinol or whatever it was for safe feeding.*

I inquired about whether any counselling was recommended at that point and she responded, ***they just write down …. it's like ag you know…. I don't trust psychiatrist they don't listen …in any case how do they know that a person has depression …they can't put a needle in you to test for it***. This feeling triggered another dismissive experience and imposed attitude.

I remember uh I thought as you talking uh want to go back to what you were saying. Oh before I went back, I'm went backwards and forwards, before I went to my psychiatrist in East London before I had my kids or I was planning to have kids. I remember I did not really like the guy and he just said oh must just quit your job and stay home…I thought I was government school teacher, my husband government school teacher, you're just making it. So I said I can't do that I've got a bond to pay and he said you living above your means. I tell you when he said that I just like you are just not doing it for me.

And in those days, I think in those days the men could get a housing subsidy which was a couple of rands a month and… yes he had that and I had my salary you know it wasn't like we lived ….and that kind a like irritated me. Luckily, he kind of left the country or something and then the main partners were twins and you could not tell the difference. I mean the one time I think it is Peter and John and the onetime he said I'm actually the other one…[laughter]….but they were very nice they were the ones that said go to psychotherapy. They had the practice and then the other guy left luckily. But you know I thought it was nonsense I wanted to cope. I kept on going to work, I didn't take or they didn't offer me time off or anything like that. I suppose there's a stigma to that. And also the idea of going to a psychiatric hospital is also you know you got it on your record.

To my probe about whether she was ever taking sick leave in her current job, she replied, it's ***when it's affected me physical***. Implied is that it was easier to take sick leave for physical medical conditions than for depression. The literature mentioned the reluctance to take sick leave for conditions such as depression for fear of stigmatisation. This gave rise to **presenteeism** or the **working wounded** phenomenon, with significant increased hidden costs to the employer.

*I notice **irritable bowel syndrome,** one of those things where they rule out that it's not cancer, there's not anything terrible…then obviously it is irritable bowel and say **it is stress that causes it** they don't really know but I have these tablets to just manage that. I know that at one stage even when there's a **tense situation at work** with a project or someone is micro managing you or because we have a lot of managers not a lot of leaders. Then my **stomach** would go into this **knot**. Sometimes it is so bad that I have to go to the doctor and to take a **day or two off**, but it was **irritable bowel it wasn't….. you know**.*

Nontu reflected on her observations and understanding of the biological/physiological manifestations of stress based on her personal experience:

*Some people would get some **headaches.** I found my tension…eventually it tells you. Your immune system tells you as well like I always try and look back to some sort of physiology but when you are a lot of adrenaline cortisol going through you. When you have this **fight or flight response,** you're not going to have it like every day. Or couple of times every day but you can have it a few time on the way to work. So at least once on the way to work, in your travelling. Sometimes you find it in the office you sort of like realise there's a tense situation, then it **floods your body** with these hormones*

and your body is not meant to be put in that situation…that often, also sort of drain away. So ***that saps your Vitamin B*** *and other things so* ***it has an effect on your immune system. So sometimes you end up being ill.***

The above view from Nontu has been supported by the literature's assertion that prolonged exposure to stress causes **wear and tear on the body**, lowering the body's immune system to fight illnesses.

As she continued to relate her history she recalled a moment during her teaching days, when she had been courageous and told her mother that she was,

not managing ….and would say go and speak to your boss. And I did actually go to the one principal and he'd say he was funnily at school with the twin brothers, psychiatrists twin brothers. He took it ok I suppose I was sort of naïve in telling him but he didn't hold it against me.

Her appreciation of the principal's non-judgemental attitude was short-lived as she thereafter had to deal with the head of the maths department.

I suppose the kind of persona you get that kind of personality because as I'm speaking I'm thinking you come up against that similar of personality wherever you go…It was like his way or the highway, he was not a very approachable person. His kids in his class would come to me after school for help with the work.

To please this head she,

tried to do stuff like the right way and I think maybe that's also doesn't help me. I want to be ***perfect*** *perhaps* ***perfectionist*** *maybe… You know he would even have the gall to tippex out the uhhh. You see the* ***arrogance?***

Nontu gave another description of similar character at work.

who he thinks might become a big boss, we have not had a boss for months and months and months. People don't want to come to our team but anyway he came around and asked what was the highlight of your week? What was the highlight of your week?

And I thought, I gave him something, we're involved in Knittertho …for [company] volunteers. He said no I meant business. So I said no but this is what I enjoy getting together with my colleagues … I'm over the heals [about the get together] and he rolls his eyes … [not clear] but uh…And he is asking the others but there is not really a highlight at the moment or anything.

Everybody is very insecure and wondering what's happening, something is happening but we don't know what or anything. Then I looked at an article I have been saving to read when I eat my lunch and I saw it's about burn-out and stress at work. They are saying what is the counter to that? Things like compassion, helping, doing other things… and I thought wow you know it's really a thing.

Brené Brown writes quite a lot about shame and perfection and things like that. She is quite good. You should see her book.

But we are who we are sometimes we are our own worst enemies I suppose in some ways. Yeah! It's part of you, yeah. Yes! I think there's that part where we sometimes are too hard on ourselves. Funnily enough yeah and it's not something we tend to uh it does not come naturally to love ourselves.

Nontu's story continued to draw contrasts between her previous teaching environment and her experience in the current workplace:

So I'm dealing with somebody else who is in different context here but has got the same ***arrogance*** *over everybody and that's why right now* ***I feel very tense*** *and I think that's why* ***I'm grinding my teeth.*** *And I went to speak to the boss the other day because I actually had it with this team leader we've got. I said …. I'm not prepared to be in the same room like alone with this other guy. So maybe a lot of my problems is that* ***I feel like I'm not heard*** *in a situation or maybe I lately I felt when I get ready in the morning…I just got dressed and go from my room… I* ***feel nauseous.***

She again reflected and concluded that her **nausea** was not caused by her **overactive thyroid** but was instead related to fatigue and the apprehension about attending work.

So what I have done to try and conserve my energy is to be part of a lift-club. So I don't have to uh because even driving …I drive at least for an hour. At the same time, I am not going to a place where I feel I am ***making a positive difference.*** *Sometimes I feel like I'm just doing documentation for the sake of ticking a box in someone else scorecard. You know* ***I am not really developing my***

career…*.sometimes I have to distil it down to myself is what I'm doing building my career…. oh no adding to my CV or not. Then when I feel it's not, it's really like I am not growing.*

Anxiety related symptoms such as **teeth grinding, nausea, overactive thyroid** have been so far amplified in the story. Also suggested was that her stress and anxiety similarly emanated from the negative interpersonal relationships at work and the lack of challenge in her job.

From a positive psychology framework, she was neither **thriving nor fully engaged** in her work. **Work engagement** provides employees with **vigor, dedication**, and **absorption.** These states result in high energy levels, resilience, concentration and happy engrossment in one's work (Ten Brummelhuis, Bakker, Hetland, & Keulemans, 2012).

In the past Nontu had found it relatively easy to discover other opportunities when she felt career stagnant, but she always carried her depression over. Her story also showed that other employees could be suffering from the same condition.

I moved from the frying pan to the fire. I always feel like I can't let the work down, uh you're torn…. want to give 110% and that's part of who I am as well. So call-out is hard. It really is not a nice thing and then also you know there's a lot written on physiology of ***broken sleep****. And when you* ***sleep deprived*** *it's also you're not productive. Sometimes one turns it in to yourself if you are not managing. You kind of* ***dread the week*** *before your call-out,* ***you dread*** *that I know it's not just me. Some of the other women not all of them, but some said that the same thing.*

*Oh! It's terrible it's almost like you have seen those **cartoons** where the feet are like being pulled and skidding along. One of the girls in our team now she is a couple of years younger than me and has a son in primary school. She also she hates it. You can't even enjoy, give your kids the best of you when you in that cycle …**you dreading**. Mine **(Sunday blues)** starts at 4 o'clock on Sunday…*

The Burden of Stigma

Race and Furnham (2014) stated that one in four people at work are afraid to disclose their conditions due to the **stigma** associated with **mental illnesses.** Nontu's first encounter with stigma was with the insurance company when she tried to take out life cover for her children in the event she died of depression.

*So I took out some insurance, life insurance or whatever and then I think it was …… or something. A couple of times try this and they come up with this questionnaire of stuff. Have you got heart disease, have you had cancer, la la la and then as soon as they hear you're on **anti-depressants** it is like you're there's something wrong. They make you feel like you're really **not good enough**. So I remember the guy who was doing this from the insurance company said, okay we got to load your policy. But perhaps in a **year if you could come off your meds** and you no longer on your meds **we can re-assess it**. So this became like a challenge to me, okay let me undo that, you know like a perfection try and...I tried, I remember probably around September, October I was a bit I suppose I didn't, I didn't know myself as I know myself now. You know **you off** carefully but **then you start going down** and you know it **and your family feels it.***

You probably don't notice it much at work but it's just uh eventually when you realise you need to go back onto meds its kind a like ***a bit overdue.*** *But so I remember trying to contact this guy and saying you know I'm off my meds but he never got back to me. Then you like uhhh I eventually* ***got back on my meds****. It just makes you* ***feel labelled*** *like you're* ***not good enough****. And the reason you're taking the meds is that you want to be uh… …to cope, yeah yeah! ….. it's like a* ***catch 22****, then some years later there was a ……Yeah ….. they will offer you various insurances but you uh I think they also if you're not at work they will offer you uh for certain amount of time they offer you insurance for that.*

Now the guy or one of the guys I worked with said try this, it's so good, I got a good policy. Now he is my age, his sister, no his brother had died of cancer, his sister had cancer. So this guy got this insurance with a bit of a loading…I think he also had a bit of … Yes. ***Okay they would not give me a policy because I was taking anti-depressants.*** *At that stage I said well I'm not going to be silly uh.*

At the risk of her wellbeing Nontu was indirectly forced to wean herself off medication to qualify for an insurance policy.

She had always feared the ***labelling*** *and* ***discrimination*** *attached to self disclosures as in the case of the Insurance company. This fear had first been highlighted, earlier, in her teaching environment. She* ***just*** *managed to tell one of her school principals about her depression. In that scenario, she believed that the principal's receptivity was influenced by the fact that there were a couple of times* ***people*** *would* ***just burst*** *into his office* ***crying****. It implied that he must have been aware of the distress amongst colleagues.*

She had already mentioned that even in the current organisation there were,

lots of people but they don't want to talk…one woman said it is better to leave….one woman just exploded out of the blue.

I haven't mentioned to any bosses, but I'm considering. I suppose with age you get more used to yourself. And I have mentioned it on the odd occasion to friends.

The narrative below reinforced the ease with which she disclosed her thyroid problem as opposed to talking about her depression, for fear of stigma.

I went to this guy and I said and you know what I couldn't believe, because you know he is very firm, this guy who is not in our team anymore, but his very strict. And you know even mentioning that I had a thyroid problem. ***You're not talking about depression. You're talking about a thyroid.*** *It's kind of like, you know your kind of wondering what they're thinking.*

So he… I was so surprised, he said you know, I know what it's like, I've got an underactive thyroid. And he understands. And these guys don't always say how they're, because it's a personal thing his telling me. He says he knows how difficult it is sometimes to concentrate. And I would have never have noticed him like that but he obviously has had problems like this before and funny thing is the symptoms can be similar [symptoms of depression].

So he said you know what if you need to work from home. You are a…. you can do that. And there was already ***a trust relationship****…It is so important which I don't feel I have with the current,*

because now no-one works from home. So I felt really supported that he understood where I was coming from, ***but with depression people wouldn't, your boss isn't going to say yeah I also suffer from depression, so I understand****. Or maybe they would say their family member. I* ***felt supported*** *with this Chuck [not real name] because …when I spoke to him I said you know what I've got to make a Specialist appointment to get to see a Specialist you have to wait a couple of months. But you still got to carry on in between.*

The literature had spoken about the role of supportive and good relationships in the workplace as unquestionable preconditions for happiness. As implied in Nontu's story an environment characterised by **trust** could lessen the fear of stigma for employees with **work dysfunctions**.

The Extra Burden

Female Gender and Stereotypical Labelling

The literature asserted that mental health disorders vary in incidence and prevalence, based on such factors as gender and occupation (Lowman, 1996). Organisations with more females than males would be a higher risk for disorders such as **depression** and **anxiety.** However, from a social constructionist perspective, illnesses are not fixed entities but socially created and sustained by social practices that often serve the interests of dominant powerful groups in society.

Nontu voiced her subjective reality with depression from within the confines of the dominant patriarchal societal reality which permeates the workplace. Therefore, it could be argued that having to deal with both realities (patriarchal and depression) made her **lived experience** much harder than it would have been for a male counterpart.

You don't want ***to show weakness*** *like you* ***no I'm tired*** *no* ***they think you moaning. Especially guys,*** *they like to say* ***women are emotional****, if we not emotional beings then we not human that's what I, but we do have and its,* ***so if you voice how you feeling too much*** *then* ***you can get labelled****,* ***different labels*** *and you don't want them to think that persons…..*

I suppose there's ***labelling*** *that happened throughout our lives from childhood, but you* ***in the office you don't want to stick out too much.***

With this guy at the corner of my eye I'm like checking if his not there, I must try and get over that maybe I must I change myself to speak to him more often. I do try and ***be friendlier*** *and* ***good morning*** *or whatever but you know* ***I think it shows on my face.*** *I suppose I found it hard to hide my feelings. You know, it's also ok.* ***They don't worry about their outbursts so I shouldn't?***

Her challenge to survive in a **masculine competitive work environment** echoed as a **sub-theme** in her story.

There's a lot of ***competition, competitiveness*** *and you don't want to look like you* ***not performing.*** *I've just noticed in the last while maybe also because what's in the media* ***women*** *find it's,* ***it's harder as women*** *you realise that it is* ***harder for a woman*** *and even more so you've got to make as if you happy and you managing and now* ***you've got to say you feeling fine*** *even if you not. Lot of the time* ***you have to keep going*** *but sometimes you just feel, I'm not being productive and yes, you just don't want to let on.*

*It's like **you have to pretend** and **it's hard** to, it's not nice to pretend. **….** high maintenance yes. And when you feel you haven't done what you wanted to do get through in the day then you, **I feel guilty** and then it feels like it's a counter productive and then you **just waiting for the weekend**, **you start clawing your way through the week** to get to the weekend when you can just like [deep sigh].*

So it's not a very easy environment to work with. Whereas the ……analyst there's six of us [in the team] I think two have left already and, so there's actually six of us and they somebody to lead them. We all very comfortable with each we can help each other we can. Yes, bit of a more mature outlook on life, we a little bit older. Not all not everyone but you know more realistic. We sort of connect which is nice. And maybe because we not exactly in direct competition.

The silent **battle** against masculinity and its associated **male power dynamic** also emerged as a **subtheme**. To counter this experience, perceived as intimidation by Nontu, she devised internal self-empowering dialogues and self positioning rehearsals.

*You aware of him in the corner of your eye, you aware of him there and you, when he starts walking you hope he walks past you and doesn't speak to you because you don't know what his going to do or say you must do. And then when he leaves in the afternoon he leaves like before me then **I feel free** and then I'm thinking why is this, this is not nice, I mustn't be like that.*

So sometimes I have to go and force myself to go and speak to him about work stuff.

I try when he comes to my desk don't always get it right ***to stand up*** *so that* ***he does not look down on me,*** *you know which is silly things but I've seen* ***sometimes men go to the desk of somebody*** *and then* ***they talk down*** *and I see it and it* ***if it's a woman*** *I think* ***there's a power play, it could be a power play going on.***

Specially yes the ***height*** *and specially when they* ***demanding*** *I'm not talking about my team leader now I'm talking about you know… I've noticed other people. They* ***demanding,*** *the project must be done meanwhile the person [woman] they speaking to can't make the decisions, so* ***one lady in our team****, Thuli, she's very good I saw her the other day,* ***she was standing up*** *and she saying,* ***no,*** *this has to happen and this has to happen, I did thumbs up to her because and they come like in a group. There were two guys with her and I just love Thuli she's, she just has that yes you know…she just like tells them. And that is always refreshing for me, she's a little bit younger,* ***she's not afraid****,* ***she's got that confidence*** *yes.*

I know ***it sounds crazy*** *but it's just I just noticed it's kind of easier for them to* ***spew out onto you.*** *And then when* ***I go to his desk and if his sitting it's fine I'm higher.*** *No it's stupid because I, but…Yes, I don't like playing games that's probably why I don't want to go for a lead role because they ask you what would you do and I and I said, one of the things that I said, I said I see people as people …and I realised afterwards that's not actually what they looking for either, they not looking for a leader who's going to inspire the people. They just want somebody to do their work… and if there are people under you who are not doing the work then they going to* ***pressurise*** *you, so they don't have to deal with it you know, there's all this and I think that puts a lot of* ***pressure*** *on team leaders. Even my team*

leader that I don't particularly enjoy working with, his also having to do all this personal interaction and he prefers to do technical work.

So you taking people like subject matter experts. Which is not right for them either. Then something that I had thought that ***Thuli*** *actually verbalised yesterday, she said, maybe if you just, take… then you know then you have something on your CV, deal with it and look for something else.* ***You see how we have to strategise.***

I don't know if I could deal with the ***extra stress****. If I realise how much* ***anxiety that I hold within me****, and then I find I'm having to,* ***I'm grinding my teeth all time*** *that I'm having* ***to say stop****.* ***Stop,*** *just there's no need to do that.* ***It's crazy.*** *Yes, yes and these last couple I noticed I'm still doing it and people out there don't notice but you realise that this is not positive, it doesn't help me.* ***Am I seeing the world like that****, maybe, well I mean* ***I grind my teeth if I'm driving in traffic too****.*

And if I go to a concert in the evening, my son plays in the orchestra then, and ***it's dark*** *and I have to travel, like the other day with the Lyric Theatre, I actually have to* ***psych myself up****. You know, to go and if I've got someone else in the car I feel I bit better even it's my daughter.*

Medical Health Authority

The power of medical expert opinion **emerged** as a **theme.** Demonstrated in this narrative is how laypeople, in this case Nontu, could be helplessly subjected to that knowledge and power.

Uh before I fell pregnant I made sure that I was off the pill and ***off the anti-depressants*** *with the doctors checking me and all that. And I found when I was not on the pill, then life felt a lot rosier then when I'd been on the pill. I remember mentioning it to one of the doctors,* ***GP's*** *and he said* ***women always say because he is a man*** *uh* ***women always blame*** *whatever they are taking for however they are feeling or uh… And I noticed after I had my daughter I think I might have mentioned it to you the let-down reflex thing.*

And then after I had my daughter, the obstetrician said you must go back on the pill and he had given me you know you get that uh breastfeeding pill which is…as long as you're breastfeeding you won't fall pregnant…..the pill will make sure you don't fall pregnant. So then he ***put me back on to one heavy ones,*** *probably like Triphasil. As soon as I was back on to those pills for about a week, I could feel* ***myself changing****. I was still breastfeeding but I could feel I was* ***bumping into things*** *and at that stage I suppose that it was a feeling that I could notice or relate to before.*

And I remember picking up the phone and saying to the ***obstetrician,*** *you know what since I have been taking these last week, you gave me Triphasil or whatever* ***I feel depressed and I feel I'm knocking into things*** *and you know what he said.*

He said, it is not the tablets, it's not the pills, you need to go see a psychiatrist. *It annoyed me because there is something about the* ***patient knowing****…. there is a stage when you* ***know yourself*** *and there was no reason for me to feel depressed. Because I was at home, I had the baby you know.*

Then I went to the GP, there was a new GP and I told her about this. And she said okay, ***it was a woman now.*** *And she said it's fine, This is a real thing. Patients have, she has noticed this before. She said* ***go back onto the breastfeeding pill****, as long as you are still feeding and maybe take precautions. If you have sex just you know just make sure uh then it's fine. You know what I think sometimes the pill doesn't help if you are depressed. It didn't help me. Then I thought oh all those years in East London when I first got married couldn't have helped that situation.*

It's not the only thing you know with depression it's not just one thing …you want it to be one thing.

You want to remove that thing then it's fine. You want to be normal.

I remember in East London way before my son was born, it's beautiful living in East London. You've got the beach, you know you go walking and here, you come up here you've just got the malls. I remember feeling its beautiful outside but ***inside something dragging you down****. I know my hubby is walking with me. And you* ***just can't lift that feeling****. And for me it's* ***like feeling inside like a hard stone inside me in my stomach you know.*** *And you just* ***want to feel normal*** *and I suppose I was on the pill.*

So I never went back on the pill for very long after eventually I tried some other pill after my daughter was weaned but then I haven't been on the pill since then. I think that might have helped not to get depressed back into that ***black hole idea****. There's always things in life that make you feel*

uh disappointed or sad or you know. I don't know maybe some people feel more things than other people or you absorb that uh…. but I suppose that is part of life.

The Silenced Voice

Critical psychology has been outspoken about the powerful effects of **silencing** on the lives of people. **Voices** can be silenced either through the **hidden mechanisms of coercion** or through overt dominance as implied in Nontu' story. Her own personal (nature-nurture) analysis, still to be discussed, support the constructionists' view that people are **self-defining** and **have a legitimate view** about their health conditions if permitted to join the dominant discourses on well-being.

*Did I tell you that I suffer from **irritable bowel** sometimes? And that seems to be linked to pressure, you know **stress at work.** The doctors don't always, and you're going to think I am absolutely crazy, the doctors don't, **they'll say no you're wrong.** But I would find, just before ….. I would sometimes get irritable bowel more often. And then I was ending up taking a day because my stomach was in such **knots.** And it was the **knots, but also stress of the situation**, you know.*

*So I think there is a lot more linked up than we realise. The doctors …**don't seem to see you always as a whole person** and uhm, but I suppose with maturity… And starting to believe in the signals.*

*One thing, I always used to get a bit of **eczema**. Here…I've actually got some now.*

It's horrible. And I think it is all to do with… Thyroid is an auto-immune, so your body is attacking itself. So there is a theory out there, that ***depression is also an auto-immune thing****. And your body is not functioning as it should….there is definitely a line of thought… Now I know I am deviating, there's Dr. Kelley Brogan writes about a lot but there are quite a few uhm, people who have alternative views.*

And you know I'm an analyst so I probably add two and two and get five, but I have also an interest in physiology and that kind of thing. So my training was kind of along those lines, but another theme that's come up is that, you know when you have antibiotic. It kills off all the good bacteria.

And if we don't have the right seeding of those things in our gut for whatever reason it could be, there's food that we eat, uhm with all these preservatives and things in, you know that kill off the wrong things. So I've gone on a bit of a tangent.

But the Doctors will say ***shut up and take your medicine****. And then I notice it in my parents that the* ***older folk****, they still just* ***do what the doctor says.*** *I try and challenge the doctors by saying stuff. They also like to say, everything's* ***genetic.*** *I heard that with this thyroid thing, and then it's just like* ***you don't have power over it.*** *Because it's genetic,* ***it's just like your lot****. And maybe it is but I don't want to give in.*

Oh! Oh! Yeah! and things like cancer as well if it's ***genetic*** *then there's nothing you can do about it. And then, my mom suffered from depression, and it was quite bad, she had shock treatment. This is when I was very small. And I always thought in the past, well is it genetic? But then there is*

*also **nature-nurture,** you've got that. But every stage throughout history there have been people who have had difficult things to deal with.*

They [doctors] treat you, they've got fifteen minutes and they got to see you, script and then out.

*And now, there's so many new things. But yet, perhaps, medical, or shall I say, uhm, you know when they write scripts, the pharmaceutical side maybe, you know has **that evolved with the times?** You know that's a question mark.*

It's amazing how we still find how intricate and complex the human body is. Not just, as far as depression goes. We have been wonderfully created.

Coping

Nontu's coping strategies combined her intellect and analytical skills, to which humour was added. **Subthemes** of rationalisation and externalisation approaches to coping also **emerged.** One could offer the interpretation that these methods assisted her not to **construe** herself **as depressed**. She said,

*I must say just talking makes me think of other things I still take my anti-depressants …but I think I told myself it is for anxiety… If I don't feel depressed all the time I don't maybe it's just like I am so used to being how I am … **I don't sort of say I'm depressed…..you can't say that type of thing.** And*

*you also **assign an outside reason for feeling like that**, oh it's my team leader, it's traffic, oh it's whatever. Actually it's perhaps the way we respond or don't respond to certain things…**It's not easy.***

Although she resorted to a couple of coping mechanisms at work her main strategy was to put **on a healthy façade.**

*You can't see I'm not feeling myself. Because **you feel like it's a mask** and you can't be who you feel you **tricking yourself** out as well. It's horrible. And sometimes you are **tired** as well,…you just want to go uh if you were home you would go and sleep. This does happen often I think especially with the pressure around, the **uncertainty**…whether someone's gonna pull your door, whether it's like no bonuses, no increases are going on……it seems to punt that every year, and you kind of I don't let that worry for me anymore because…there's no guarantee, Some people obviously get huge bonuses every year and they get worried. But we haven't always been given bonuses and you realise after the fact or like at my stage now, is that it's not because you are not doing your work. This is how the game is played out. And I don't find it easy to **play the corporate game.***

It's like maybe if I was playing the corporate game I wouldn't have gone and had gone through with this discussion…..yeah if I think of it (laughter). Yeah! Just get back to what you uh oh yes.

The above resonated with the following citation from the voice of another person who suffered from work related stress.

I am sick to death of the ridiculous situations I have to deal with at work. The pettiness, the politics, the stupidity — it's out of control. This kind of thing stresses me out to the max

(unnamed source)

The **subtheme** of coping by **detachment** emerged. At times, Nontu took small breaks and physically removed herself from her work station in order to **relax** her mind**.** Other practices involved **exercise** and **transcendental techniques** such as prayer and meditation.

*Sometimes I'll just **go to the lavatory** and close my eyes and uh **walk out**. If it does not make me feel better… sometimes **I pray** I find that helps when I was feeling depressed. In the really bad times, when I was teaching as well. **I felt God had forgotten about me.** Which is a horrible thing, it is like **you're isolated**, it's like you're **cut off from the people** around you and **even from God,** maybe because we are not receptive or whatever.*

But it is not nice [during the walks sometimes] ….you get those questions like have you ever contemplated or tried suicide. You know the answer is always no, I never tried but thoughts always come. You have constant thoughts come into your head. I must say I haven't had thoughts like that in a long time, in a long, long time. But when it gets so bad you can't help thinking.

I also used to be with the gym at [previous employer] and then I said to myself, if there's a yoga class at wherever I was moving ….. I'm going to join the yoga class. And I did, and I really enjoyed that. It was a kundalini yoga class so you still work hard but there is a more meditative approach as

opposed to what they now have as power yoga….which I think is now very much a focus on cardio. I haven't been into the classes but I found that very nice and there was some very good yoga teachers as well, that, ***people who you know, really cared****, they were* ***very deep people*** *you know. And they were* ***lovely.*** *That helped me. At one stage I would go religiously twice a week.*

But then a few years ago when I moved to the team that I am in now, it was very busy and also you know, this idea of if you out of the office too long…it's bad, you know, you shouldn't feel like that. If you're out of the office and they suddenly come up with a meeting, then I stopped going. I was like subsidising the gym for a couple of years, wanting to go back. And it's almost like I knew I needed to go back but uhm, now this year I've joined a yoga class once a week in the evening. Not far from where I stay. So that is good. ***I think exercise helps.***

The **purpose to live** emerged as a **coping strategy.** It was captured in Nontu's powerful phraseology **of not living *for* her children but living *through* them.**

With my daughter you know having two kids, after my daughter was born ***having two kids you know you must carry on*** *for them as well.* ***It's not that you living for them****,,,,* ***you're living through them****, it's just that okay. Even if you're mad at your husband [laughter]. So now I'm thinking also now they're growing up, uhm one needs to make sure one has* ***definite purpose.*** *I'm saying to myself; somehow, so that you don't feel adrift somehow.*

Nontu continued to **reflect** on her other survival techniques.

I suppose part of it is, there's a part of me that I need to have, I might have mentioned it before, it's a silly thing, but something must be difficult in order, so I must have a big challenge, like work wise…which is maybe counterproductive for me inside.

From the above reflection the **subtheme** of **coping emerged** for her **livelihood** and the **financial survival** of her family**.**

My husband is a teacher, I've always earned more than him, so I feel that responsibility of having to……bring in. Say, he might be earning half of what I'm earning. I don't earn a top salary [laughter], but it's just, you know, as a teacher he works very hard. But they don't get paid very well…it's sad because they have so much influence on the youth.

A few months back I said to my husband I just can't take this anymore. This character, this team leader, and everything. You just feel, or I just ***feel useless****. When he starts throwing his temper tantrums. And uhm, I said, you know I sort of said that, I think* ***I must be a stay at home mom now,*** *[laughter]. Or go back to teaching, you know I was just like really kinda* ***desperate*** *with this situation.* ***Because it breaks you down inside.*** *And, so you could immediately feel* ***he was like worried****. Because like, how are we going to continue to educate the kids or whatever it is. So* ***there is a big dependence****….or assumed.*

The Impact of Change

Uncertainty in the world and constant changes in organisations have been cited as key drivers of **stress.** Furthermore, on average, the propensity to struggle more with constant work-related changes seemed higher in people with anxiety disorders.

Nontu reflected on how the culture of work, roles, and structures had changed and become more stressful compared to when she first joined the organisation.

*I was saying to her [colleague] yesterday, remember how different it was, the culture, the feel of the [organisation] and it wasn't like we were less productive and now it seems we so **busy** with work it makes us **look busy** and we actually getting **less done**, you know.*

In search for a different environment she *went to an interview...then realised.*

*This is in the line of this work **busy keeping** us **busy** kind of work…30% of your time has got to be admin, **reports,** everybody's got to do **reports** these days I don't know if it's coming from right on top or whatever. Team leaders doing **reports**, the managers doing **reports,** everyone's doing **reports, reports, reports,** I don't know exactly what they **reporting** on who's actually taking notice of this and even in my business area they were saying they also doing, this young girl was telling me she's doing **reports** but she says **it's a duplicate** because then the change area also doing **reports. Reporting** on what is, what this is, what's happening to this place? And now and then they say you be busy dealing with HR and the people issues and PPP's [referring to people satisfaction survey] and you doing all these **reports.***

*Why do they need like, they building **layers** of management, why? It's a **control thing**, they feel **out of control** something I don't know. Weird.*

*I don't know, I think it will just **stress me out even more.** I haven't said yes, well they haven't finished interviewing. I will think about it and ask for a bit of time to think about it. But I'm wondering if it wouldn't increase the conflict between people you know. Why do they need [a boss], anyway? It seems like we've all got about **ten** or **twelve bosses** to report to, you know I'm exaggerating, it's just like and **you jumping** for this one and then you **got to jump** for that one and then you know, you get so **like role confusion.***

*So there is a team leader and there's **like a boss** so now we have an Assistant **analyst boss** and we'll have a **team leader boss** and then we'll have **our manager** plus the business manager's out there. You know **it sucks**, I just think it is **crazy**, it's almost shows that **there's a lot of fear**, I think there's a management crisis because they don't know they are battling. I don't know that just my…anyway.*

The **fear of being scapegoated** emerged as a **subtheme.** Her story painted a picture of a high **demand** and **pressurised** work environment, right from the top. In such a situation, employees in lower ranks could be blamed for execution failures and poor performance.

*We don't believe in PPP's [people satisfaction survey] because we do it because we have to do it. We know that it's kind of one of those things you just have to go and do. So now if we got to run them and we don't believe, you see **I couldn't sleep that night** so then I was thinking. There is actually a **management crisis** in that place that they need **more levels** and it's because the manager above us*

*is not coping because they have to produce a whole lot of **documentation** and **reports** and whatever on a daily basis, so they just now **bringing it down on us**, we going to become the **blame point** for anything that doesn't work.*

The Scourge of Work Dysfunction

In her journey Nontu had encountered other people whom she thought also suffered from **work dysfunctions.** She **voiced** her **observations.**

*I've been doing a bit of thinking and then I thought it's something that you asked me last time or something we touched on made me think when, I thought when have I been ill, but we always want to attribute it to something else, we always **like to say we depressed** you know, in our own heads because people don't take us seriously even at home sometimes, they kind of think, you know **she's lazy** or something. They don't say it but you just feel bad.*

There was a time when quite some years ago, just think, just longer than ten years ago that I ended up in hospital and I can't remember exactly what it was I think it was about my stomach bile and all that.

*That and but I do remember I was **feeling quite down** and the specialist that was looking at me, was a lady and she actually sent me, I spent a few days in hospital and she sent me to see a psychologist while I was in hospital, so I was just reflecting back on that now I think I probably **was run down** but **highly stressed** and possibly a bit **depressed** and a lot of the people had, one thing that I can think of was **a lot of people had died** in a short period. Maybe I just hook in emotionally too*

much and it wasn't, ***it was work people****, it wasn't people like close family or anything* ***it was work people.*** *Suddenly this one had* ***died*** *of this and suddenly that one had a* ***car accident*** *and I suppose I take things very much to heart.*

When I went back to work because I was trying to think when did I start seeing the psychologist that I currently see out of work [i.e., away from the work environment] and it's whenever I see her I usually, I talk about the ***work stress*** *because the* ***work stress is always there.***

One of the colleagues also suffered from **bipolar**. From this scenario, Nontu concluded that managers and employees are ill equipped to deal with people with mental illnesses.

I'll tell you about a colleague of mine that I mentioned before that suffers from ***bipolar,*** *She no longer works here and we were close and she shared with me how* ***tough it is bipolar…*** *and before we were in the same team working together the one day……I'm somebody I'll smile and greet people and I will know them by their smile and their greeting, I won't even know where they work what their name is what they do you know but I might, I like people and I like people to be open and to be friendly and you know.*

And I can do that if I'm feeling ok. If I'm not feeling ok then I'll just like I'm tired but she walked past my desk and she didn't normally walk past my desk but I was on the first floor and she was working on the second floor so I just said oh hi how are you? And, then she looked a little bit ***confused*** *because I think she'd come to the wrong floor and she had* ***her wrist bandaged*** *or what like a plaster*

or something on her wrist, and so I could see ***she was like kind of confused*** *she says… oh no she's been away from work so I said come let's go and have a cup of tea you know.*

I didn't really know her very well I just knew she worked somewhere else and she said no, I said oh shame what happened you know I could see that she had some, something on her wrist, and she said no she ***had an accident****. And yes, I just sort off imagined it a car accident or something. I said shame I'm so sorry you know, and then she no it was a* ***kitchen accident*** *and she didn't speak more about it, you know you don't want, people will tell you if they want to, it's not a friend of mine, I was just trying to show I was sorry.*

And then we had a cup of tea and then she went back to, I said no, no you must be on the second floor.

And she worked in that team on the second floor for ever but she'd come back to work after this accident, the accident, I only found out when I, she told me, when I was then moved from that team into her team and I worked right with her on the same stuff.

She said no, ***she had cut her wrist****, and it was, I believed her kitchen accident, only because I mean it wasn't for me not to at that stage but she'd come back to work, obviously* ***she'd had taken medication*** *and everything and* ***she was so confused she actually went to the wrong floor.***

And I think the ***manager must have guessed*** *there'd been some sort of a thing but I don't know if anybody else, I don't think she told anybody else but she'd actually, and she said she didn't know*

what she was doing, it just, things just got too hectic. So and she didn't want anyone else to know and ***people realised that she had a problem*** *but they didn't know the extent.*

You know when you know someone's got a problem sometimes you don't, you don't really want to go and, ***people aren't equipped to deal with emotional problems or mental health issues.***

They will, if you've got a ***broken leg or a patched-up eye or something on the physiological level, it's much easier*** *but people don't know how to help other people like that [with mental illness].*

And I'd, we worked together and we would chat and so ***she opened up to me*** *but it's you still didn't know exactly how to help somebody but there was no ways that she wanted to anybody else to know about it. Because people can use it as a* ***weapon against you*** *and oh they you know, can't manage this or can't manage that.*

And she used to battle with call out. She would, the call out is a terrible thing. And, she's not meant to have lack of sleep and the boss, I still …… this boss, but as a woman boss, she was the only black woman boss, and eventually she was on the ground. So no offence. But even she said to me she doesn't know what to do, she can't say don't do call out because the CEO says if you in this division you do call out. So she was stuck, she has obviously engaged with HR, but nobody was giving, nobody was ***empowering her as a boss to deal with it.***

Nontu acknowledged that stress could, however, be exacerbated by other factors beyond work.

But then sometimes there some other issues in life that happen and then you find it difficult to keep going and hoping you just want to like you wish you could just stay at home and not see people. So I remember that time I was in hospital and then, there was actually a lot of like ***stuff*** *happening. At one stage I had a miscarriage and that upset quite a bit so then that was something that we spoke about. And those things don't go away easily,* ***it's not like you can just have a conversation and then it's switched off.*** *And you also don't really want, you don't to share too much at work about* ***other stuff*** *that you even battling with.*

And then another time a few years ago…. I don't know if I mentioned this, I had a couple of guys ***smashing the windows*** *as I was going home. And that freaked me out terribly. And so now I'm in a lift club and I don't like to leave after* ***dark.***

Even the other day I came in on my own, I came in a bit late and so I worked a bit late and as I was leaving it wasn't totally ***dark*** *in Joburg yet but you know when you get stuck in traffic with all the cars and then people who are crossing over and they wearing a hoodie and then I'm like you know. What am I going to if something happens,* ***I feel like a sitting duck****.*

And I don't want to come in or ***work late*** *and I don't want to come in after hours because there's still that* ***fear*** *that there … you know the, it's not right in front of me, that's also something that makes you feel you just* ***want to run far away*** *and never be in that situation again.* ***That kind of sets one back quite a bit. That huge anxiety.***

The literature stated that the difficulties surrounding the evaluation and management of stress in general were caused by underlying influences that may be beyond the control of employees and organisations. These variables could range from psychosocial to societal factors as indicated in Nontu's story.

ORGANISATIONAL SUPPORT FOR EMPLOYEES WITH DEPRESSION

Nontu's narrative did not directly speak of formal support interventions but discussed the support that was felt through the organisational culture. This culture was deeply rooted in employee relationships.

Another thing that does help, and people often say there is something about …. that makes them stay, and they always say ugh it's ***the culture*** *as in, just sort of like a broad thing. I've often thought of leaving and tried to leave, but there is something, that keeps one back and right now it's kind of like a lot of that is falling apart. But I suppose it's just where things are at the moment, in general.*

It's not just me. But ***the friendships****. It might not be someone in your team, it might be someone in that team that you sometimes go for coffee with, there are a lot of genuine people. You might not work directly with them. And it's people who have similar approach to life. They're not exactly the same as you because they can, like I learn a lot from the younger folk. I love their approach to life [laughter]. And also maybe, you've got a…you laugh at the same jokes, or somebody has got a passion for ….. volunteers, or you know or you're crocheting together, you know, different, you know that sort of thing.*

I tell you that, ***means a lot****. That helps. And it's* ***people who listen.*** *And then you're there to* ***listen to them.*** *That means a lot. It's not people who you necessarily see outside of work but we spend so much time together. We need to have good folk [laughter].*

There's some amazing people here really.

Even at the clinic… there's a lady at the clinic who I said I've got; you know I am having a problem with this guy. And I must say, it did help me that I did some ***soul searching*** *on my own and you realise that these things that you come up against, it is kind of, you want to blame, some other person. But it is also the way you respond to them. So changing yourself is… you can't change someone else, you've got to change yourself. But changing yourself, it's not like a switch.*

The above narrative supports the philosophical view that there is not an **"either-or"** form of approach to organisational interventions; rather, there is a strong need to promote the "**both-and"** approach. In other words, both the people and the organisation have a role to play in improving workplace wellbeing interventions (Leiter & Maslach, 2014).

Nontu also felt that managers could be equipped with basic skills to handle conditions such as bipolar. She reiterated that the success of interventions will depend on the employees' receptivity.

like this boss really cared but the thing is this young woman actually you could see ***she became sometimes irrational*** *and she would be* ***annoyed*** *with the boss …..I could see, the boss cared more than the colleague realised, but when they get* ***irrational it's a bit difficult.*** *She would get, sometimes*

*get a bit over herself maybe when she was **hyper** or you know when they, they do get…**manic** then they kind of **go off** and they can **yell** and **scream** and whatever and it's, that's also you know the **boss could get, feel that abuse**.*

*But most people won't even entertain it. Most people won't allow themselves to even care, because the boss that came in wanted to get rid of her because she was not, he called me in because she had to go to him and said she's leaving and she went home and he called me in and asked me what's going on? And what does she mean by this and this? And he wasn't prepared to really see he told me, **she's underperformed**, she's got a history of underperformance, I thought you don't tell people that, I mean I would, I don't want to know.*

*I just felt that this woman is really battling but call out is a bad thing for people that are in her situation**.** You know what she would do, she would go and she would drink**.** She would be **useless** for the next one or two weeks. Sometimes she just wouldn't arrive at work because she was just not with it. Sorry and the **bosses wouldn't know why,** they didn't know she was drinking. I'm not going to go tell them that but you know basically she wasn't productive, she **wasn't coping**, and she wasn't in the office.*

The clues are obvious in the above scenario. However, Lowman mentioned that due to the psychological origin of work difficulties some symptoms may be obscured; thus organisations need to know how to assess cases presenting with psychological problems.

Lastly, the need for a **safe environment** for employees to talk about their struggles **emerged** as a **subtheme**.

*I'm just thinking as we talking it helps to talk in a **non-threatening situation.** Like I can talk to you, I don't bump into you that side, not that I would mind bumping into you but I mean you not somebody in authority over me, doing my ratings (performance evaluation).*

*I think if there was a **group** that could **meet** almost **anonymously,** like here even if they were to bring one person from their team that they felt they could they wanted to **share** it with, someone that they **trusted**, because **you don't trust everyone** in your team. Facilitated by somebody like you with your expertise. Sometimes you find somebody else has got the **same fear** or concern as you and then **you feel ok, I'm not this crazy** you know. Because you might be going to own psychologist and you have a one on one but if you have **a group of people** that are not going to, are **like non-threatening**, maybe even **women** would want to just **speak with women** I don't know.*

*You know we had a **woman** who came and did courses I don't think I might have mentioned it, it's like spiral to excellence, and spiral to brilliance she comes and does it's like development courses and they really great, but I notice that you get people from different teams and you **not working in a competitive way,** you doing, you go through stuff, we all giving in suggestions and then she tells us and then, you like feel you growing, you working with people who you might see on a daily basis even but they not people who necessarily directly in your team. There might be one or two in your team.*

But I think it might work if you had a group of four or five, but you'd how would people be complying to that they'd have to want to come themselves. I think it's actually, to use it's a big word, transformation.

There's ***exercise,*** *exercise is also a good sport so you might you and, you, why don't we go to the stretch class or you know or go for a walk, you know there's Standard Bank gallery down the road. Just to get out, when I came across the road to you now, I thought it's lovely to feel outside you know there is things about natural sunlight coming into your eyes. That is a strategy,* ***exercise is a strategy,*** *we don't have to go and do weights at the gym. But we could walk. We* ***need*** *to have* ***a break****. For productivity everyone needs to that's what I think.*

Yes, because you have like pregnancy talks. The clinic runs that. And we all in a different part of our journey and I, ***we go up and down, up and down.*** *So one day I might be feeling* ***strong*** *and you* ***weak*** *and I other time then it works in reverse.*

And the first thing for a ***woman to burst into tears*** *and sometimes people do that because even it's nothing to do with depression or anxiety but I suppose* ***there's always some anxiety.*** *But they will burst into tears because they so angry. And then* ***it's seen as a weakness or seen as emotional*** *cause let face it* ***there's more men*** *around and they very often your* ***interaction is with men****.*

There's also a yoga teacher who ran talks. On ***stress*** *and* ***burnout*** *and* ***anxiety*** *I never went to one of her talks, but she actually started doing them like for, I think it was for wellness. Because I knew some people actually went to her talks and find her talks very good and I said oh she's actually the*

*yoga teacher no she's wonderful lady. And she was very intuitive with people. She is amazing, you hear me I just talk but she, she would look at you and she would actually, you could feel her listening. And when she would respond, she would respond very, liked she'd thought about it and she was challenging not in a bad way but challenging you to bring you out more. You know somebody like that, she was teaching them breathing exercises…**in a safe space.** You get some people and you get some people that wouldn't. Maybe they not ready in their own journey, comfortable with it in themselves.*

REFLECTIONS OF THE RESEARCHER

THE ORCHESTRA

This story resonated with me at different levels. From the clinical and therapeutic perspectives, I understood the manifestations of anxiety, stress and depression. As an HR professional, career woman and mother, I also fully comprehended the issues still faced by fellow women at workplaces. As a result, Nontu's painful **lived experience** evoked in me a deep sense of empathy.

While I maintained the **empathetic conversational space,** I had to be mindful not to **over-identify** with her personal experience. Hence, most of the time the interview process felt like an orchestra, with myself as the conductor responsible for a quality musical tune (ethical conversation) whilst being aware of the psychodynamics at play. I pondered the questions below.

Is this truly the lived reality of a female employee with depression?

How many of them?

Out of all my multi-roles, the role of the therapist/counsellor was less anxiety provoking compared to the role of HR. It was natural to **hold** and **contain** Nontu psychologically when she felt vulnerable. From an HR perspective, I was mostly conflicted, particularly when she directly asked for my industrial relations expert advice on how to deal with issues back at work. This often needed honest and authentic but carefully thought through responses to avoid being triangulated into her problems. I cared for Nontu, so not giving her advice **at all** was also not an option. I chose a professional, balanced approach. Her maturity also helped to handle this dynamic.

After I had read her transcripts a couple of times, the harmonious melody of the orchestra echoed. Beyond the obvious sadness and struggles the melody became that of **admiration** and **inspiration.** In addition, I experienced a sense of camaraderie and respect for the strength displayed by Nontu in her journey.

Despite her depression, she executed the roles of **motherhood** and her **career** with remarkable **tenacity.** Turning from a teaching profession to a career in technology, in the private sector, was an outstanding achievement. She continued to contribute financially to the livelihood of her family. At the time of the interviews she was still productive and regarded as a performer.

For a so-called **layperson,** she had remarkable self-insights into her health conditions, which she had gathered from her own personal research. At work, she had the ability to differentiate between healthy and self-sabotaging coping strategies. The ultimate highlight of her story, though,

is her sense of humour with which she related her **painful lived experience.** This allowed me entry into the **richness** of her soul.

CONCLUSION

Nontu's history with depression predated her current employment, way back to her early twenties when she started teaching. It was a notably complex journey. She grappled with the diagnosis, including the trials with medication and its side effects. Her thyroid problem added to the complications. Her struggle continued during her two pregnancies. She often had to come **on and/or off** medication depending on different doctors' recommendations.

Although her family was supportive, they too felt the impact of her suffering. She had to cease teaching because she suspected that its stressful nature caused and or perpertuated her depression. She ultimately found another job in the technology field and had to relocate with the family to Johannesburg.

At the beginning of her new career, she experienced growth and satisfaction. She talked about the stressors that resulted from the latest changes in the work environment. Irrespective of these, she had managed to remain productive. In **silence,** though, Nontu **endured the wrath** of her depression with its associated stress and anxiety.

Anxiety seemed to have become **generalised** onto her other life domains such as the **fear of travelling** in the dark. What would seem normal for most employees such as knocking off late, for her became **torturous.** Similarly, her anxiety also affected some of her relationships at work. She

worried incessantly about one of these relationships with a male colleague and dreaded going to work as she wished to avoid him.

She finally came up with some cognitive and self-positioning strategies on how to handle the situation. Superimposed on her situation she had to grapple with **stereotypical gender biases** and **stigmatic descriptions** and **labels** attached to women with depression and/or other work dysfunctions. She had already been predisposed to the worst of stigmatisation in her dealings with the insurance company.

Her **silenced voice** and **powerlessness** often reverberated in her different consultations with the medical profession. She, fortunately, possessed the intellectual savvy and intrinsic motivation to research and gain knowledge and insight into her ailments. This became one of her strongest coping strategies. Although she **voiced** the **up and downs** of her journey with depression, characterised by **isolation**, her self aquired knowledge empowered and helped her to **reframe** herself as **adequate and worthy**. She avoided being permanently construed as **depressed and helplessness.**

Nontu's story also gave a glimpse into the **lived experiences** of other employees who might be suffering from work dysfunctions in the organisation. Furthermore, her views confirmed the role of supportive relationships both at work and home for holistic wellbeing interventions.

CHAPTER 7

JUDY'S STORY: BIPOLAR: LIVING BETWEEN THE DEVIL AND THE ANGELS

INTRODUCTION

This chapter will present a case study of the lived experience of Judy who had been diagnosed with bipolar disorder. The findings will be presented according to the topics discussed in the interview and the themes that emerged. The statements and interpretations will be supported by quotes from the transcripts. The themes will be followed by my personal reflections and a short conclusion to the narrative.

I conducted two hourly sessions each. Judy had cancelled the third session because her children had been sick and one of them had to be taken to the doctor to treat for bronchitis.

After the second interview Judy felt she had shared all the relevant material; as a result, we agreed to end the interview process. There was an option to follow-up at a later stage after the company's financial year-end, which was the busiest season for them in the finance department.

I was mindful not to cause any additional pressure on her as she was clearly vulnerable according to my clinical judgement. It was revealed later in the interview that vulnerability had almost become her second nature. Upon follow up, as we had agreed, she still felt that she had no additional information to share.

BIOGRAPHICAL INFORMATION

Judy was 43 years old and married for the second time. Her first marriage was in 1999 and she and her first husband had two sons of fifteen and thirteen years old. Their eldest son had just turned fifteen and had a history of Attention Deficit Hyperactivity Disorder **(ADHD).** She suspected that he also experienced depression because he struggled with anger outbursts. This situation represented a challenge due to the amount of attention and constant supervision the son required. It made it harder for her to find balance and cope with everything, including work issues.

She described her previous marriage as having been abusive, as compared to the current one with a supportive husband. Her mother was also a pillar of strength for her, especially when the former was not sick. Her siblings were not as supportive as her mother because they believed that Judy merely pretended to be ill.

The organisation was her first employer. She had joined in 1994, had been in service for 24 years at the time of the interviews and believed that this was an accomplishment. She started off as a receptionist, and subsequently worked at the computer centre. It had been a long career journey until her current job as an administrator in the Finance department. However, she missed the loyalty that the company once showed towards employees.

Judy said she felt like part of the furniture, knew very little about what went on in the organisation and was happy in her comfort zone. She had no career aspirations nor career drive because she **lived by the day** and could not make career plans, unlike other employees who did not live with bipolar.

She felt that it was with the help of her perfectionism that she had never been rated as a poor performer by the company. She had also not taken sick leave except for when she had to be admitted. At some point, though, her annual sick leave allocation had been depleted. Her view was that since the organisation had not officially identified her as a poor performer, this meant that her condition had not significantly affected her work responsibilities.

At face value, there seemed to be a disconnect between how she perceived the impact of her condition on her productivity and her performance. Her view suggested that she possessed insufficient insight into her condition, but this was disproven during the interviews. She understood the far-reaching impact of bipolar in her life.

Judy's official diagnosis at the time of the interview was **bipolar**, but she had a long history of major depression which was diagnosed shortly after the birth of her second son. She and her fiancé had attended marriage counselling where the counsellor diagnosed her with **depression.** The latter recommended that Judy should receive treatment before the couple married. She was finally referred by her GP to a psychiatric unit.

Overall, Judy has had a few relapses and admissions, and at the time of the interviews she was seeing a psychiatrist for treatment.

THE NATURE OF ENGAGEMENT

Judy was referred to the study, as a possible participant, by her HR manager who thought that she would make valuable contributions toward the research. The interviews took place at our

company premises. Although her office was in the other block of our offices, we did not know each other at all until our first meeting.

She appeared extremely shy and vulnerable during most of the interviews. She was, however, adamant about her willingness to participate even after making this somewhat ambivalent statement: ***I don't know why I have to go through this*.** This was somewhat puzzling and I wondered if Judy was testing my **unconditional acceptance**. I postponed my psychotherapeutic interpretations for a while and decided to go with the research flow.

Halfway through the conversation, I noticed my own ambivalence as I observed Judy's emotional status. I arrived at an interpretation that my feeling could have been anxiety related as I had not anticipated a participant with bipolar. Judy was my first. Once again, I weighed the pros and cons of declining her and thought this would do more harm than good. Besides rejection, I was mindful of not wanting to reinforce some of the negative messages about people with mental illness.

Judy further described herself as ***bad, scary*** with **minimal control over her emotions.** At first, I thought this could be another test of me but I soon realised her **genuine emotional pain.** She reflected with deep sadness and tears about the impact of her behaviour on others.

I don't like what I see inside myself and I don't know how to always help myself.

As we continued I relied on my **therapeutic** experience for containment and ensured that the interviews were not too evocative. Judy still had to report back to duty since the interviews were

conducted during her work breaks.

The interviews were in English, but there was a moment when Judy had asked me if she could use her language to make a point. Her metaphoric language added **richness** to her conversation, "***elke huisie het sy eie kruisie"*,** loosely translated,

"each home has its own issues /problems/shortcomings/ burdens or there is a skeleton in every cupboard".

Furthermore, the interviews had to accommodate Judy's soft-spoken nature and slow-paced speech and be attentive to the tone of her voice, which often fluctuated together with her emotions.

Although Judy had consented to being audio recorded, in one of the interviews I decided to stop using the recorder and instead listened, creating a **psychological holding** space for her. This was also because Judy kept gazing at the recorder in an awkward manner. I thought she could have been uncomfortable being recorded but was probably too shy to ask me to switch it off. I wrote the interview notes immediately after the session. Overall, the interview process ended on a very pleasant note by mutual consent when Judy felt she had no more information to share.

Judy had presented as most vulnerable but did not at any point request to see me in between the interviews. Beyond her fragile exterior lay a remarkable internal coping self, attesting to the idiom, "**don't judge a book by its cover**".

Lastly, it is always wonderful when the two of us walk into each other at the staff cafeteria. I always remember how Judy spoke about the value of **small chats** if they were genuine. Therefore, we do exactly that.

EMERGING THEMES

The Ups and Downs of Bipolar

As alluded to earlier Judy's **lived experience** with a mood disorder began with depression. Bipolar, she indicated,

*only came recently, you know you pretend to be happy and you not happy, the circumstances at **work** and everything was just getting too much and looking after the **kids,** my **husband** being away most of the time from home so everything lies on my shoulders and all that. **I was becoming totally a different person** than I was, you know I couldn't understand the emotions that I was feeling, **one moment** I could be **down** here and the **next moment** I could be **up** there.*

From the above narrative **subthemes** of **confusion** and **change of,** or **loss of, identity** emerged. This could have been the emotional dysregulation related to bipolar. Nevertheless, while battling with her condition Judy was simultaneously obliged to bear the brunt of the **myriad roles** she was required to play daily. Lowman's taxonomy of work dysfunctions referred to the strain affecting both work and personal well-being due to **life-role conflicts.**

*In addition then the constant desire that I want to keep on hurting myself and I can't express myself and get frustrated and then I keep on **banging my head**, it's **like hitting a brick wall** and you*

*are **not getting anywhere**.*

Expressions and metaphors such as **head banging**, **hitting the brick wall,** and **not getting anywhere** characterised her internal and insurmountable struggle and the feeling of being trapped in agony. Judy, however, realised the destructiveness of her self-destructive behaviour.

*And then I saw the effect it was having on my kids and then I just went to the doctor and I said you know I can't take this anymore, **my head wants to explode**, **I just bang my head** and it's **just not getting me anywhere**.*

*And then I said because you know I feel like I haven't got the, how can I put I? I just want the right word for it, **I'm tired**, **I can't cope anymore**, **go on anymore**. And then he suggested that I do … told me there's a wellness program that I can attend and they made the appointment and then they said my medical aid pays for it, It was the 21-day Wellness. Program.*

*So I went and did this 21-day wellness program because if I was going to carry on the way was going to carry on I think I was going **to kill somebody.** The head doctor …. my psychiatrist says **I had major depression** and he said it can with time, it can change but **he said bipolar is also like depression …**and you still got to get treated. And it's the same like if got the chemical imbalance you still got to use medication to balance it out.*

As in the previous stories (chapters 5 and 6) the negative impact of **fatigue** in the livelihood of employees with work dysfunctions resurfaced. **Fatigue** has been identified as one of the most

debilitating symptoms in the **bipolar** literature.

You know, sometimes you come early in the morning, like if you here from seven until quarter to four, no tea break, no lunch break, tea break is not essential but I didn't take my lunch, ***you're tired****, everybody thinks you can just* ***perform perform, perform.*** *And* ***you're tired*** *at the end of the day, because we all don't have that same* ***vuma*** *[colloquial for energy or power] as everybody else, and I'm not the type of person I can't go home and still and you know, other people they can come and work, they can go and study. I'm not that type of person that can go home and then start studying from eleven o'clock until two o'clock the next morning, I can't do that.*

I already spent more time at work and … what I spend at home, I stay far, it's not the [organisation's] fault that I stay far, if can't work late, it shouldn't be held against you. I still got other priorities at home. Yes, I know the [organisation] you got to also offer up, but you know what, when you've got so much work to do there and other obligations, your life doesn't revolve around [the organisation].

The absence of **work life balance** continued to **emerge** as a subtheme, while Judy reflected deeply on its disruptions of families, including hers.

That's why I think there's also problems in families because mothers and fathers don't spend enough time at home and see what's happening in their own household. And that's why maybe kids, sorry for using the word ***"fall off the bus".*** *Yes, and then with the kids battling at school, my oldest one is ADHD and so his constant we have to sit with him, you know and it's hard work, it's not easy*

*and you know **you got work issues, you got home issues,** how do you, **it's like you've got to balance between the two.** And then also your home situation gets to you always because you are **always worrying**, **stressing,** you go to work, and then you got month end pressure and some people work better under pressure than other people, we all unique we all different we handle situations differently.*

The literature on workplace interventions with employees suffering from anxiety disorders by Harder et al. (2014) had noted experiences such as Judy's; hence the recommendation to encourage employees to move **non-work-related conversations** out of work areas**.** In her case the question becomes: how realistic is it for her not to talk about home at work?

Demerouti (2014) weighed into the debate by stating that the unsuccessful boundary management of work and non-work life (the spill over of exhaustion) into other domains (e.g. family) has been found to have effects on burnout. Furthermore, earlier hypotheses around the work and non-work interface were relatively static whereas recent literature views the issue in a more dynamic way and introduces the **"border theory".** This "proposes that each person's role takes place in different domains that are separated by physical, temporal, or psychological borders" (p. 45) making it possible to **"cross borders**" between domains. Therefore employees may need to work harder to delineate the various roles they play and create boundaries between work and family, given "that the two types of conflict (work-family and family-work) were significant predictors of employee burnout" (p. 47). This called for employees to be more skilled in work-life boundary management.

Positive psychology suggested that work related research should not **only** narrowly focus on the problems of work and overburdened working conditions resulting in concepts such as **stress,**

burnout and **lassitude**, which are unavoidable, given the accelerated changes in work life. The one-sided negative perspective results in research missing the point in terms of designing holistic interventions (Uusiautti & Maatta, 2015).

Suicide

The Nagging Dialogue Between Heaven and Hell

According to Irons (2014) **suicidal ideation** (thoughts) and/or **attempts** are some of the potential symptoms of depression. Judy's **lived experience** with suicide was best captured in the quotations to follow. Her accounts combined **rich** and at times polarised or dichotomous metaphors such as **heaven** or **hell** and **angel** or **devil.** She added the movie **Silver Lining** to illustrate and depict what bipolar meant for her.

The way she expressed her reality was aligned to the Critical Discourse Analysis **(CDA)** perspective. **CDA** states that people tend to communicate with each other through forms of language or discourses that are most accessible to them. Discourses are a product of different sources (e.g. media, movies, books etcetera). Such discourses provide people with particular **meanings**, including **buzzwords** or **metaphors**. This implies that language with its symbolic markers has the power to convey **how things are and should be** (Lock & Strong, 2012)**.**

I'm not happy *…. it's not something I would like upon anybody else, because the feelings that you feel inside,* ***is not nice.*** *Because it's like, I don't know if you ever saw that story the* ***silver lining****?* ***It's a movie****,* ***it's a silver lining****, and there,* ***it's like sitting outside of your body watching yourself****. When we took the movie and we were looking at the movie and then my husband said to me, you*

*know what that is you. And … **it was true, because I saw myself in that movie**, the way and I saw how this guy was **ranting** and **raving** and **going berserk and like a mad person.***

*And I'm thinking, I do that, so now I see first-hand now what it's like, I've never seen it before because I don't see other people so I don't know what's it's like but now I saw they actually captured it perfectly in the **silver lining.***

You must watch it.

*Because what happened, What I would like for instance when I know I put something there and then and it's like when I go back and it's not there but then I say myself but I know I put it there. And then my mother would say no, you didn't put it there and then I'll go off and **start screaming** and **going mad** and I'll say I know I put there it was there and then I'll start **screaming** sorry I know it sounds horrible but then I call her "B" with an "h" …and then, and I perform and then now I just start chucking the things around. That's not nice.*

As in the two previous stories (Chapters 5 and 6) **subthemes** of **helplessness** and **desperation,** to be rid of the condition, **emerged.**

*But you don't realise you doing that and you know there's lot of times where **I hurt my mother's** feelings and she's never stayed away from me and she's always like, **she's my pillar of strength** but like I said,*

I don't like what I see inside myself and I don't know how to always help myself. And how to stop that.

Can it ever be stopped?

***Your medication is not your cure it helps you to control it better**. Yes, it helps you to **control** it better but it's not going to take it away from you. You personally have to work with it, you got to see that you want to get help. And it's just things around me that gets to me and then I've got, you know pulling the reins and say you know just slow down.*

*But I, you know sometimes when you feel like I don't like, the other thing what gets also to me, **if my mother gets sick, I push her away**… because I don't want to get attached but when she's fine and everything then that's fine because **she's my pillar of strength** so that's I don't, so that's why I said, to me inside I worry because, will my kids end up with this?*

Because they say its hereditary.

*I know my oldest son is full of aggression and I think you know what **I'm full of aggression**, why am I full of aggression? What led all to this? Yes, I had, when I was smaller **I had traumatic experience** and when I think when I had the **brain shock treatment** it actually brought it out and then when it came out because it actually it was all that time in my back brain.*

*And doctor ……the psychiatrist said you got like little doors in your brain and now with the **brain shock treatment** it went and opened these little things that you subconsciously blocked out totally*

because it was to traumatic for you to want to remember. And so that that opened up a lot of things for me, and like I said, I don't know how to explain to you, your ***heart sometimes feels like it wants to cry because why you of all people?***

One interpretation of the above could be that statements such as, **can Bipolar ever be stopped, medication only helps to control it, they say it's hereditary therefore the children could inherit it,** have been born from, amongst others, essentialist discourses and constructions. Such constructions position circumstances as fixed and unchangeable in nature. In line with essentialism it could therefore be argued that Judy's sentiment suggested a possible underlying belief that, both she and her children are confined inside personalities and identities that are restrictive and pathological (Burr, 2015).

Burr used the example of a person diagnosed as **manic depressive** which was perceived as a permanent feature of their personality. This person faced a future in which change appeared unlikely, including the possibility to become "subject to invasive psychiatric procedures" (p7). The essentialist tendency found "causes of behavior in psychological states and structures rather than in social processes" (p. 7).

And then sometimes I feel I want to withdraw myself totally away from everybody ***[committing suicide]*** *because I don't want to hurt anybody else. Like I say I feel scared of myself sometimes because I got a lot to lose. My second husband, he actually went for, we also went for marriage counselling the first year because he didn't like what he was seeing but he knew I suffered from* ***depression*** *but he*

knew it was illness but he heard about it, but he didn't know what it all entailed. The first year was very hard and then my mom suggested we go for marriage counselling.

We went for marriage counselling and then the lady says to him can I, she says she know where I'm coming from but then she says but you don't seem to understand where your wife is so she put a whole nice presentation for him what ***major depression*** *is all about and what to do and not to do. And he says it totally gave him an insight of what it was all about.*

And now he understands. Which is so nice of him.

And now he says now he can relate with other people when guys would say ag man, he says you know what if you, you don't know what ***depression i****s all about, not just like he tells them his wife suffers from* ***depression*** *and that, now his got the insight and he knows what to do and not to do and he knows when to pull back and when to, he will also tell me have you taken your tablets and all that, he tries to remind me all the time.*

He's been good, and also now with the last episode ***[attempted suicide]*** *and all that it was hard on him as well and then especially also with the boys and he told the boys he said the psychologist has also spoken to the boys because it does affect the family so the whole family has got to go for counselling. So, like I say* ***I'm scared for myself*** *and* ***I'm scared for them*** *because there's no cure for it.*

*It's just you get to learn to manage it but somewhere you got that **nagging inside**, I wish I could explain it you exactly it's like you got you **got the devil here** and you **got the angel here.** It's scary. That's how a person's inner emotion feels like. To me **I would take the devil like, when you down and unhappy and you hurting**…you want to disappear, is everything worth living for?*

*Then you know because if you gone then you don't have any worries. And now when you got like this **angel** that's there, I've got two boys to see to. They didn't ask to be here then I've always got **this thing that always tags me**, you know what hey,*

I want to go to heaven I don't actually want to go to hell.

*And that also scares me because **I really see earth as hell** because **I feel like I am going through hell** imagine going worse through than what I'm going through now. [light laughter] and everybody says if you take your own life, your soul never rests…and that's why you go to this **nagging dialogue** because you know you just want to go away from everything and then you've got this and then you know what how's your two boys going to cope?*

*The anger you leave behind for people. That's how it is, it's like. And that's what **it's also like a dilemma** that you in within yourself that you got to work with every single day. Because like I am thinking you drive home, now you thinking, how did you ever get home because like your mind was totally on a different side of the world not, but you got home safely.*

*And like I say you've got that **constant pull** and like I say that **very agonising** because I love my family but then I do at times, I don't feel good enough because I feel like I've let everybody down, Yeah, so I had a lot that I had to work on. And now to think going from the psychiatric ward …… to …… now and again now …..**the relapse every few years, is it like that?** Then that's the other thing that worries me, because I can't have something like this again. Because I now think of everything I put my family through, **it actually hurts a family.***

*The first time, well, the first and the last time I tried to **commit suicide** it's just, you know what you don't worry anybody, well my oldest son was two the youngest one was only one. … but still I didn't think of them when I tried it. It was like you **just went blank** you didn't worry about, there was nobody around you, you didn't care anything,*

You just wanted to take the pain away.

There was too much pain there to take away.

*Like I said **you got the devil you got the angel** and I was like they trying to **they pulling you and say do this, don't do that and you got**, like I said the most important part, you got to have a good support system. I think a lot of times if you don't have a good supporting system it can tip the scale for you and just lead you deeper into debt. My husband says, his always positive, and he won't let things get me down he says don't worry about it look up, look on the bright side.*

*Even with my mom also, she can be so **down in the dumps** hey, but she won't tell you that and when she sees you and she always motivates you, but they won't ever tell you ag you should have …….or break you down and that's why I've got a very good support system, that's what I needed. And the thing is if you don't have that.*

In addition to **guilt,** feelings of being on **autopilot** or **out of control** and **detached** from reality **emerged.** They were underlined by the fear of attachment as represented by her withdrawal from her mother when the latter became ill. She also constantly feared, or felt guilty about, the harm and pain she had caused her family.

The **art effect** of the movie after I had watched it **enriched** my understanding of Judy's **experience** and the **sense** she **made** from her **life** with bipolar**.** Below is my summarised version and the similarities I deduced between her story and the movie.

- The main character in the movie not only struggled with bipolar but his family also bore the brunt of his suffering.
- The family lived in fear of his erratic anger outbursts. This behaviour was also known to their neighbourhood and community.
- At times, his loss of control and explosive behaviour led to physical altercations, especially with his father in the movie, as father had to protect the mother from harm. Judy talked about her abusive language and behaviour towards her mother.

- The movie character finally found a dancing partner and agreed to a dance practice schedule. This gave him structure and daily routine. Later in our discussions Judy spoke a great deal about the value she found in talking to a friend at work as her daily coping mechanism.
- It is implied that through the support of his family and by finding a dancing soulmate he finally discovered his **silver lining.** He had once again found a purpose for his life. Judy also emphasised the invaluable role of support in her life with bipolar.

Highlighted for me was the importance of discerning discursive differences in ways of communication and not imposing and or accepting only my preferred manner of self-expression instead of Judy's (Lock & Strong, 2012). Flexibility created space for Judy to use her agency, **re-tell** her personal story and convey her understanding of her work dysfunction in the way she knew best.

Loneliness

The theme of loneliness echoed in Judy's prayer conversations and spiritual dialogues with God. It felt as if she was carrying this yoke by herself. She questioned the reasons **God wanted us to walk** through certain pathways. She struggled to **make sense** of her own predetermined path (with bipolar).

I don't know what my reason is.

Loneliness was also prevalent at work.

You got to have somebody at work that you can talk to just for five minutes or ten minutes.

The burdensome **loneliness re-emerged** again later under the themes of organisational support and coping.

The Burden of Stigma

Although Judy's encounter with stigma was not as strongly pronounced as in the two previous participants' stories, she mentioned that she did not **want to be branded as mentally unstable.**

*My first husband tried to declare me **mentally unstable**, but he didn't succeed. I really had to work at it, but he was playing, the psychologist said he was playing more mind games than anything else.*

Coping

Judy's story presented a mixed picture of someone who hardly coped but on further probing, particularly related to coping at work, she said she relied entirely on a **friend.**

You know… what gets me get going to work …. you got to have somebody at work that you can talk to but not about everything.

Her criteria for such a friend was that they had to be genuine, ***not just pretending to care***. This **friend *always*** greeted her ***every morning***. However, one day the friend did not come to work and this turned her ***life upside down.***

*You know when I come to work and she's not there, I don't know how to explain it to you but it feels like, I haven't got this friendly face that just say.. **hello Judy.. how are you**? I don't have it….your day is not the same… it's just weird… and it's just not the same. **To cope and get through the day… it's not easy.***

The **subtheme** of **coping** because of the **livelihood** and/or the **financial survival** of the family also emerged.

I know what my responsibilities *[financial]* ***what I had to see to the family****. You know when they* ***stress*** *me out [work], it's like the budgets, I don't understand that stuff. And* ***I don't want to do that stuff*** *because I don't understand it [difficult job]. And I think they just, it's like you know what it's like a little sore and just gets bigger and bigger, I know the one day she [manager] did mention that she can't stand people that don't want to grow.*

It's not that I don't want to grow, it's just I know what my potential is what I can do and what can't do and I don't think there's anything wrong with that.

She endured the **job-related stress** of an unwanted job because it provided her with the means **to an end** [salary]. Financial resources enable people to meet their most basic **physiological needs.** However, the combined view of both humanistic and positive psychology is that only when both their physiological and psychological needs have been met, do people advance to self-actualisation and achieve true fulfilment.

The Impact of Change

> Stress, a happiness killer, is on the rise. A lot of it has to do with uncertainty in the world and constant changes in our organisations. *(Mckee & Wiens, 2017)*

As articulated in the previous story (Chapter 6) Judy's narrative also described how organisational changes impacted on her. She said the pressure of these often resulted in her having to change jobs. From her perspective, these changes caused job insecurity but also pointed to the **loss of the loyalty** which companies used to show towards their employees. One could, however, interpret this as indicating that Judy's difficulty to adapt could have been related to her lack of career ambition. Career driven employees would normally see change as an opportunity for seeking new jobs in other companies.

it's not an easy environment, it is getting tougher...but they say you shouldn't get comfortable in your comfort zone but the thing it's like coming where I come from, where we always had ***loyalty*** *but now todays life, there's no such thing as loyalty now* ***….I don't actually really have,*** *how can I put it,* ***desires*** *or like some people are career driven. I don't think I have that in me.*

At the back of my mind I wondered about the connection between Judy's lack of drive and her bipolar related exhaustion, together with her introverted nature. The literature on personalities suggested that an introverted personality will tend to be **less** energetic and ambitious, with fewer coping options, than extroverts.

Other psychological variables involved **hope** and **optimism.** **Hopeful** and **optimistic** individuals overcame adversity easier and tended to believe that they would triumph (Gailey & Probst, 2016 p. 107). However, the studies on occupational stress in general did not explicitly link work stress and personality traits. More research into understanding the association is critical for

proactive identification of individuals “at higher risk of experiencing work stress and, thus, help[ing] to conduct targeted interventions” (Dranago et al., 2016 p. 63) and (Gailey & Probst, 2016).

Judy continued to reflect on her **work change experience** and the associated **job insecurity** and **uncertainty.**

*The changes in one person’s life, I just believe that you can’t plan really ahead because **you don’t know where you going to be in that time.** I could be here today **I could be gone tomorrow.***

The above quotation could also be carrying a **double bind** message, given Judy’s previous history with suicide.

*I’m an accounts … I work in finance, … finance. That’s not one of my strongest, **I didn’t want to do that**…I was just, when they ….. started with their retrenchments, then they started with procurement, procurement opened up, and then people that were working in, each department… basically had their own accounts section, then they went over to procurement but then my CEO decided that no, or I was one of them that actually stayed behind and I was doing all the administration work, the typing and the filing all the work like that.*

*Then they started opening up their own little accounts sections again before, because now you guys do this for procurement then it goes to procurement so yes. See I’ve got a secretarial background diploma but I don’t have any accounts diploma**, so I was just put in a position to fill in basically as I see it** So that’s why I ended up being in the accounts.*

The work psychology literature stated that the importance of **job selection** and **matching** people to their work has been known since the nineteenth century. There was another move to recognise the connection between **suitable employee selection** and **wellbeing**, together with the acknowledgement that work forms an integral part of **self-identity** (Hullin, 2014; Sutton, 2015). Furthermore, one of Lowman's (1996, p. 382) classifications on the causes of work dysfunctions included:

- **Occupational and/or organisational mismatch -** a serious discrepancy between the **interest-ability-personality** characteristics needed by the career and/or organisation and the individual's own career profile.

Not **only** did Judy feel the **misfit** between herself and her job, but she also had **no interest nor motivation** to do it. She viewed her work as the cause of her depression. She metaphorically likened her work to **a ton of bricks weighing heavily on her shoulders**.

From a wellbeing perspective, the question arises: who should be entrusted with the responsibility to prevent a situation such as Judy's from occurring? Is it the organisation or the employee or both?

The thing is I can't sit without a job. No, seriously, I can't afford to sit without work. And I think ….. the position that where I am, it does make me depressed because I know it's not one of things I wanted to do and I'm battling with it, and that's why I also said when I was in this rehab,

How do I get myself out of it?

*It's difficult, because it's like a **ton of bricks** that's weighing me down, that then I've got something then I've got two boys that you've also got to see through, so it's like a **heavy load on my shoulders.** And it's not like your managers going to say, oh, you know what. And it's not anything against managers, they also got of pressure on themselves coming from top management or whatever. Yes, so they all in a situation.*

The Role of Family Support

The role of **family support** or lack thereof **emerged** much more strongly as a **theme** in Judy's story compared to those in the two previous chapters. The lack of support was mostly prevalent in her first marriage. As reported, her first husband was not only unsupportive but also emotionally and psychologically abusive. When she was first diagnosed with depression, he threatened not to visit her if she agreed to be admitted.

*Because my husband refused to have me going [the establishment where she would be treated] because he said he wouldn't come and visit me. I don't know because he said to me it's, **there's no depression in me.** But he won't know what the signs or the symptoms are, but they could see it immediately and I thought no it's just the baby blues and they said no **it's not the baby blues** or anything like that.*

And then I was there for about a month and I came back to work and things wasn't going well then I ended up anyway at [back to same establishment] and then I saw doctor [name] and then I went for my brain scans and all that MRI and all that and then they came back and told me I've got a chemical imbalance. So they gave me medication and I was there for quite a while and they said I

suffer from depression I went for brain job therapy. So yes, and then from there sorry about in 2004 since then when ***they diagnosed with the chemical imbalance and suffering from major depression.***

Upon reflection, Judy voiced her longstanding suspicion that this marriage could have also precipitated the onset of her depression.

I felt worthless *… me and my husband were constantly in arguments. Finances was always an issue because I know what my responsibilities what I had to see to the family. And with him* ***always criticizing****. And the thing that he would actually play mind games with me and I think that just made me go more, deeper and deeper and now I was just pulling myself away.*

He was also complaining he was going to resign and leaving his job because the people are back stabbing him in the back, you know what if you not happy in your job…

So ***I don't come home and complain*** *I'm going to leave my job, I've got two boys so it was also something that is like* ***that was weighing me down the whole time because I didn't complain the whole time.*** *And if there wasn't money I didn't keep on going on we don't have money, if he wanted money and if there wasn't then he would always ask me what did you do with the money. I'm thinking, what did I do with the money? I don't smoke, you smoke.*

Given the above narrative, perhaps Judy had to learn to suppress her emotions to cope with the marital tension. This would have added more emotional strain, with a negative effect on her wellbeing.

On second thoughts, she elaborated further on the causes of her depression.

So that's where all the things maybe contributed, I do understand ***depression apparently is inherited*** *because it just needs something to be triggered. So like I said there's a lot of things that contributed; I think the main reason why I also landed up in ….. was because* ***I tried to commit suicide.***

I tried to take my own life *and I didn't succeed. I've asked that question and my mom says not that they think there is anybody but* ***I know my cousin****, my oldest cousin, from my mom's sister, her oldest daughter,* ***she suffers from bipolar.***

In the above quotations Judy used her **personal agency** to express all possible **multiple versions** to her story and their **interrelatedness** with her condition. This view is aligned to the micro version of social constructionism, which emphasised the constructive work of individuals (Burr, 2015). Often it is health professionals who have been **granted diagnostic voices** which **legitimise** their **own versions** of the patients' stories. Since their **voices** have been heard more frequently, these are more likely to have been **truth**, denying patients spaces to **tell** different **stories** about what is happening to them, and thereby preventing the patients' desired identity construction of themselves.

Still within the theme of family support, Judy contrasted her **lived experience** (with her former spouse) with her current supportive, protective and affirming husband.

My inner self and my outlook on life …. when we first met, ***I looked terrible I looked like a ghost,*** *I looked sorry for myself and all that. Then he said to me you know what when you wake up in*

the mornings you look at yourself in the mirror and tell yourself,

I am special.

*Just tell yourself **you are special,** to hell with everybody around you and what they think or what they say of you.*

You are special

You are all unique that's how we all are made.

And that's what I needed.

*And then when my ex-husband would just show up there and then he would **break me down** immediately and that's when it all came down to and ….was sitting because he didn't see …… was sitting here…because it was on a Saturday because he had to come and fetch the children on a Saturday. …. was sitting here on the couch and the door was slightly like that he had a lot to say and he **broke me down** and then he got up [current husband]….and he said you know what, from now on if you want to fetch the kids you will wait at the gate, you will phone either me or you will phone Judy's mom but you will not have communication with Judy because if you going **to break her down** the way you are then you have no contact with her because you have no right to **break her down.** You know, **he stood up for me.***

And he would never talk me down or anything like that.

And like I say it's very good to have, because even when I told my psychiatrist yesterday, I said you know what, I really, I'm finding it hard, I'm coming out of a program after 21 days, I've got these, like these battling thoughts of to get out of the pain that I'm feeling.

Two intertwined subthemes emerged within the theme of family support: **dependency** on the support, underlined by the **fear of losing the same support.**

And then to carry on because I got people pulling me through like my mom and …. and my two boys. How long that going to last and that is what also scares me. Because that scares me, how long is that going to last? [silence]

*And if **I lose one of my supporting systems**, because anything can change because I don't want to lose what I got in my marriage, I know my mom's not young anymore, **she's 68**.*

Compared to the two previous participants, particularly Evelyn who was cautious about her overreliance on her family for the care of her child, in Judy's case her family virtually represented an extension of her motherhood. She could not envisage her life without their support.

Organisational Support for Employees with Bipolar

Judy presented a different view of how the organisation could improve its support for affected employees, including integrating them back into work after sick leave. She thought there should not be a **farce** created around such employees.

Some people like me just want to come in quietly and not draw attention to themselves.

It's not nice to be labelled.

The employer could rather allow extra sick leave days in the event the sick leave allowance had been depleted. In contrast to Evelyn's preference for a **silent entrance**, to enable gradual adaptation, I suspected that Judy's preference for **silence** was more associated with the fear of stigma.

At an **organisational level** Judy's story chimed with that of Evelyn in chapter 5. They both held the common perception that the organisation cared more about profit than the wellbeing of its employees.

I am more the emotional type of person than cleverest person, I just find that sometimes people don't understand me, you know I was also getting very emotional at work and all that and everyone saying, why are you crying? But you are not coping, and I just felt they don't care if you don't cope, as long as it gets done whether you do it or not, how you do it and when you do it, it's got to be done. So, that's where I find it very hard, when you think you doing the extra mile they don't even say thank you, that's how I see it.

Yeah, you paid to do that job, you just do it.

The **subtheme** of the pain caused by the **mismatch** between herself and her job **re-emerged.**

And I know it's got to be done but you can't expect, like I said now for me to do your job because we not in the same level, it's like I'm doing a technician, an electrician's work it's not the same thing. I know when I was employed, you told me this was what I'm going to do and now I've got to do

something above what I know what I can't do. And ***that makes me stress*** *out because you wondering how you going* ***to cope*** *with it. And then they probably oh but you just not interested, you don't want to grow. It's not like you don't want to grow.* ***I don't like to battle, I really don't like to battle,*** *I think I like everything to be straight forward on the line and that's it and once I get to do it then I know I can do it. I'm an accounts clerk. Yes, I work in finance…finance****.*** *That's not one of my strongest, I didn't want to do that…*

At co-worker and team levels the role of friendships has been discussed, but Judy added another view on the significance of management support.

You know, what gets me get going to work, you got to have somebody at work ***that you can talk*** *to but not about everything. We got one of the* ***managers*** *here, I come in the morning and we can just sit and* ***have a cup of coffee****, it's not like we go for lunch or anything like that, it's just like and she'll ask you, how are you? You know if you don't have, I just feel that, that is something that brightens my day as well I've got somebody* ***to talk to****. Although* ***it's just for five minutes or ten minutes****.*

So and she can automatically see you know what if something is wrong or now I've also got a ***new manager*** *…… if she sees you look down,* ***she'll come, ag give me a hug****. You see, but now that I didn't have from the previous, I don't how to put it, once my old one was female so you obviously won't get the* ***male manager*** *giving a hug and say [light laughter] … so she seems more involved with the staff once she knows what's going on. And I think that has helped me because and she's only been less than a year by us and like I said it's just that is what I need because Sunday she told me when I*

came back and I told her and then she told me, do you know what, she didn't want to say anything but ***she also suspected that I had bipolar*** *I'm thinking.*

So obviously she must have had a background or ***she knows somebody or something*** *if she was able to, because she said all the signs were there. And she said she understands, and that's wonderful because there I've now* ***support*** *or something and that just makes me and she said to me you know what if you don't understand something if you battling with something let me know, if you need help with this, tell me, then we can arrange something.*

That's why I said a ***good support system*** *is also needed but I do get my times I feel like I don't want to let them down either*

But still, ***you still got to have somebody good****, I haven't got any complaints about my manager. The one lady … like … the* ***manager*** *that I sit and have coffee with even though we sit for five to ten minutes,* ***her husband suffers from bipolar****, She's also getting divorced now.*

So, yes it's you can't let everybody know because some people can't keep things to themselves.

It's just a few people can pick up the symptoms because they know and it's like oh okay, I didn't know your husband suffers from bipolar, so you know you got to see the signs and all that stuff.

Well the one manager only said to me this morning…

*…I didn't tell her, she just asked me because my doctor giving new added another medication to my existing medication and she says to me. Can I ask you what it is? So I didn't think, so I told her. So, I said **Epitec**, she says, can I tell you something? So I said to her what do you want to tell me? She says, you are suffering from bipolar. And I didn't know you get that for bipolar, you get one and two.*

***…** I said now why? She said the symptoms on there and that's the only time they give medication out if the person suffers from bipolar because her husband takes it. The thing is that some people are just very good, you know you, something is so wrong with you and then someone will ask you are you okay? What's wrong? Now you like, I'm fine, in the meantime you not fine. Because **you not fine, you don't know who to talk to**.*

Most of them do feel like, I don't want to talk to her because she's just complaints, complaints, complaints. Not complaining, just don't feel lekker [good], I got lot of things on my mind and troubling me you know. You always so, you always wondering they just want to make polite conversation with you that's why they asking, that's how we would think sometimes.

*Are they …or they just nosy, they just want to inquire, you know that's a lot of thoughts that also go through your mind, are they genuinely interested or are they genuinely worried? Or is it a hidden agenda? I don't know why we get these thoughts or you know what, I know she doesn't like me but I could also be wrong. It's just like that's the way we, I don't know, I think sometimes you know or is it that **fake laugh or compliment** or, it just comes down to basically you know being broken down you always questioning everything.*

With my ex-husband, I always used to question everything. Do the people really mean it because of the way he treated me, you always just take things for granted they are like that and it's hard and it's not something you get over. And you also got to be very careful because some people, ***you get your genuine people****, then you don't and then you get those that's I don't know,* ***that aren't genuine.*** *And things, and you don't know who they are.…* *but like I said, it's that* ***one cup of coffee*** *you just having and that's the other thing, when I come to work and that person that I'm not having because they say you also need consistency and stability in your life.*

Although at face value Judy appreciated and highlighted the importance of co-worker and managerial support, at a deeper subjective level her perception of that support was at times filled with suspicion and mistrust. Her internal dialogues questioned the intent and authenticity of those who pledged support. Her predicament was that she considerably depended on this support to protect herself from loneliness at work. This support was her life line for daily survival.

The scepticism and the fear that her self disclosure could be used for malicious purposes or even stigmatisation was not unique to her, though. The two previous stories, particularly that of Nontu (chapter 6), also raised the same concern.

Judy's narrative resonated with the theory of constructionism in its assertion that there are **no universal truths** based on **eternal knowledge**. There are **multiple versions** and **sources of knowledge** with variations as diverse as families, shared across societies and cultures at a point in time. For example, the manager immediately knew that Judy had bipolar by simply looking at her medication (Epitec).

Knowledge is sustained by social processes. This implies that social exchanges can enable people to construct and reconstruct their knowledge about their conditions through professional and/or informal conversations with those who may have suffered from the same (Burr, 2015). In the workplace, these conversations could help to normalise and lessen the pathologising effect and **othering** of employees with work dysfunctions.

Furthermore, Judy's **desperation** for someone at work **just to talk to,** should not be dismissed. It attests to the constructionist view that **no talk is trivial nor should it be taken for granted.** For employees with work dysfunctions a **simple chat** or **sharing** of an **experience** with others have been so far proven to be a critical mechanism for saving the day.

REFLECTIONS OF THE RESEARCHER

THE DANCE

As discussed earlier under the introduction to the lived experiences, bipolar disorder was not included in the research scope. Nevertheless, participants with bipolar somehow found a way into the study. In hindsight, I had acknowledged that my expectation for the organisation or HR to have differentiated between depression and bipolar prior to referring participants had been unrealistic. Therefore, I accepted these two people as I had also thought that declining them would also cause more harm than good. Both had been very eager to participate.

Judy was my first participant with bipolar. As in the two previous case studies, her story evoked deep **empathetic sadness** when I realised the pervasive pain she had to endure because of bipolar. It also quickly became clear that I had not fully anticipated the range of my **anxiety**, induced

by the fear of causing this participant to relapse. I was more anxious than with the other two previous participants who had major depression.

It felt as if I was **dancing** with the interview conversation: listening intensely and attentively to the tone (rhythm and tune) so as not to miss the **dance steps**. This became more prevalent when Judy would emphasise that her emotions tended to fluctuate rapidly. They could change for the **worse** at any given time.

Below were some of my silent thoughts and observations as I navigated cautiously through the interview process.

- Is this what is meant by a high-functioning person with bipolar disorder?
- What an amount of exhaustion caused by the extra energy expended especially at work to keep such emotions under control.
- Could this be one of the reasons for her being content with achieving the most basic needs?
- Whose frame of reference and definition of basic needs am I using to judge her?
- How uninformed are the labels attached to people with mood disorders (lazy, crazy)?
- Lastly, I reflected on the value of my psychodynamic background in handling Judy's interview conversations. I thought it helped me to own up to my own fears as I had differentiated them from Judy's anxiety. I believe that failure to have done that could have led to the premature termination of the interview process with Judy.

CONCLUSION

Judy had been diagnosed with **depression** almost 13 years previously while already working in the current organisation. She and her first husband were attending pre-marital counselling when the counsellor made the diagnosis and recommended that she receive treatment before ***tying the knot***. According to her, that marriage was riddled with conflict and unhappiness. At times she believed that it had contributed towards the onset of her condition. She later divorced and ***fortunate, the second time around***, to marry a very supportive husband.

She had experienced a couple of relapses including **suicide** attempts. Later during one of her admissions she was diagnosed with **bipolar.** Her enduring struggle was captured in her narrative concerning suicide, filled with anguish and despair. Besides the impact on her work, as confirmed by the amount of sick leave she had taken, her condition also had a severe effect on her family

Family as an **anchor**, particularly the unwavering support of her mother, featured strongly in her **live experience**. Sometimes, however, she felt guilty about her tendency to illtreat her mother, especially when the latter became ill. One of the interpretations to be made could be that the latter's illness evoked her own anxiety about losing mother's support, which she desperately relied on for her own survival. Similarly, her reliance on social support was also amplified at work, captured in her story about **a particular friend at work.**

Judy's overall self-image tended to be negative, contradicted by her own self-description as perfectionistic. She attributed her good work performance to that trait. She made no connection between the impact her constant sick leave had on her work performance. One could view this as a

lack of insight into her illness, whereas at a deeper level it could have been about self-preservation. All humans need a reasonable amount of the belief that there is goodness in them in order to maintain their self-esteem.

Further examples of her self-construction as less capable than others were highlighted in her belief that, unlike other people, she did not have the energy, or what it took, to progress in her career. Perhaps she was being more realistic and had accepted the challenges with her bipolar. **Acceptance** as a coping strategy rather than **denial** is at times needed for psychological wellbeing.

Lastly, irrespective of her overall self-doubt Judy had remarkable **resilience.** She had coped with being bipolar, family demands and still managed to hold down a job.

CHAPTER 8

NALEDI'S STORY: THE VICIOUS CIRCLE OF DEPRESSION/BIPOLAR

INTRODUCTION

This chapter will present a case study of the **live experience** of Naledi who has been diagnosed with bipolar. The findings will be presented according to the topics discussed in the interview and the themes that emerged. The statements will be supported by quotes from the transcripts. The themes are followed by my brief personal reflections and a short conclusion to the story. For **confidentiality** and **anonymity,** the names of organisations that Naledi worked for, including other employees mentioned during the interviews, were omitted or disguised.

The interviews were conducted in two conversations, each lasting for approximately 1 to 2 hours. We had agreed to meet on Friday afternoons, since this timeslot was much more casual and somewhat relaxed. The interview also had to take place while Naledi's manager was away on business. She disliked being away from her desk when her boss was in the office. This was not necessarily because of her fear of the manager but mainly because of her work ethic. She believed that as a Personal Assistant (PA) her job was desk-bound.

There was one cancellation of an interview in between, because Naledi had been off sick during the week with a sore throat. She was required to complete a course of antibiotics and decided to work from home so as not to spread the sickness. The office was exceptionally busy when she came back.

Lastly, in comparison to all other participants who were all based in the same office building as myself, Naledi's offices were in a different suburb; therefore I had to factor in the time for my travel.

BIOGRAPHICAL INFORMATION

Naledi was 46 years old at the time of the interview. She had been divorced twice from the same man and was now living with her two sons. At the time of the divorce the children were 14 and seven years old. She described her first son as very defiant and difficult to live with. He had been diagnosed with Lingual Opposition Defiant Disorder. The younger one was gifted but this did not make his upbringing easier.

She said that prior to their first divorce her marriage had gone through a very difficult period. They separated for eight months; during this time she could not cope, was admitted for ten days into a clinic in Pretoria and attended group therapy. Upon discharge, they worked through the issues of their marriage and remarried. Nevertheless they divorced again in 1999, which necessitated another admission. Her heart was broken when she thought about all the support and contribution she had made towards her husband's success.

Her husband had cited Naledi's attempted suicide as the reason he wanted the divorce. He was angry, and thought she might also have killed the children had the gun not jammed. He called it the most selfish act and the last straw. The children were devastated by the divorce. After some time Naledi met another man whom she adored and fell in love. This was, however, short-lived as the man went back to his wife. She once again relapsed into depression.

Naledi's mother was and is still alive and meant a lot to her. Both her mother and her children were very supportive of her. She also had friends, generally seemed to be quite liked by people and gave a lot in these relationships. Yet her friends found it hard to deal with her when she became sick. They viewed her as strong and therefore never reciprocated the support she gave them. She volunteered to share her psychometric reports with me; the reports confirmed that relationship building was one of her signature strengths. **Positivity** and **optimism** were her other strong traits.

Her own description of herself was that of a perfectionist with a happy and strong **exterior** but **internally very depressed**. She said she had also been diagnosed with anxiety and depression in 1999, which coincided with her divorce. Her current and latest diagnosis was bipolar but she had never experienced **manic episodes**. She was on medication but not seeing a psychologist.

She spoke with much pride in terms of her career and said she had never experienced stressful job interviews. She had always been headhunted and attributed this pattern to her reputation as an excellent worker. Although she averred she disliked self-praise, she mentioned some of the **performance awards** she had received as well as bonuses, even when she least expected them because of her relapses.

Her career history also showed that Naledi would not hesitate to resign instantly, irrespective of whether she had another job or not. Nevertheless, she could not accurately remember dates for her career moves due to memory problems. This included a one year stint in running her own company. She had also rejoined the current company for the second time.

She indicated she had also been diagnosed with a **post-traumatic disorder** and a **conversion disorder** due to a traumatic experience at one of the previous organisations.

Compared to all the other participants she seemed to have been the most absent from work, but the one to have received the most organisational support through **her live experience** with **bipolar.**

THE NATURE OF ENGAGEMENT

As stated earlier, the interviews took place at Naledi's work offices. She had kindly volunteered to arrange the meeting rooms and was delighted to participate. She had been referred by one of the wellness consultants. One could interpret the more distant office locations between Naledi and me as providing extra psychological safety for her. The chances of anyone knowing me and guessing why she could be seeing me were much slimmer compared to some of the other participants who were based at the same premises as I.

Two participants had expressed or behaved in ways that suggested their need for discreetness when they came for interviews. They cited a combination of reasons, for example mistrust for HR and/or underlying concerns about perceptions linked to the stigma. I had to reassure them that no one, except for the people who referred them, knew about my research.

After I had explained what the study was about I asked for her written consent and she responded, ***I'm more than happy to do this. Okay then. I love talking.***

She was open and warm from the beginning. Her keenness to know about my job in the organisation also helped to build rapport between us. It set the right tone for a conversational space. In her bubbliness and talkativeness, there were emotional and teary moments, though. She would, nevertheless, quickly gain composure with a humorous tone: the **façade** that she later spoke about in her story. Despite the light-hearted tone, some details of her story were extremely sensitive; for example, what she had seen when she worked at the mortuary. I chose to omit the parts that were too graphic.

The above mood, however, drastically changed and deepened when Naledi spoke about her **live experience** as **an outsider in her own life.** It evoked pain that she, clearly, could not easily shrug off. I had to hold her (psychologically), making it safe for her to connect with her pain. The pain and her sadness could be felt in the room. As I pondered on how this experience could have been like for her, more questions arose in my mind. I shifted from sympathy to a strong sense of empathy while I wrestled with my own **valence** as a rescuer. I was acutely aware of how I wanted to make it better for her.

Furthermore, Naledi's style of talking made for an interesting interview journey. She at times struggled to stick to the sequence and logic of how events happened. She cited memory problems to explain her roundabout manner of narrating. The quotation which follows comprises one of the examples of how her conversation played out.

I don't know. I don't even actually know when you need to meet me again for me. I mean maybe for your research you know. So, sorry I'm just trying to think of the days, I know the first of

March I don't even know if it's next week I don't think so though. It's the following week. First of March my boss is in Cape Town. So today his actually at the funeral which is why his not at work today. But he was supposed to be somewhere else anyway so ja that's why I said we …if we can. That would be great, because …then I don't need to worry …about him. If that works for you otherwise we can make a plan.

At times, I thought she had missed the questions and would rephrase these to make them more explicit. I later realised that she had **grasped** them the first time as she would eventually arrive at the responses, with much probing from my side. I had to be patient and constantly reminded myself that this conversation was ours, not merely mine. She had the need to speak about all facets of her **live experience** whichever way she chose to. In addition to patience I had to immerse myself in the conversation and relied on my interview techniques, **attending** and **listening** while the richness **of the data** unfolded.

EMERGING THEMES

Depression/Bipolar

The amputee

This theme covered Naledi's history of depression and **bipolar:** the **sense** she had made and the **meaning** she had attached to the diagnosis. Although she did not understand it at the time, she thought it had started when she was very young. She described it as an **internal** and **subjective feeling** of sadness known only to her. She used her **bubbly self** to relate to the world and was held together by medication.

The above feeling of confinement was embodied in her belief that she was born with depression. The meaning she attached to her **experience** is best captured in her definition of her depression as an **amputee,** *in* a perpetual state of **illusion, cut off** from the world and imprisoned within herself.

*think I battled already **from school**…with depression. So I think it is something that you, **you born with**. I think I don't know if it's necessarily triggered by something. Nothing the major episodes might is triggered. But I think **you born with it** kind of. But I've always been a very bubbly person. I've always been. So I can't, I don't really know how to put it because I've had episodes of depression. But **nobody would ever have known**. So it's just **an internal feeling.** So it's never been on the surface. So, so basically I think from school……because I remember in matric my mom and I went down to the coast for a week just for me to be quiet and study and things like that because everything just seemed too much. So I was a prefect at school …you know all that. So **nobody would ever have …picked it up.** I didn't realize it either, …so you know it was nothing.*

*And then we **got married** had a child and then with the divorce, that was very difficult so I ended up in hospital. The problem comes in after something like that. I didn't know very much about it and I was younger. Much younger. So it's a case of you function fine **on the meds** and everything then you think you fine, then you **stop the medication** and then it affects your whole life again. And so it's a **vicious circle**, so until you actually accept it yourself. Depression is a, **an amputee**, unrealistic thing. It's **an illusion** of, of how things really are. You know it's not the way you see it.*

*It's like, like **everybody thinks I'm the most, bubbly** you know person. And where this all started the first time I met, I thought it was [wellness consultant name]. How do you say his name?….The first time I met him, it was in a, he did a workshop for our department the other day on stress and resilience. And he said, he was talking about introverts and extroverts and you know I've been chatting in the thing and whatever and then I said obviously I'm an extrovert and he said he doesn't think so. He said he thinks **I'm an introvert**. He said that it doesn't mean you can't get on with people and be bubbly with people, but he thinks I'm an introvert. And **it knocked** the wind out of my sails completely. The rest of the session I was, I hang on every word he said.*

*Because the penny just dropped and I thought you know **I don't know who I am.** So this last like month I have really been doing a lot of **soul searching.** To actually find out **who am I.** because I thought I was somebody else and I think that's also why he asked could I do it. Because I still said to him after the session like what on earth you know.*

*And ja so this is where this whole thing has come from but, ja so **you don't want people** to know.*

The Spectator

The **theme** of a **spectator** who observed her own life like an outsider **emerged.** She became very emotional as she related this experience.

***I always feel like I'm not helping. I always feel like an outsider. I really feel like an outsider**. That's my biggest thing. **….** I'm glad that I can share it. You know and that it would be used*

somewhere positive, that I'm grateful for. Because I do feel I think I had a bit of a …I've had some experience in this. You know so no it's great. ***I do feel a bit emotional*** *because it does you know, it re-enhances the, the feeling like I don't do my job, feeling like an outsider you know, those kinds of things; but those are the kind of things I need to work with. Ja because you shove it down I think you have to* ***you actually don't have a choice****, because it can't impact your life and you know so it does impact your life. So you've* ***got to minimize it as best you can****.*

The **subtheme** of questioning her authentic self **emerged.**

Ja because this is also after that session when he said I'm an introvert I sat there and it really knocked me because I thought how well do you know yourself. You know you have I love, I've always been known to be so friendly and bubbly and everything.

But … who I am, ***that is not a fake you know*** *so I sat at and I thought about it and it, is a draining; yes it is; so then maybe it's not, maybe I love it and it's my passion but maybe it isn't. I choose to do it because I love it, but if I am* ***an introvert*** *I need to* ***actually feed myself*** *in other ways.*

The worse than death experience

Metaphorically an **amputee** is without limbs. Irrespective of prosthetics for mobility, the amputee might still struggle with a sense of **imperfection** and **inadequacy.** Naledi's story chimed with this metaphor in that she battled to see, or hear, or acknowledge the goodness that others saw in her. It seemed as if depression had permanently **devalued** her. The underlying message or another interpretation to her painful experience was that, it at times could not even be equated to sadness or

death because both could be cured. The cure for **sadness** was **expression.** The cure for **death** was **dying.** Her **live experience** made death more attractive because in death the pain would end. There would be **light at the end** of the **death tunnel** rather than a **life sentence** with depression.

*I still **battle** with that, I still **can't see it**. And that's why I'm sitting down and trying to evaluate this stuff because **I still can't see it**. You know and it's, **It's depressing** you know because I go home and I'm thinking **so and so said this**,… and **so and so said that** it has to be, There has to be some truth in it…but **why can't I acknowledge** it first of all. **Why can't I see** what they talking about. **Why can't, because I can't.***

*You know **I really can't.** So it's that's why I'm saying **depression is an illusion** you don't see the world as it is. You know you have this **filter on your eyes** and **you don't hear…**you **don't see you don't acknowledge**…and that's also why I'm saying and I think a lot of people are diagnosed wrong, because that's **depression that it's an amputee**.*

***It's not a sadness.** So when you sad, you can identify with sadness and you can identify with an emotion……and work through it. **Depression for me is amputee**. There's nothing. So there's, so for me it's very you know it's, **Its very different to when I'm sad.** When I'm sad there's a reason **I cry**, I acknowledge it, you work through it, you go see somebody if you need to. You do it. And it's a temporary thing ……or even if it's a year or whatever it's still not, you know it's not a forever thing. Or even **if it's a death** or something it is a forever thing but you that **you going to get through** it and you going to, **There's a light at the end of the tunnel. I don't feel like that about depression**.*

The Role of Medication

The **dependency** on medication for survival **emerged** as a **theme**. Naledi's **live experience** with depression resembled a tightrope journey managed through medication that had to be strictly complied with to avoid relapses.

That it is a legit problem; you have to take medicines all the time. ***Till you die.*** *So and if you take them* ***you need a rule****, you lead a normal life. But when you that young it's very difficult to accept the fact ……that you have this. And you keep thinking you know okay I'm fine now and I'm going to stay fine. You know what I mean. You just stop everything. So it's very, that impacts everything in your life. I don't know why I think if you a, if you're taking the meds properly and you been properly diagnosed, you can live; Lead a normal life,*

You'll ***still have your downs you'll still have your ups****. Every time I get* ***a down I panic****. But I* ***do not miss my medicines****. I take every day. I see the psychiatrist every year. I only go back now once a year but, and I haven't seen the psychologist last year like for the whole year. You can keep your life together pretty well. You know. So but you got to take responsibility for the fact that you have this . And you've got to* ***watch yourself.***

The Role of Family Support

The **reliance** on **family** for support and to a certain extent on friends **emerged**.

I have very ***close friends*** *and my* ***family who watch me*** *as well. And give me a lot of input, they'll tell me you're doing too much. They'll tell me, you're not sleeping enough. They'll, because I*

don't see it. That's the problem, you genuinely don't, or I genuinely don't see it. And that's why it's like I'm bubbly and everything like that because that's who I am. But they know me well enough to know the underlying there's something.

*So **they are my check list** and **I listen to them**. That took me a long time as well to actually **listen.** Because when they say to me **you going off the rails** I like immediately **step back** look at my life, look at what I'm doing ……and evaluate it. And some of the times I tell them their nonsense if it's a period I'm going through its budget it's whatever it is, It's year-end so I know that it's a limited time… but then I become very aware of it I watch my actions very carefully. So it does impact that, because once I'm aware **I watch myself carefully**. Because **I still want to perform** and all that kind of things.*

The next quotations outlined Naledi's outstanding work performance and indirectly recognised her relationship's contribution towards her work success. The **subtheme** of discomfort and **inability** to **accept recognition** continued to **re-emerge.** Its severity was highlighted by her **somatic reaction** (e.g., vomiting) when she was to receive awards for her good work.

Throughout the interview conversation Naledi reflected deeply and summed up what she thought were the underlying causes to her somatic problems. She linked her **depression** with her **poor self-esteem**. Therefore, recognition **elevated** her **anxiety** and implied that her flawed esteem could not take praises.

She also feared that anxiety might **blow her cover** and cause an undignified relapse. People would then know about her condition. The literature described this fear as the central feature in

anxiety disorders: “an affective state characterised by feelings of threat about the occurrence of a future event” (Harder et al., 2014, p. 92).

Therefore, she lived her life constantly trying to avoid situations that could potentially elevate her anxiety and cause her to lose control. This felt like a catch 22: she was caught between a rock and a hard place. On the one hand, she was obliged to perform not to lose her job, while on the other she could not take the recognition associated with good performance. She was an **amputee,** since the **vicious cycle** of bipolar depression ran her life.

*Because they were the holding company of, of, of [previous company name]. But that’s why, sorry I, while I’ll tell you now, but I mean **I hate it actually like blowing it, blowing myself because**, but I, for the purpose here I actually, it’s like at [current company], no at [previous company] they **voted me best colleague to work for**. You know **on a radio station competition**. Best colleague to work with. So that’s the thing it’s like nobody, nobody knows. You know. It’s like half the time **you are pretending**, but you not. **Or I wasn’t pretending because it is who I am. But deep down there’s something else**.*

*Okay so then I came across to [current company] and **I love people.** So I was PA to the CFO and then I started doing little things at work. Like peoples’ birthdays I’d put a chocolate on their desk and hold it down with helium balloons. So that everybody could see whose birthdays it was. Then it kind of grew into what we eventually called “gees” which was. We had, so everything that we could celebrate we celebrated. Every Heritage Day, youth day, whatever we had an awareness campaign.*

*So **I loved it** and **I loved,** and then I started team buildings across the departments. Because they all worked with each other. So **it was important to me that they actually have relationships together**.*

*So you know, so all of this was and [CEO name] decided that this was a really good work like a, **it was incredible** the difference it made to staff. So he decided it should be an actually department. And I should focus on it fulltime. But **I loved my job**. And my whole argument to everybody was **am I dropping the ball in my job**. And they said no, so I said to them **why does it have to be a second** …but why because **I love my job** and that's just something it's so natural for me. That it's not work and ……ja and it's my passion. So you know it was a big thing for me that they split it and they made me choose do I want to stay his PA or do I want to do "Gees" so I told them it's my baby that. How do they you know take it?*

But I think a lot of it was I can't take recognition. I really, really hate it so nobody must say thank you, nobody must acknowledge what I do. I have a big problem with it. And I think this is. I don't know if it comes from the depression and a low self-worth. Because it's just very, very hard for me, it's not a natural thing for me to acknowledge what I do. In a good way ever. Even now. So they put me forward for spirit and values of you know…

at [current company] entirety which is huge.

And my boss knew me very well and he pulled it off the table [meaning helping her not to be in the spotlight]. So he pulled it off the table for 3 years and the 4th year they said to me he can't do it. Now I organise the year end functions and kiddies' days and I mean people who didn't have children

came to the kiddies' days. We talking like a thousand people because they were so amazing. So it was really awesome and 85% of staff came to the year-end functions. Which people don't do that, they just don't come. You know it's … Ja but so it was, I was very successful in it. But ***I just couldn't acknowledge it*** *so the year that they put it forward and he said he wouldn't withdraw it, I was doing that event that night.*

From the morning, ***I started puking, I puked whole day.*** *That night at the event I went to the event only for the section of the awards. I actually obviously got an event company in to actually run it [avoidance] because I just couldn't do it. So I went up for the award got the award and left and* ***continued to puke.*** *The* ***certificate*** *has* ***never been put anywhere****. The* ***trophy fell off*** *somewhere* ***and broke*** *and* ***I was only too happy****. Ja I think it was behind on the back end of the counter somewhere. So it has never been, it was very, it was not a good experience for me to get that award****.*** *So and I think it's all linked together, you know. So that's the kind of* ***impact it's had on*** *me at work. Is you knowing, it's,* ***It's extreme****. It's like,* ***but I love people*** *so it is natural for me.*

But ***deep down inside me there's something… that's really, really hard to live with.*** *And so that was then. So I chose to do "gees". Because it was my absolute baby. Then they got temps in to help my boss and they just messed up, day after day. So I started taking work back, they got him stuck in Guernsey for example.*

Her taking over from the temps suggested that she had forgotten about her earlier complaint about being overloaded with work. This tendency to **self-sacrifice** and take on more than she could handle will be discussed later.

So I started doing his travel again. And I started, you know so I started doing stuff because I mean he was, I get, I got on incredibly well with him. You know he, we had, ***we were amazing****. And we were* ***an amazing team****. So I couldn't stand the fact that they did this kind of thing was happening so* ***I started taking work back.*** *So the one day I was looking for something and he came in; they've given me an office; and he came into my office and he saw the papers on my desk. And he freaked out. And we ended up having a major fight in the office. His travel papers. So all his travel documents. So you know I said to him but* ***I'm doing it because you got stuck*** *in another island you know.*

So I can't stand. I can't and they temps and we went through them left right and center, because they just weren't capable. So I figured it would just be smoother, safer, let me just continue …Ja quietly yes. He didn't know I was doing it. So it was, he didn't know I was doing it . But I was, ***I felt so loyal to him*** *and …you know it was just very hard to see the mess going on. Ja so we ended up having a big argument and* ***he told me that I had to let go.*** *You know and that* ***I had to move onto this other position.*** *And I need to make the most of that.*

And then it became, originally it was just finance, then it became finance, risk and audit. So then I was looking after about 850 people. And I was reporting to [group CEO]. So it was just so different, because it was, it lost its personal touch and everything. But it sat out it was the same people I had being doing it for forever but just being an actual role and I think it's because they made me head of this and ***it's the whole recognition thing again****. And it was just too much and* ***I lasted about 8 months*** *in that. And one of my friends she had an events company so she offered me half her business. To join her. So I left the. Because at just* ***everything was just too much for me****.*

So I still got a lot of friends here and everything and they tell me that everything just died. Like an instant death. You know when I left. So I had such an impact on people's lives. I had a lady phone in the middle of the night and tell me her husband's beating her up. So I organized the taxi, I booked her into a hotel and you know all in the middle of the night I had the company credit card and I just did it all on the credit card. And the next day I came to work I told my boss this is what went down and he said absolutely no problem.

You know. It was like so I was given ***such autonomy*** *to make big decisions and all, for me they big decisions anyway. I had an incredible budget, like really, like 2, 3 -million Rand budget, but then it was kiddie's days, year-end functions and everything in between. So ja, so it was, so the job was amazing but it just became different, very different, when they made me head of this department. And they formalised the department. It just lost everything for me. Because then* ***everybody, everyone knew my name any way, but now it was elevated. And I didn't like that.*** *Ja you know and maybe it's, maybe* ***the depression kind of, anxiety levels go up hugely****. And maybe the* ***depression comes in****,.. and like I said maybe the* ***self-worth*** *and things like that.*

And also the ***doubt*** *you know that you actually can maintain it****. Because you don't know when the next episode's going to be, if there's going to be one****. And everybody will know.*** *So you know that kind of thing. So anyway I left the [current company then] and I started, I worked at the events company. Ja okay. It's got a* ***huge stigma****.*

The following observation from Naledi about the current increase of depression in today's world has been discussed in the literature.

You know more and more people are getting diagnosed with depression I think a lot of people are getting diagnosed wrong. I really do. I think life is tougher. Stress is higher and I think people will go down more than they used to. But I think ***depression is a very real, it's not a sadness****.*

Fatigue

As in the previous participant stories **fatigue** and **lack of energy** emerged. Naledi's theme was, however, underlined by irritability that presented mostly at home with her children.

I'm tired I'm absolutely drained*. I do get* ***irritable*** *with my kids. I have* ***no energy*** *to cook supper or anything like that so most of the time we do get take always because I just can't face it. My little one now cooks he is amazing, he's really, really gorgeous so he cooks now everyday.*

But, but it's because ***I am actually just, I just can't,*** *I just and that has* ***been many years.*** *I just* ***don't have the energy*** *to do it. And ja I go and sit down and you do anything to escape. So I don't watch TV but then I play games on my cell phone or I'll, I'll occupy myself with* ***something like almost meaningless****. To not think.*

So it's not really fair on you and your family or you know things like that and I've never actually thought about it to be honest with you. I never actually thought about it until now. So if I do of it my standard evening at home. I just always thought no I hate cooking and I do and I always just thought that that's why, but it's actually not it's not. ***I genuinely do not have the energy, I can't, you can't face anything.*** *I can't because I never actually, I mean right now like I said to you I feel* ***100% I'm***

under pressure because of work. *So but it is actually affecting without even realizing it, I didn't realise I mean just thinking now going home the last few days, what has it been like.*

My mom came over this morning to drop off something for my son and she sent me an email saying are you okay because you seem very like there was something wrong this morning. You know and I was ***irritable*** *with my son****.*** *But there's no real reason to be. You know and* ***I really battle to sleep*** *and then* ***I really battle to wake up again.*** *Even if I don't I just you know.* ***I can't sleep*** *and then when I do fall asleep then* ***I can't wake up.*** *So even if I go ……to bed at 8* ***I can't wake up****, if I go to bed at mid-night* ***I can't wake up,*** *if I go to bed you know it, it, it's both.*

The **subtheme** of **motherhood guilt emerged.**

There's a lot of guilt as well ***going home because I really am tired*** *and my son has got interests that are really, he is into dj'ing and computers and things so and he really researches everything so when you want to talk to me it's about different speakers and different voltage and different hertz megahertz and different and* ***I really don't care.*** *And I'll say to him just talk English* ***I don't want to know*** *all the ins and outs and that.*

And he gets really upset …because he's trying to explain stuff to me…and I have, ***I really don't care****. Whereas I think my, when I was off I had the patience to sit down and actually like let him explain to him what it is his trying to talk about. And then his 15. And his still I mean last night I worked till about 6 and he sent me a message at 4 asked what time am I working till I said no till 6, he says but is there no way I can work at home. You know he wants me at home, he wants me around and… and*

whereas I'd rather work at work, because then I don't have to contend with him trying to talk to me at the same time and everybody's gone home here so it's …quiet.

So I'm not doing anything at the moment to alleviate the sort of… I don't know what to do because I hate gym, I really hate gym, like I despise it, it puts me in such a bad mood. No, no, no. no. I haven't been to see somebody for a year so last year I didn't see anybody but I was fine. I still don't really want to go see a psychologist I just like kind of, ***I'm tired of rehashing*** *and all sorts of stuff. I want to go see a lady who does TRE. Well what TRE is, they do a release of all the tension …in the body. You don't actually sit down and talk.*

So… so it's an ***alternate healing*** *thing. But ja I actually want to do that. Ja I need to do something. And I need to do something about my weight I know that. I know that I do, so. Hmmm, right so we'll go do some walking and some goodies and give you feedback on that one. I really believe in these, in those kinds of things. Ja so what TRE is all, It's something release energy I think, but it's a proper, it's a proper thing. But they put your body into like certain positions and your body shakes. But badly shakes and it releases the tensions and all those emotions out of your body.*

A couple of my friends have done it and they rave about it, it unbelievable. They say because a lot of the stuff you have dealt with in your life but your body is still storing it. And that is what you need to get rid of, you don't have to ***rehash*** *and* ***rehash*** *and* ***rehash*** *it and* ***rehash in your head****.* ***But you need it out of your body.*** *So your* ***body*** *just* ***shakes*** *to* ***get rid*** *of* ***the stuff.*** *It's individuals. They put your body in relaxed mode apparently. It works on the body points or whatever. So they align certain things and ja. Apparently it's quite incredible. I will do, I should be able to do that.*

Suicide

According to Naledi's narrative she did not want to kill herself because of not wanting to live, as in many people's cases. She wanted to release her family from the burden of having her around. Irrespective of how one interprets this, as **a cry for help** or **attention seeking,** the act precipitated the divorce, with much devastation for her and the children.

*So when I was working at my events company. We were working 20 hour days and no exaggeration and **I was not sleeping.** And that triggered the next event. So when I had a complete fall down there, **I tried to commit suicide.***

*So I had two small children, my marriage in my opinion was actually quite good and I had my parents, my friends and everybody. I could write you pages and pages of why everybody would be better off without me. Why, so it's not a selfish thing either. **Suicide** for me and I'm sure I mean it is different for everybody but **suicide** for me is not and for me it was not an escape of something. It wasn't I got too much debt, I've got whatever how am I going to get through it and attempt of suicide. It wasn't that.*

*It was a case of I **genuinely believed everybody would be better.** My children would be better with the stepmom because they could do this, this and this and I can't. My husband would be better because he could do this, this, and you know I would, I don't support him in that now. So you know I was there, but I didn't believe I was. I could even tell you why my mom would be better without a daughter, I could, without me as a daughter, because **I was this burden** and you know all this kind of thing.*

So and my friends honestly I could write you a book on ***why everybody would be better if I wasn't around****. So we had a gun and I had only shot it once and I don't know do adrenaline so when I shot it I like, it, it freaked me out, so I never shot it again. So it was in the safe so I went and my children were at home with me and I had even put bricks in my car because see when I say I really do feel for people because I put bricks in my car because I was going to go to a veld. I was going to put the bricks around my head so that it didn't make a mess. So that whoever found me wouldn't be traumatized. And I was going to shoot myself like that.*

So I wrote a long, I asked my ex that morning when he was going cycling I said please don't, I really need to speak to you and he said no he's going and he left. I then phoned [psychiatric hospital] I phoned 7 people… including my doctor. I phone his emergency line which went to voicemail. I phoned my son's doctor, psychiatrist so I really tried to get hold of somebody to help me and then there was no-one.

So I wrote this letter to of why everybody would be better and how I'm so sorry and the whole thing. And when he got home I gave him the letter and I left in my, no, ja I gave him the letter and I stood there and he started reading it and he just walked away. He didn't comment at all. So I got in my car and I went to the doctor so I didn't go ***to my veld.*** *And oh sorry, the reason I didn't go to the* ***veld*** *was because while he was away I went and I took the gun and I tried to load it and it jammed. And I know you hear it all and but it genuinely jammed, alright. So I couldn't go to my veld. So I went to the doctor and …I was so upset because it was so much heavier than what I thought it would be. So it was like really like sho like I'm you really have to push it so I pushed it and it got stuck.*

So I went to the doctor and I told him, I just walked straight through his room, I threw out the people that were in his office which was like his, anyway. So and I sat down and he said to me right away you got to go to hospital. He wrote out all the forms he phoned them and told them I was coming and everything.

And I got into my car and went home and I didn't tell anybody anything. I didn't tell my ex-husband I suppose to go to hospital I said nothing and he came through and he said to me that's it, over and done. He says when he saw that the gun really jammed, when he realized that I legit attempted this, he said ***he lost all emotion for me****, he felt nothing and he was convinced I was going to do this in front of the children. Or take them with me. Which is I would never in a million years have done, you know ever. Because I could tell you why they would be better off without me so why am I going to do it, anyway.*

So that was ***really, really rough*** *and obviously I was admitted to hospital, they just knocked me out for 3 days and did nothing. So when I came around I was determined to get better.*

So I asked my mom to move me to another hospital where I could start learning to put my life back together. Because I'm not actually someone to just give up. So I went to [clinic name] and in those days [clinic] ran classes all day you had to be there you didn't have an option, you know you had to go to the classes or this is what I remember anyway. Because I had been back since and it's not the same. So ***my memory*** *of it then was you had to go to class I went to every class and* ***I really worked hard.***

And the whole time I was there I was obviously referring back to how I was going to make changes at home. So the day I was discharged they told me in the morning okay today you can go home and I was so excited and I phoned my ex and he came to fetch me. And we went to the psychologist and they'd say you got to rest as much as you can and you can't work for 6 months at least and, and, and.

When we got into the car he said to me, he's so angry that I didn't let him know. He was never intending me to go home again. He said the children are not prepared to have me home and if I want to come home from tomorrow I needed to be a wife and a mother, … which means I need to take the children to school, I needed to take them to after, to you know after school activities, I needed to make sure there was dinner on the table and everything from the next day.

So I did. So the next morning I got up and I did everything and it was in the Aug, The end of August and I really, really tried hard but I wasn't allowed to be working. I was supposed to be resting as much as I can which was obviously not possible. But I was trying hard. So then in the January he said to me he wants a divorce. So I said to him well I'm really trying, he said he knows.

I think it was 2008. Ja. So he said to me he wanted a ***divorce*** *and I was* ***devastated,*** *but he never gave me the papers. So in the beginning of February the next, I thought he was joking actually. The next morning, I woke up and said to him, you know what he said last night. And he said to me yes, you know and I was like, that was when he said to me when he found the gun he lost all emotions everything he had ever felt for me.*

So ja he asked for a divorce and then he didn't serve me papers or anything like that. Then it's the beginning of February he told my children that he had a girlfriend. And said he was taking her away for a week. And he did take her away the following week.

So I then obviously decided I needed a job. But I wasn't able to work. This was very traumatic for me, I really thought everything was going well. I had worked so hard to fix my marriage. ***I adored this man more than I adored my children. I genuinely loved him more than my children.***

Post-Divorce Adjustment Struggle

This theme outlined the speed at which Naledi had to adjust post-divorce and, most importantly, find a job for financial survival.

It was incredible so I phoned a guy at [name of current company] who was their company secretary. And I said to him I needed a job. I said but I need to have coffee and I need to explain to you the story. So I met with him and I told him everything. And so I said I'm not supposed to be working, I said so can you help me with a very menial job.

So, so [name] said to me if the guys ….. know I'm looking for a job ….it's not going to be a desk clerk. So anyway so he said to them you know do I, you know does anybody have anything. So at that time [name] was head of risk for [current organisation] and you know these jobs are major. They, they the head of the entire [organisation] the CFO, Head of Risk you know like CRO.

I mean I reported to [name] directly when, so the jobs were not…ja, they won't just simple jobs. So no ……huge [impact if things go wrong]. And very status and all that kind of thing ja. I don't do status and I don't do hierarchy at all. So I mean I used to come to work ***in jeans wet hair*** *and* ***no make-up****. But I still got the jobs. So you know I must have been good at what I did. So … …and I must have been a nice person.*

But anyway so [name] asked me to be his PA. So I came through and I worked for a week and I ***completely fell apart again****. So I went back to the doctor and they booked me off. So obviously and they still paid me for the week. I was like so horrified, like really. I didn't do anything in that week anyway I was so sick.*

Anyway so I said to [manager] I don't know what to do because I'm now being booked off as well. But ***I have to work.*** *You know and then my ex moved out and he moved into his girlfriend's house. And every second weekend my children had to go and stay at her house. So they were so traumatized because they didn't have a break at all. It was from me to her. And they were young.*

Naledi acknowledged that she had been entirely dependent on her ex-husband; as a result surviving on her own after the divorce was hard.

I dated my ex from school, so we, we were, we've been together since I was in standard 8. So that's why the break ups were so terrible for me. I never stood on my own two feet. I never managed my own budget. So when we got divorced this last time, I mean I had to, she was pregnant there was

no going back. So I had to do all of those and it took me about 3 years to actually be able to stand on my feet again. You know so, you know so now, ***you know it's a lot****.* ***It's a lot to deal with****.*

To her pleasant surprise the organisation created reasonable accommodation and accepted her back after her sick leave. She continued to battle and **lived** with the **daily fear of being fired**.

Anyway so [manager] then said to me alright fine there's a subsidiary of [company] who he needed a PA and the company is not that big yet but his a very difficult man. So he says but he believes I can do this. So I said well I'm desperate so anyway the company was called [name] so I moved there. So I went to my interview and he didn't like me at all. But he didn't have a choice. He had to hire me. So the first year I thought I was going to get fired every day.

Yes, I did [fear] and I'm being genuine. He extended my probation now, coming from the reputation I had… you know being head hunted to come to [organisation] then them not going to give me a desk job, they going to make me PA to the CRO, that's their belief in me and everything. And so I could do it but ***I was so sick.*** *And I should not have been working.*

But at that he [her ex-husband] wouldn't pay maintenance or anything. So I had to have an income. So ***it was terrible*** *I really thought* ***I was going to get fired every day. He hated me****, so and he was so hierarchy there were 7 people in the company ……and everybody reported to somebody. I don't do that I can't do hierarchy it just doesn't work for me. Everybody's equal.*

So anyway so then there was a lot of things. The first board meeting they had obviously it was all the guys from [group] because it's a subsidiary. So they all got there and it was [their first names]. You know the big guys. And they like hey Naledi ***hugs and kisses*** *and you know, and because his so hierarchy he did not like this, you know that the board members and the audit committee was so friendly with me. So it just compounded everything there and it was really rough.*

The children's **transition** after the divorce also **emerged** as a **subtheme.** It was difficult for them to deal with the new reality of having to live with mixed families.

No. Ja no, actually I'm so excited nothing. I'll meet my friends like standard. But no real things. My, my, my child's mother- in-law, no not mother-in-law, step mother. So the step mom. Is really, really nasty, she's a horrible piece of work. So…Ja no she's a nasty person but I feel sorry for her because she's really lost, you know what I mean she can't help it. You know. So but she's really horrible to my kids so the last ja, so the last and [name of older son] is hard work….. difficult. That I'm not denying. But she threw him out of the house the other day, a couple of months about a month and a half ago.

And we used to have [son] used to stay with me one week and there one week. So it was alternating. Then ***the kids are so unhappy*** *there so he started staying with me and seeing him on the weekends …every second weekend. Then she threw him out the house, so now we don't even have sleep overs, because the* ***kids are so terrible there****.*

So it is, it's actually his birthday today… his 15 today. 15 today so his dad is having his party this year. Because I've done plenty so. So she has to either go away for the weekend. Or she has, she's not allowed downstairs before 9 o'clock in the night while he's there. They have to stay out of each other's' way. So which is quite extreme I think. But anyway they cannot be in the same room.

So the party's tomorrow night and everything and his dad has got a magnificent place, they have got so much money they don't know what to do with it. So …he's gorgeous [meaning her son]. He is so gorgeous. He's hard work and then on the same time I come home his make dinner every night you know. It's things like, okay he won't clean up it's a disaster in my kitchen but you know, he'll make sure that there's food and …You know. Ja and 15. So he is, he's really.

The Rescuer

Until this point Naledi's story had shown that she was likable and could easily develop relationships. This quality also enabled her to find employment even during periods when the job market was tough. Her managers accommodated her with a great deal of support and she reciprocated by being good to others.

Underlying her love, care and support for people, though, was the **self-sacrificing rescuer**. She overly cared for and put others' needs before hers. She overidentified with people's problems and literally took over their responsibilities. By doing this she subjected herself to more pressure and stress, which at times led to unplanned decisions such as when she resigned without the prospect of another job. The **rescuer** in her operated like her second nature, as shown below in one of her previous companies.

*I don't drink and smoke after 7 months I was **drinking 2 bottles of wine a night** on my own and I was **smoking a box of cigarettes a day**. After 7 months at this place. It was terrible, it was in Alex which is fine, but it was on the same premises as a **morgue** and where the **burnt bodies it stank.***

*The **flies** were unbelievable but it's a **tow truck company**. It is a culture like I've never known in my life. I've always been in finance and banking and that. It's another world and I could not believe what was going on. So this is obviously very, very confidential but the company it was on. So there was a call centre down stairs and then upstairs was the admin. There were 100 people, **no air-con no windows**.*

*Okay so **first thing I said is we need air-cons** in here, no we can't too much money. I said okay. Ja, they were sharing pens. Okay this is the kind of thing, the **staff had one ply toilet** paper and the **managers had two ply toilet paper**. It was to this degree. So obviously that number one threw me completely. That people can be that ……shocking.*

*Secondly the whole environment was terrible. Exactly you know. And then I had this office and I said right I finally **need stationery** so I just **ordered stationery** and I just carried on like this. Then they told me I had to obviously, obviously I need to take minutes in board meetings and that. So I sat there and the things they discussed were unbelievable …… they would sit there and then the CEO would make a call and the next thing the head of the army is on the line. You know and this ….. really, like **I was petrified**.*

*So then the air-cons we tried to get them working and the one was blowing directly onto one of the **ladies** there who **had asthma**. So she asked please could she move and they said no. So she asked a couple of times, anyway the one day she left the office and **she died.** And she died of asthma on the way, No she got to the hospital and they couldn't save her. Because of an air-con. That they refused to let her move.*

I had these huge dudes of tow truck drivers in my office crying and I'm like okay and the one guy had just held a mother's hand while her 4-year-old died in her arms. And they are not trained to handle this kind of thing. No, and we don't, we think our tow truck drivers are terrible, they always racing and, and, and. Which they have to …because of their…salaries structures and all sort of things.

But anyway besides that, they are always first on the scene, they see the worst, they deal with the worst and nobody knows. Nobody thinks about that. So the one guy that's what he had done just before this. He was broken because he had children. Another guy in and he had just, he got to the scene and a lady had died but she looked, she was over the steering wheel and she looked just like his mother and she was wearing the perfume that he had given her [his mother] for Christmas. He was broken. These guys were, were shattered.

So we don't think about these things. They human. They get used as truck runners. Not by choice. So they live a different world. So anyway I sent them for trauma counselling. Of which I was in lot of trouble, because they don't do it at the company. So I organized with somebody at [name of counselling firm] in [name of suburb] and they would see everybody for R250 and I paid for it out of dedication and I was in major trouble all the time. And told I'm not allowed to do it and all this. But

they were, I just was not going to let this go. So there are programs that companies can go onto that have this service and whatever and I looked into it and it's R2 a staff member. And they said no. So it was these things were just incredible. I could not just deal with this.

So also the lady who died here husband worked for the company as well. And they didn't have children and they were each other's lives … …and they were so happy. But they drove to work every day, had lunch together every day, drove home every day together and spent every night together. They didn't have a TV they were they were unbelievably happy. It was crazy to see and they've been married for like 20 years. So when she died he came to work, he had to, you know and he was ***completely broken*** *as well. So* ***I sent him for trauma counselling too****. And* ***I was in trouble*** *for that too.*

So I booked each of them for 6 sessions, because… No I do my own thing sometimes. I actually always do my own thing. My boss says the one thing I don't do is obey rules but I try, I try. But if they unfair or they then it's just tough. You know……I will do what's right. In my mind, in my opinion. And I love people so, anyway so I decided after 7 months that this was destroying me. And my health and everything it was destroying me. So I left with nothing to go to as a single mom.

So I put up on Linked In that I needed a job and the next day [name] phoned me who's the CFO of ***[current company]*** *and said do you really need a job. I said I do. He said fine you employed. He said come meet [name] you'll love him, his just like [name] who was my boss at …... He says the 2 of you will get on like a bomb come meet him and you'll work for him. So from the end of Jan you got a job.*

*So and it was the 4th of Jan that **I resigned and my boss had gone to Mauritius** in the middle of December and I never spoken to him again. He didn't, he didn't, **I never saw him again**. So and also when I was at this company I never saw him. He was never there, and I didn't know the people. I mean if you talk to me about [current company] people I know the people, so at least I have an idea of where to go and you know. If you want meetings and things like that. I knew no-one in that industry, so when they talking about people who are actually the CFO's or CEO's of your insurance companies and things, I don't know who they are.*

So it was very difficult to even track and work, there was no ways I could work. So I left there with nowhere to go. So I got the job here. I came, I met [name] he was amazing and I didn't go through any HR processes, like I did the stuff after I started here, you know because it had to be done formally. You know I never had an interview, nothing. So I started working for [name], who is the most incredible man you will ever meet in your life.

Irrespective of her **compassion fatigue, irritation** and **financial bankruptcy** Naledi continued to **rescue** situations.

*We have psychologists downstairs but they are expensive and they are on medical aid. I think that it really would help they were subsidised or whatever because it does matter. There's some people one of the **guys** in the [company] **that's completely suicidal and I'm really worried. I don't know what to do** and he won't go downstairs. He has been downstairs but **he really cannot afford it**. He genuinely cannot. **He can't afford it** because he lives, he's moved out from his wife.*

He's a black gentleman I worked with him even from [company] days, I worked with him since 2003 obviously I wasn't here, but when I came back we caught up again. Basically, his wife just takes his money and he goes mad. His bonus she bought a double door fridge, they don't have food. I buy him food sometimes, because he does not have money even for food.

She's mad. But he moved out from her but he does not have a cent. Really, he doesn't and even the medical aid does not pay for everything and she does her own thing with the medical aid she carries on wherever she is. He does not have the money. And he has been downstairs a couple of times.

I've got a few phone calls now where I said ***I'm coming to fetch you*** *because* ***I'll take you to hospital****. And then all sorts of whatever or he says no, no whatever, whatever. I haven't spoken to him for two weeks, because* ***I don't have energy for this.*** *But I wouldn't put past it,* ***I'm not taking it on****. You know,* ***I'm not.*** *Or even get help for some people. Not for me I can pay. Like the guy, he's a messenger. So uh…Ja, they can't, so yes they have the medical aid from the [company] but they have the basics.*

But the problem is outside people [the man's wife], she buys her vitamins and everything. She shops at Woollies. She doesn't get it. She keeps telling him he doesn't earn enough. So it's been years like that and she gets everything on like that and their savings are up. So he can't. So things like that would help [company subsidised psychologists] obviously on specific cases, not open to everybody. I would be so happy to say just go speak so and so, you know like whoever.

Naledi switched back to the other man that she had helped and re-emphasised how she loved ***helping everybody.***

The reason I've had enough now it's because I have spent so much money and I don't have a lot of money. I really don't and I'm a single mom. I don't and when we got bonuses I must have given him R5000 or R6000. I mean we're talking a lot of money and like over the months I cough up money for him to buy food and things like that. Where I end up without food, okay well I've always got like money in my account but I end up not buying a single thing. Like well go without milk for two days you know what I mean.

Because I don't have money, I've got R300 in my account because I gave him R600. So this is what's now gotten to me you know. And it's a case of this guy really needs help. And he does you know. But I don't have. I said to him I really can't and it's like factually I don't know how am I going to get home.

I hate to see people fretting or whatever because in the last three months I have seen where I have really, really battled to put food on my table. Because I was helping somebody else. That's when I get irritated because also he asks all the time. You know I can't be the only one responsible for two families. He does earn a salary. Go sort it out with wife take the money away from her. Do what you have to do on your side. It's not my responsibility. Now I'm upset and it has taken till now for me to actually say it. To actually now feel like I've had enough otherwise it doesn't bug me.

More scenarios of how she overburdened herself with responsibilities follow.

Ja, so it's like in the [company] Volunteer Committee as well, I've done a lot of charity work in my life really. But like there as well in three years. I just haven't done it anymore I just don't have the energy. I just don't have the time. But I do love it, that my children have grown up and taking them to places and seeing how other people live.

I've never felt sorry for doing something like that, I really never have. But I have done my very best to assist like big scale, like cycled to Cape Town from East Rand Mall in 2004. We were the first group of the [company] to ever do it. Now guys do it all the time. We were the first team in the whole group to do it, and it was amazing. It took us two weeks where cycled to Cape Town. I drove the support-vehicle, so it was amazing. I didn't cycle so those are the things that drive me.

I really love it but at the same time don't say thank you, don't. I don't do it for reward, don't say thank you. So I don't do it for any reward or acknowledgement.

Naledi was also a **rescuer** in her romantic relationships. The relationship she had after her divorce was first **idealised** and she instantly trusted the man, only for it to end in **disappointment**, **heartache** and **depression.**

So, so this was in the 1st of February 2016. Then, so I left there and I started here the next day with no break, no break or anything. So I was working here and it was very hard. And then there was there was a relationship that I was having when I put my CV on the internet on the 4th of Jan. I put my cell number and somebody sent me a message and said it's not a good idea to put your cell number on the internet.

And it was up, I'm not lying to you for like half an hour. So I said oh my goodness just took it down and it was a guy I went to school with, and you know and we started chatting and I was in a relationship at the time. And he was Tanzania so we were chatting and laughing and carrying on. And eventually we were talking every day. But you know for me ***it was like legit****.*

Because I mean I would tell him all about my boyfriend and what was irritating me and you know the whole lot. Anyway and then he lied to me this guy that I was seeing. So I was like well what do I do, then he said well he can't tell me what to do, you know like, I must make my own decisions and that. ***So I broke up with this guy*** *and it was big lies. So* ***I broke up with him.***

And this guy in Tanzania was [name], and him and I started chatting we were talking all the time. But then we were talking all the way to work, we were talking all the way home from work. We were talking on the evenings, eventually I had my phone on speaker from when I got home and my son was talking as well. All of us and we would be watching TV and he would be doing his thing in Tanzania and it was like he was in the room. We would chat and then quiet and chat and laugh and carry on as if he was in the room. So then he said to me have I ever seen Tanzania, no I haven't. Come visit I said well I don't have a, I can't afford to, so he bought me tickets.

Sent me the tickets and I was like so blown away, nobody's ever done this kind of thing for me…ever. So I got on an airplane to go and see somebody I hadn't seen in 26 years. And at school. I had nothing to do with him, he was a bad boy, he dated the teachers oh no, no really. I had nothing to do with this man. He was like a real, he was expelled from school. So no he was not my type. So

anyway so ja I got on an airplane to go and see him after 26 years. And I got off the airplane and it was an absolute whirlwind.

I had never had such an amazing time. I was there for 10 days. We travelled the whole of Tanzania. So we were in the car for about 6 hours a day. What we would have done if we hadn't got on, I don't know. But he had me crying every day from laughing so much. I had stitches okay. And it was amazing, it was truly, absolutely fantastic. So he also worked for [company name] which is all those huge 7 star lodges. So that's where we stayed. And I mean it was an incredible, incredible time. So when I left. I said to him so am I going back to South Africa as a friend or as your girlfriend/ so he said to me no as my girlfriend.

Anyway so I came back to South Africa and we continued this relationship and it was, it was, it was too good to be true. Anyway so then he lost his job there and he came back to South Africa, now before he had been, he had lost his job before and he had been out of work for 18 months. And he was very wealthy and they lost everything. So he, while he was over there his wife filed for divorce. So they went across she hated it, she came back filed for divorce. So he was divorced but he had never lived in the same country divorced.

So every time he had come down he had just stayed there and slept on the couch for the weekends. So that was, it was all those long weekends and things like that. So he lost his job and wouldn't tell her, because obviously you know this was a non issue. But he gave her like his entire salary so she was used to a lot of money.

*So coming down we were talking all the time and carrying on and the night before he, I mean it took him about 10 days to drive down. He has drama at every single Border post and it was like. So **I was really worried** but I said to him, when you get back to South Africa go stay with your ex and decide what you want. Don't speak to me for like 2 weeks, decide what you want. So he was like no he is going to come stay with us. So I'm like no stay there, no his coming to stay with us.*

So the night before he was supposed to get here I couldn't get hold of him, and I knew he had come through the Botswana border but no through South Africa. And he'd spent a night in no-man's land up in Africa because there were issues with the papers and the car and stuff. So I was really worried.

And then I realized I never even looked anybody up. I had never Googled him, I never Googled his wife, nothing. I never had them. So I started Googling and his wife had written a book. And she had before gone in for lipo and stuff like that and so she went from a very, very big lady to a very small lady. She had written a book on how to lose weight by losing emotional baggage, which is not actually the case.

*But anyway, she started a book with her marriage was a disappointment from the very first day. She trashed him in this book, like really badly. And **I was horrified** but I was genuinely trying to find a number for somebody who might have heard from him. So at 4 o'clock in the morning he phones me, what had happened he'd come across the border stopped in Zeerust to see a friend for coffee, fallen asleep before they even given him coffee. So they made him comfortable and let him sleep. Not*

thinking about anybody else who might be looking for him. Which I suppose I would do it too, you know. You wouldn't wake somebody up… …and say look you know.

So anyway, it was all so he came through to South Africa. He walked into his ex's house, she freaked out threw everything he'd ever done wrong in his face again. So, but anyway as planned he said his going to be there two days and move in with us, he did. Unbelievable amazing my son is very difficult his been diagnosed with Lingual Oppositional Defiant Disorder, so he will defy you all the time, it's very hard to live with.

So [son's name] and him got on like a bomb. Now [younger son's name] was since diagnosed as a gifted child which has caused a lot of his frustrations growing up. [son] is definitely gifted, definitely. So the two of them just got each other. And it was the, after he had been there by four days the one evening I said to [name] my son; I'll check with him if he got something, that he said he would get for [name] that day. And he looked at me and he said why would you check? He said he'll get it of course he'll get it. And that is how my son trusted this man.

You know I mean his relationship with his dad has always been very rocky. I mean his dad moved and then she was pregnant as well, his girlfriend so you know moved from my house to her house, had a baby, had a new life. So it was very, very difficult for my children. So anyway so [name] was around it was phenomenal and he said to me, he's very confused because he still has a lot of emotions for her.

So I said how can you, a woman writes a book about how awful you are, you know. So he said he doesn't know but he does. So I said to him well then move back. So he would leave at 5 o'clock in the morning go pick his kids up from school, take them to school, fetch them, make dinner and everything and then come to us. So I said this is crazy. So anyway then she said, she gave him an ultimatum either it was his children or it was Joburg. Because they lived in Pretoria, but she had for years had children on her own and there were 3 of them.

So she had to do everything. Now here's somebody who's taking them to school, fetching them, doing homework, making dinner and everything I also wouldn't want to lose that. So she said to him choose, so he said to me he has to go. So I said well fetch your stuff when I'm not there. Anyway so he came through and he spent an hour talking to the lady who cleans my house. Now she lives with us as well. So her and I were inseparably close. And he knew that and she adored him, and he adored her and everything was great. Anyway sat down with her and spoke for an hour with her about how amazing I am and how much he loved me, and that this was not his choice and, and, and all this stuff. But he didn't tell me any of it.

But then, so he'd come to the office and we'd have coffee and you know all this kind of thing. So he had lost his job previously like I said but when he came back to Joburg he also didn't have a job. I had redone his cv and by the time he got there he had 3 job offers. I mean when I saw his original CV, I wouldn't have employed him as a teller at Checkers, okay. But he had won awards for IT from Vodacom and things, from the IEC in Congo for setting up IT infrastructures and things. I mean this man is quite something.

So anyway he had 3 job offers by the time he got back here. So he walked straight into a job, you know. So she didn't have to stress about him. Anyway but when he moved back with her, I genuinely my heart broke, but broke good and solid nothing like my ex, nothing. I, it was physical pain. I could …

I wonder if I still have I don't know because I'd like to play. I don't think I have it on here. But I used to drive home and I used to talk into my phone, …and just you know all my emotions and things like that. But ***I was really, really depressed.*** *But it was also only 3 months later from this new, from 4 months after I had left this other job. So when I left the job obviously the next day I stopped smoking, stopped drinking, stopped everything. Because it's not, I don't do that.*

Her **need to be needed** emerged as a **subtheme** while she deeply reflected.

I hate it. It does keep me going back. Because I'm tired of suffering too. Ja. I'm tired of suffering. The thing is when he comes to me and he's like how is he going to get home? You know, I give him the last R100 I have because how is he going to get home …like my responsibility, but how. So I don't know.

I'm trying to think, it's not that I feel good, it isn't. Sometimes I feel like I need to be needed, it's not that I feel good. I'm not sure if anybody cares but I do it without blinking an eye and no resentment or anything at all. You know. Like I say this has been probably from June last year, where it has been a lot of money every month. I can't tell you if I would or wouldn't. It depends on the

situation. I'm genuinely serious. I can't say I'd never do that. Ja I have not even thought of going to see how he is doing.

Do you know what I really don't mind helping but I still now like it is my responsibility. Maybe that's what I don't like, it's not my responsibility to do this. So I'll gladly help you from the bottom of my heart, because it's not my responsibility. He phoned me one day and said all sorts of things are going on. I said sho really don't know what to do or whatever. He said just transfer money into my account. Just transfer. No I don't think so. I said I don't have that kind of money to transfer, but "yeah something". No actually. And I could never say no. And this was a genuine no, I can't. I genuinely, genuinely can't. when I say no its legit. You know.

*That might be why **I'm irritated** now, there's a **feeling like I'm responsible**, it's not my job. I've got my own children. **I can't do something with resentment** and I think that's why also I'm battling. **So I'd rather not speak to him or anything…**because when I give somebody something, it's got to be forgotten tomorrow…or in an hour. **Yes, I think so** [reemphasis on her suggestion for organisation to subsidise people who cannot afford health services e.g. counselling]*

As Naledi continued to rescue people and situations her difficulty in accepting recognition was amplified. She constantly minimised her value. She, however, **interestingly** confessed that she deliberately chose **not to remember when** she does **good stuff, I remember when I do bad, then I know instantly.** Her deliberate choice to remember only when she did badly could be interpreted as **self-inflicted-punishment**.

You know. But my relationships have always been incredible like my boss I told you about he was so upset with me when I left. He's the chairman of the ……. Motorsport, so I needed a car couple of months ago, so he organized it all for me, brilliant price everything you know. So that's the relationship we still have, you know so how come I can't build the relationships here, it's driving me insane.

And yet the PA forum at [company name] is disastrous so I'm the, these things are my passion you know and everybody's saying to me please won't you run it; and I'm like why would you say that you know what I mean there's incredible politics in the, in the forum, it's not working; but when they said they going to cancel it I did a whole survey as to who wants it and what do you want out of it.

And it was an incredible response everybody wants one they just won't have it under these people. And what they want out of it is work stuff they want, work, they want the other like security and they want IT and they want Procurement to come and speak to us, that is what's going on. What's changing they don't want external speakers and stuff. So there was a meeting scheduled about a month ago and she had 3 speakers 1 which of which was a, was from the mine workers' union. Now really so the last thing people wanted was speakers, so she put speakers down and completely irrelevant speakers.

So, who knows? Who knows? What's going on in the mining environment. Really. So of course, only 13 people said they would go. So she cancelled the meeting. But I have added to the agenda that we do not have a PA list, which is we need. I've added to the agenda that they would change their procurement that I knew about that I was willing to share. I added that there's a boardroom issue we

busy looking at the boardrooms and redoing the whole booking system on the boardrooms, which is essential googles… I put these onto the agenda. The agenda wasn't circulated.

When she so, you know and we still don't have a PA list and it just, it drives me insane, so the other girls are all saying to me please run it because then they'll come. My argument is also every two months and an hour max. This one was 3 hours because of these speakers, nobody has 3 hours to get away from their desks. Now a lot of the PA's I worked with when I was at [company name] so we still have very good relationships.

The new PA's or the old PA's who were here that I, that I do work with, the one lady went on maternity leave and when she came back she said to me please can we have coffee I've missed you so much. And we had coffee and it was just a catch up. And it was so weird because they want to have coffee just to chat. And you know but I, I don't understand why [implying she does not understand why people value her] and I try and get to the bottom of this every day. Like why can't I, I mean what sorry, when he [wellness consultant]asked me to do this [participate in research] , So I said to him absolute pleasure because I would love, I'd love to make people aware of I don't know. I just for a research thing I really want to.

I think it's great, and he answered me back and said I really hope one day you see what others see. I'm like, I really, I don't know I have to do my 360 now. I have to say what I've done well and what I can improve. I have no idea what to write. Everything I do I look at being so menial.

*Like really, but I know it's important I know the diaries critical, I do all the procurement for our department because it is so complicated on the new system we have. Although it's not new anymore, but and they changed things all the time. It takes ages to get something processed to pay. So I did for our whole department because I don't see they should have that stress**.*** *Now they always used to do it themselves, but because things changed because it's so irritating you have to follow up all the time**.*** *I've taken that away from them so that they can do their other job. You know so that I can, you know I can help that way.*

Somatic Reaction

The **comorbidity** between somatic symptoms, medical conditions and psychiatric conditions (e.g. depression and anxiety) has been well documented in the literature. In addition to bipolar depression and anxiety, Naledi also experienced severe somatic reactions. On psychiatric evaluation, she was further diagnosed with a **conversion disorder** and a **post-traumatic stress disorder**.

*So that was just stopped [meaning the smoking]. Then all of this happened and at work I started going **paralyzed.** So I would be sitting at work and **my eyes would cloud** over and I would go **completely paralyzed** I did not have legs at all and then I would pass out for six, seven hours.*

*Okay so this started happening and it was **really scary**. So it started happening on my way to work and everything like this. And it started getting more and more frequent. And a lot of the time I arrived at work into the basement and I'd phone my mom and say it's happening, and she knew where I parked and I would, I had blankets in the car because **I would freeze** and I would literally **lie down and pass out** and I would be out for like seven hours.*

*And so obviously they booked me off work. And [manager] was **so supportive**. So it got, I was at home and it got **I started sleeping less** and less and the **clouding over of my eyes** at that happened quicker and quicker, you know. And the, I wasn't just **paralyzed,** I wasn't **paralyzed** for so long anymore and whatever. So I thought I was getting better but it was happening more and more during the day.*

*So like instead of once a day it was now happening 3 4 times a day. So the doctors and the psychologist used to come to my house because I actually was **completely paralyzed.** They did every test under the sun in, in Morningside. I was taken out of [work] twice in an ambulance. Because I was not conscious and I got into the ambulance by the time they put me into the ambulance the guy said squeeze my fingers and I said where are your fingers and he said to me in your hand. And I was like no they're not.*

*The one time by the time I got to hospital **I thought I was dying**. I didn't have the energy to open my eyes. So I was lying there and they had the heart machines on and everything there was, they were putting space blankets on me. And all I could think about is **my organs are going to shut down now**. So I was lying and thinking what's where and you know the whole thing. I was waiting for everything to shut down. So they did everything and **there was nothing wrong with me**.*

*So then the psychiatrist said it's a thing called **conversion disorder.** Which is when you won't acknowledge what's going down. So you will not face your emotions, you will not face your feelings, you think everything is fine. Because I really did. I mean I worked and I really believed everything was fine and I was fine. And so they said it was this and they admitted me to **Tara**.*

*Now that is an amazing place. That is somewhere that I reckon everybody should go. They run a program called **DBT** [dialectical behaviour therapy]. But let me tell you, it's so fantastic by half past 7 in the morning you are all up and your bed is made. Everybody has a chore that day, whether it's very small, whether it's from washing the cups to checking toilet paper to you know. But everybody has a chore.*

And they start classes at 8 and best you be there and best you don't be late. And they end at 7 minutes to the next hour. And then they start the next one on the hour. Now when you sit down in the first one they tell you to check how you feeling. So you go through your body and you say well I'm angry 8 out of 10 or you know I'm content 10 or you know whatever. So I watched these girls go from content 10 to angry and sad 10 at the end of the session, falling in a state. Best they be at the next session 10 7 minutes later and they have to check in and they can say the same. And they'll say oh are you able to participate and they have to participate.

You don't get away from this place. It is amazing because you there to get help. And really it's a phenomenal place and their classes are unbelievable they do a lot of mindfulness, they do a lot of soul, they really, I cannot tell you how brilliant it is.

So I was there for about five days now it's an eight-week program. And when I phoned my boss and I said I'm going to be here 8 weeks, he said to me it's fine we behind you all the way, don't worry about your salary it will be in your account he said just get better.

Now I'd only been at […] that was in the June, so from that, so that was in June I only started here at the end of February. And you, so it was he was so supportive…and you know there was no reason to be. Because I really don't believe I had, there were really issues. So after my 5 days at Tara ***I got a headache*** *and they refused to give me anything for the head, not Panado not nothing because a lot of people there had substance abuse, ……but I didn't, but they still wouldn't. So it went into* ***a migraine*** *and I had to sit in classes, eventually I had a towel around my head, it was so sore and I still had to sit in classes. And they still wouldn't give me anything, they told me it's in writing.*

So I phoned my mom and I said I'm booking out because I just need my head to get better. So I booked myself out. Now once you book yourself out you never allowed back. Which I'm very disappointed about. In fact, I will write a motivation one day and I will go do their program because it's just incredible.

So I booked myself out and they moved me to [another clinic] who where is also supposed to run the same program. Pathetic, unbelievably pathetic, you literally aren't allowed to make, while you, it's not, you not allowed to make your bed but somebody makes your bed for you, it's 3 meals a, I mean Tara is a government canteen kitchen you know. [Clinic] it's 3 gorgeous meals a day, 3 times a day. The classes you go if you want to you don't if you don't. Half the time the teachers don't or the lecturers don't pitch. So you go sit there you wait, you wait, you the only one in the class. They don't pitch, when they do pitch they pitch ten minutes late.

Somebody in the class decides oh I'm hungry they walk out go buy chips come back sit down crackle, crackle with the chips. Unbelievable and like serves no purpose whatsoever. So I was so upset

and I was so angry. So I obviously did my own thing to try and get better. And so after the 3 weeks they booked me out. I booked out of [clinic] and I was only there 2 weeks because I've spent time in Tara and the medical aid only covers 21 days. Anyways so when I got discharged from [clinic] I went home and I spent about a week at home and then I came back to work. So in [clinic] the one thing they did do is that they had a lot of hypnosis.

And what came, because I was not acknowledging anything even at Tara, I wasn't acknowledging a single thing. So they done a lot of hypnosis and they actually put it down to ***post-traumatic stress.*** *From the previous company I worked. They say what I remember is minimal compared to what actually went down. So they just, they tell you do you want to hear the recordings whatever and I'm like no I don't. If it, I mean* ***it was traumatic*** *enough you know.*

So it was all of that and then compounded by an absolute heart break. So it manifested physically and……ja it was shocking. It really was hard. So that definitely manifested at work, my boss carried me from the eleventh floor to ground ……twice. I mean it was so embarrassing they were up at my desk with wheelchairs and I mean I collapsed onto my desk, it was terrible you know. And I didn't know what it was, so in the beginning I obviously thought it, there was something medically wrong and it will all get sorted out and whatever. When it turned out to be psychological it's, I was so angry first of all, because how do I allow this to happen to me again.

And you know I worked so hard all the time and I'd taken my medicine every day and you know, how did I allow this to happen to me again? So it really, really was very hard. And I came back to work and the problem is I started in February this was over the June July. I came back in August. I'd been

off for 2 full months. And [company] took it all as sick leave they didn't take a day's leave off me. They paid my salary every month. In August they did performance reviews my boss gave me a.., it was only….. it was R……. but he gave me a bonus. Because of the time I was there, he said to me he can see I can do this.

Workplace Anxiety

"Our anxiety does not empty tomorrow of its sorrow, but only empties today of its strength". Charles Spurgeon

According to Lowman's work dysfunction taxonomy, anxiety in the work place might take the form of **performance anxiety,** specifically job related or it could take the form of **generalised anxiety disorder (GAD)**, affecting a wider range of work roles. Cognitive theory also covered forms of thinking that involved **self-criticism** which led to **internal bullying** and **rumination**, repetitive chewing over problems, **worrying** about the worry only to make the anxiety worse.

Naledi's story featured all the above. Not only did she have performance anxiety, she also showed symptoms of **GAD** particularly in the work relationship domain. For example, the apparent insecurity triggered by a female colleague left her feeling excluded from the team. When under stress she found it difficult to connect with other colleagues.

She continuously criticised herself for being stupid and worried incessantly about poor performance. In desperation, she literally asked me to inquire from her manager about her

performance. She had already started to be absent from work and confessed to have used illness as an excuse. Her **hypervigilance** was prevalent in the following story.

*You want to know **what's good about me**, That's why this thing is so difficult with this, 360. I need to write what I've done well. I did, I don't know. I can tell you all the times **I've messed up** in the diary I can tell you … I don't do that well. I can how much times **I've messed up** with payments so I don't do that well. I can tell you all the times **I messed up** with all sorts of things, so how do I put those down as something I do well. You know. So what do I say I do well? **And that's the world I live in.***

*I'm **always scared** I'm not doing my job. **I'm always scared** that I'm emotional even now, you know what I mean like you, **every single day …**and she [a female colleague] triggers a lot in me to have **insecurity** you know so, So I find it difficult to deal with her, I find it very difficult to connect with anybody in our department. I really don't know a single person and I've now been there for 2 years and I don't connect, I don't know the other managers; which I've always like [boss], I mean I have a relationship with [boss] he'll phone me and tell me you are employed. He's the CFO of [company name] I've always had brilliant relationships at an EXCO level, always. I don't even know who the EXCO are here.*

*And I look it up and **I forget** and I look it up again **then forget**, and then I look it up again. So I was at the doctor 2 weeks ago and we were discussing changing the meds but that makes me **very nervous** because at least I'm stable. So **I'm very worried** about doing that, but we have to do something because I have to get my memory back.*

You know and people say to me, I mean like the other managers when they do a 360 they tell me how much I've helped them and ***how amazing I am****, …and* ***I'm like how where, when did I ever help you.*** *You know what did I do? You know because I also don't keep track of who does what and who says what and what I do for people; I really don't. You know I do for you what I want to do for you and tomorrow I, and that's not my memory that's like my choice not to remember those things, you know. So I don't hold points scale.*

I'm also scared all the time that what I'm doing is silly. I found the most incredible book over the weekend so it's, it's an Athel book and it's got like in, it's really, really nice things like your smile brightens my day or something. But then it's got little tags at the bottom that are perforated that you can tear off. So it's got compliments but they are great they work they, whatever they are, but it's a whole book of them. So I loved it. So I thought oh this is so cool because the idea is to put it up in a public place.

And if somebody,… you can just go and tear one off and put it on somebody's desk or give it to them or whatever it is at anytime. And there's like 200 different. They are stunning and they little cardboard and they nice. So without even thinking I bought the book to put up at the office because I figured it's so cool.

And then,…so I had it there yesterday and I thought no wait maybe ***this is stupid****. You know so maybe* ***it is stupid*** *I don't know so I asked [name] he said no he would use them. And I used one of my managers because he said so often he wants to say something but to sit down and write an email and what do you say and whatever. So whereas if there's a, a little thing to go tear off that says you're*

better than chocolate or you know you, you that was a great job or you know; whatever. He says he'll definitely go and grab one I said [name] he's our financial manager would he maybe use them and he said ja that's cool, you know.

So but I still haven't put it up I still haven't sent an email. I'm really scared people think it's stupid. And I really am maybe ***it is stupid; do you think it's stupid****. It's you know, it's so cool one the one hand I know it's so cool and I you know but I don't know if anybody would do it. But it's so easy to do it and it's so nice you could really spread a good energy really you could.*

I don't know if I have the guts to do it. I haven't had the guts to tell … my boss. And then I sit there and I think okay if ***I'm not performing*** *at the moment and* ***my boss has been quite strange,*** *so I'm not sure if* ***I am performing*** *but then at the same time he keeps having a really rough time. you know he kind of is funny with me but you know that's what you do.*

You know so that's okay I'm just trying to work on ***am I performing*** *and of course* ***stressing*** *like I am about not, about being behind.* ***I don't think I am performing.*** *There are things that I actually can tell you that* ***I haven't performed****. So there is there is that and then I missed the meeting last week. That was an important meeting he was in it. And I missed it purely because I didn't see the time. So there are things that* ***I'm not performing*** *but now I feel if I send out this mail and say this is what we've got and it's got a beautiful little paragraph to say what it's for and let's just word it so beautifully. So if I send that out in an email and I just need the desk, the book on my desk… …so people can come and choose what they want and …take it whatever. But I'm hoping he's going to turn around and say well* ***if you not performing why have you got time to do this.***

But all it is a book I found on the weekend and bought. It's not taking up my work time. But I am sitting there ***very anxious*** *about it. Because on the one hand I so want to do it, on the other hand* ***I'm panicking*** *that he's going to say I'm doing this and I'm not working. But in fact this isn't got any, this hasn't,* ***it didn't take up work time to go buy****, it didn't take up any to go make it it's you know.*

But ***I'm too scared. I'm very nervous.*** *I'm also* ***very nervous*** *people think* ***it's stupid.*** *See this is also where I say I* ***put on the façade*** *it's like I've done some,* ***I do really stupid things*** *and I have no issues. I mean it's, it's more work related it's like this …I mean I am* ***very worried*** *my boss is going to say* ***you not performing*** *so why do you have time for this. Whereas like I explained in, it's because* ***I'm worried I'm not performing****.* ***I'm very anxious*** *about it at the moment* ***…****because but I mean ja it's Tuesday morning but the meetings are moved, the, there's a lot of stuff it is now done. And it was only Friday and Monday that are big things……and I have been doing it.*

So it's not unrealistic that they done now. but I do think that he thinks ***I'm not performing*** *I don't know. Ask him. You can ask him****.*** *No but not even for my own feedback but maybe for your research. I'm happy to ask him to meet. I'll tell him what I'm doing and I don't need to know the outcome.*

*The little things he wouldn't tell me at the moment. It is it's annoying him. it is. His got a calendar up on his wall that has all the meeting dates and everything on it……that change all the time. So I decided I was only going to update it once a week, I didn't get to it. I pulled it all yesterday, I updated it all it's just got to be stuck back up on his wall, but I know he didn't****, It annoyed him so much because the stuff was wrong.*** *And he needed it right.*

It became obvious that the more she worried, the more she felt out of control and her problems seemed magnified.

*So I don't know I just it, I feel like my **list of priorities is too long**. To actually get to at the moment. There's, there's too **many urgent things**. So and I should **prioritise** his things but then at the same time the invoices need to be paid…. loaded and paid. And at the same time the meetings, the next week meetings have to be moved.*

*So you know and that's just like the top of my head things. There's **a breakfast next week,** that I need to find a specific group of people which is a real challenge to work out, which people within our department that I need to invite and they need to get their stuff from. But most important is to find out who needs to actually be at this breakfast. I need to determine it and it needs to be different departments. It needs to be different teams rather, it needs to be people who, we've done it before. They couldn't have been the same one's previously.*

*So it's there's like to try and work and then they must also matching personality. **It's a massive thing** so to try and work out who must go you know is and then I got to everybody of the year. So to put this into teams **is really, really hard.** But there's that. But then it has to go out because the breakfast is on Tuesday. So that's what I mean**. It's just like a lot** of like right now stuff. Ja but his stuff should be … priority. But his stuff is like writing meeting dates down on a wall that's going to be in August that's going to change so……for me it's not priority for him it is. Adjusting.*

I know but the thing is then there's critical operation stuff that's going to fall by my side

*Because that's also last week it's like I said on Wednesday I probably couldn't come to work okay I could've but **I used the excuse** [sickness] …that and it is true that on the antibiotics I wouldn't make anybody else sick. But where I sit in the office I don't deal with that many people and if I had to make them sick it would really need to be a, it would be interesting.*

*So, so it was **an excuse** I did work from home.*

As alluded to earlier, the **theme** of **being excluded** from the team **re-emerged.**

*And ja so those are the things. And I still feel, **I feel very excluded** from my department. Very. Where I sit my boss's office is here, I sit there and there's like the rest of the office is down like this. So but there's partitions between them but there's a partition between me and the first guys as well.*

So my boss's PA now who's the exec assistant so I'm the PA. When the …this is the same set up everywhere so at [company name] it is the EA,.. myself and my boss. We were an incredible team, like the 3 of us were a force to be reckoned with, nobody did you know. His diary ran on 15 minute meetings. If you didn't give me the papers beforehand your meeting was cancelled, but my reputation there was incredible, like I said it was all the "gees" and stuff.

So I came across here, then I got so sick, then I couldn't remember a lot of the stuff that we done previously that everybody just expected me to. And his EA here is very she's head strong she's an alpha female and she just is so threatened by any women.

So her and I just, I cannot connect with her as hard as I try and I try, you know and she's lovely and she's beautiful so there's nothing she's not nasty or anything like that, but she, I feel she sabotages a lot of my stuff.

So you know she will give me half information, you know and a lot of the time I, we have, they have management meetings and they have team meetings, but I fit in nowhere. So I discussed this with my boss and I said … you know there's teams throughout the whole office and there's finance, but then there's you and your managers and then there's me. I said ***so where do I fit****, …so he said to me* ***where do you think you fit****, so I said I would say that* ***I fit with you****, so he said to me well then why aren't you at the meetings, he said why haven't you invited yourself, he says he has no problem with that. So I said to him no you need to speak to the other managers there because I knew she would have a problem.*

So he said no, not at all, he said you want to be there come. So I invited myself to all the management meetings and she really doesn't like it even now. So but she'll tell me to set up meetings with the other 2 managers, my boss and her. And then I'll say to her can I come and then she'll say ja okay.

This is the kind of thing, so she tries very hard to exclude me and if my boss is not involved in the meeting she will not include me then it's the 3 of them that go in and make, you know go in and discuss things. Now my argument is when they are talking about issues in the department I need to know, because I am actually responsible for the morale in that department.

I need to know if somebody is having a problem. I need to know if, because I am my boss's ears on the floor you know and so I should be part of that team, and I always have been in every job I've worked but she really excludes me.

But it's things like now my boss's father passed away last weekend, so the week before I was terrified I done something wrong because he was just being so difficult to understand, but his dad was in ICU, so anyway on Monday I walked in and I said to him how's your weekend, so he said really terrible, so I said but why; you know; and he told me. And then he said to me put please don't tell anybody.

So I said no no problem you know. So I presumed he was going to tell the rest of the management team and tell them not to tell anybody because he didn't want a fuss, you know. So that was my expectation so I kept quiet the whole week I checked on him and you know just tried my best, you know to help and to be supportive and whatever.

Everything carried on as normal then on yesterday they had a big budget session, which I also tried to clear his diary a lot you know just all that kind of thing. So yesterday there was a big budget session and of course the rest of the management team were there and they said to him, he looked terrible. And they said to him what is going on, and so he told them but only yesterday, I didn't know this, so they came back to the office and she shat all over me, because I didn't tell her.

So I said to her he told me not to say anything, so I said, so she said well she's been so stressed this week because she thought she had done something, so I said to her no you haven't. And if

anything went down last week he's dad was sick in hospital too, so you know I was also worried; I said so no don't be worried it's nothing we've done.

***She was so angry**, so and then I sat back and I thought **my relationship with my boss must be quite good…**you know if he, he tells me these things. He doesn't even tell the rest of his management team. You know then **he trusts me** to that degree you know and **I am very trustworthy** that I know.*

Type 2 Worry-Worry

Naledi's worry was unabated. She even worried about not knowing her boss's thoughts about her.

*So I am very happy I have a very **supportive boss**, but a lot of the time I have no idea what his thinking. I don't know if his happy, if his sad, I don't know. And I keep, I keep saying to him if I'm doing something he has to tell me straight away. You know and he says he will but, I don't know [**ambivalent** about wanting to hear the boss's feedback]. I don't, don't highlight anything I've done. Do you know what I mean I can't stand that.*

The **cognitive avoidance theory of worry** devised by Harder et al. (2016) stated that worry serves as a distraction from threat and creates an illusion of control. Anxious people believe that worry will help them to cope with the problem. The diagnosis required three or more symptoms of physiological or psychological arousal including symptoms such as **restlessness** or **feeling on edge**, **fatigue, difficulty concentrating** or **mind going blank** and **sleep disturbances.**

Naledi presented with most of the above symptoms. Irrespective of her worry she continued to be **debilitated** instead of coping. Her restlessness was obvious, her fatigue and sleeplessness were discussed. Concentration and memory issues are evident in the quotations below. She even had to take **Concerta** which is normally prescribed for Attention Deficit Hyperactivity Disorder **(ADHD).**

*It's so hard now because or last year anyway because I'd been here a year, but I'd missed year end and all that kind of thing. And **it's very stressful** and there's a lot of procedures in place and there's a lot of specific meetings that happened and whatever. So last year they kind of said to me; sorry it all happened in the August September; so I was back in 2016 to do it, but **I don't remember** it at all.*

*So last year they kind of like set up the same meetings and I said why what were they and **everybody was really irritated with me**, because I was back at that point. **I remembered nothing.** So currently **my memory is shocking**. And I cut pieces out even now unintentionally and so **it's so bad** that when I sit with spreadsheets or something on my desk and I have colour coded things, if somebody comes to me and asks for a pen and I'll say to them sure no problem the pens are there go grab, and then I'll say is it the last one because nobody tells me and you know whatever.*

*And when I look back at my screen I have no idea what my colour coding was. I cannot remember so I have to start again. And it's these kinds of things and **it's really, really hard.** And even to today I sit in front of my computer and I, I write everything down because and I write in detail because I have, **I cannot remember**. So even now I sit with like screens open on my machine and I'm like **what do I have to do with this, I really don't know.***

You know and [name] is the CFO of […]. So he's also very senior you know and I try even the EXCO for […] there's people who do sales and you know all the different sections. ***I cannot remember them.***

So he'll say to me set up a meeting with [name] and the other guys from treasury, and I'm like okay, I'll go back to my desk and I'm like [name] and I'd look him up every time, and his from sales, I think; and then I'll say but why's it, why them the guys from treasury and then who from treasury you know.

And then I'll go back and I'll say to him I'm really sorry but who from treasury and he'll say to me we had a meeting last week, I'm like okay. And I'll go and I'll look and there was a meeting last week with those people. ***I really can't remember*** *and it's and specially because I was here last year everybody expects me to know the procedures from last year, you know and the end of 2016.*

And now we doing talent reviews and things like that again, and also it's like there's a whole sequence of meetings, and they just say to me set them up. And thank goodness it's in the diary but I'm missing 1 or 2 because you know you look in the diary and you don't know. ***I can't remember*** *exactly what this were about. So the workshops and that, that are all headed that is easy you know. And I know I'm good at my job but* ***my memory is non-existent*** *and with* ***Concerta*** *it's a little bit better but not much.*

There's a lot of things I should know by now here that ***I don't.*** *People I should know who they are and* ***I don't.*** *I* ***don't recognize people****,* ***I just don't recognize.*** *When I get out of the car in the*

parkade and people greet me by name. ***I don't know who they are****. I must actually look to see why this is happening because … so I'm taking* ***Concerta now…*** *to try and help, I've only taken it for the last three days. The concentration. Ja! But, they can only give you one script for a month at a time.*

You can't even repeat it. What's nice about it, apparently it's not addictive at all. And it stays in the system for 10 hours per day, and that's it. But it doesn't take a while, it's supposed to work when you take it. Maybe I'm just ***been over anxious now. I must calm down sho****.* ***It's not easy***

The problem is I am not aware of it [meaning the extent of her anxiety]. I haven't been aware of it. And that ***worries me****. I didn't even look to see…The minute I say goodness look what, then I see it… Then I can do this and do that whatever it is. But I think it was in last week I haven't even thought about looking. But you see* ***I can't afford not to be in check.*** *I think that's where I feel* ***like I always have to be in check because I can't afford. If I haven't been in check,*** *then…*

I probed about her earlier **ambivalence** towards receiving feedback and inquired if there were any expressions of appreciation she had ever accepted.

You know there is I, do you know meetup. com? Meet up? Go have a look please it's meetupcom. So it's an international thing. But anybody can have group on there and there's lots of social groups, and there's lots of work groups and it's amazing, and then there's you have get-togethers. But it's really amazing, my son does a lot of business through it. But, so I started one obviously on there for PA's. And we got together there once a month, at a different venue and I had speakers but I had them not work related but worth related.

*So they were on **burn-out**, they were on you know things like this. And they were fantastic. So I did it for about 8 months and then I moved to this other company that was so terrible. So I stopped doing it. I still get hate mail as to when is the next one, blah, blah, blah; the girls really you know, and there were 300 girls in a session, you now they would only 20 at each thing but there were different girls and there was but like there were few of the same thing in the one and then. But also it was a very confidential space, you know we said like don't discuss what's discussed here, you know.*

And I think everybody really respected it and it turned out to be all top PA's attended these things it was PA's of CEO of [company] and [another company] and you know it was like wow, you know. Who ended up around the table and I'll be honest with you the first one there was two ladies there who dealt with, who spoke to each other at least once a week. Setting up meetings with their boss's and things so they never met. So there walked into this thing all of 20 girls and the two of them were that close, and never met. So and this is the kind of thing that happened it was always the right people around the table and it was awesome. And … you know and that I loved. That I loved, but that was a lot of work. And I still don't have the capacity to do it again.

She sounded evasive and just as I began to wonder if she had perhaps misunderstood the probe, she dropped a powerful **metaphorical** response about **feeding.** An acknowledgment of the importance of nourishment at a deeper level.

So what feeds me?

I don't know, you know what I do play games on my cellphone and I just escape. I have done, I am actually quiet spiritual. So I want to get back where I was. Because I used to, I mean I've done my ***reiki masters*** *and stuff like that and I loved that, that's like a,* ***it's a real healing that****. That's awesome. And I mean* ***I do transcendent meditation*** *I just need to get back into it again and I'm sure that will make a difference. You know just.*

Up to this point it felt as if Naledi was making progress in her **soul-searching reflections** but her storyline swiftly changed, and revealed subthemes of **hopelessness, deep despair** and **emptiness**. This experience was articulately portrayed in her view of the world (the delusional world) and how she had come to construct **herself** and her **lived experience** within that world.

That's genuine [everything she had shared that far]. You know ja so. But that's, that's what I was saying in the beginning it's like you live in that ***delusional world.*** *Where there* ***isn't any good****. Actually.* ***So… the world for me. There isn't any good.*** *There is on a lot of levels where say I , my mom I mean I don't know what I would do without my mom and my children and I'm quite proud of how far I've come through all this stuff because* ***I don't know why I'm still standing*** *because I believe I've had a rough time. You know I believe my life has been maybe a bit more difficult than most, you know. And I've come through it.*

From a psychodynamic perspective, her story continued to reflect her difficulty in **finding** and **taking in the good (feeding)** within the context of her delusional world. The **good** that is the nourishment that all humans need for a healthy and integrated self.

I'm starting to think everybody else says there is [something good about her], and everybody else tells me things…but it's so not real. You know and I feel a lot of the time people are just saying things you know just to say them. I've always been blessed with incredible bosses really I have.

But this is, since I don't know what it is in that sentence that he said. But since then that's what I'm sitting doing. I'm sitting there thinking okay why. And I can't tell you why I feel like this. But it's exactly what you saying I'm starting to look at it and evaluate it and I'm like you now, I don't understand it and I'm looking at the mails I get and every couple of days I'll get a mail from someone to say you're amazing. And thank you for something completely stupid, you know or for me anyway.

You know and I've gone back in my mails and this is still there. And I just delete it, do you know what I mean. ***I'm not good.*** *No there is goodness everybody else does amazing work [except for her]. So you know. I can, I can see everything else that somebody does and how… Ja I really there has to be [something good] and that's what I'm saying, but I've only realized that in the last month. There has to be,* ***but I can't find it, I can't feel it, I can't so I play games on my cell phone to escape. And not have to think.***

Within her struggle or refusal to acknowledge that there could be anything good about her, the **subtheme** of **procrastination emerged.** Her story began to reveal that not only did people recognise the potential in her but they also offered her growth opportunities. She appreciated their generosity but failed to execute the growth plans. This could be interpreted as a deliberate act to destroy the **good** that people **gave** her.

*My boss has been so amazing **his given me a coach** here at the [company] which really is quite a, is **amazing blessing.** And I sit with her [name of coach]**.** She's lovely. So I sit with her, I like set up all my goals and she said to me **but what feeds you**, why are you not doing this, because I had the same goals for two years. And I'd monthly, I've had annually, I've had all these goals.*

*But **I do nothing,** I do none of it. And she said to me but they are completely wasted. **You know, what is it that occupies my time** that I want to do it, that's stopping me from doing these. I'm saying **I play games on my cell phone.** So I can't, I don't know I love crafts. I love mosaics, all that kind of thing. But where I live now I don't have any space.*

*So **I do nothing** you know crafty, I know I bought a few kits but that I love. That I really, I have to do mosaics that's interesting because I'm an absolute **perfectionist**. Things have to be like but stupidly. Like OCD kind of, like really have to be good. All of it needs to be them same size, they must be you know all, it's, it's stupid and it does, it quite liberating what's debilitating as well. But, so. They told me I have to do mosaics because it can't be perfect, the idea with mosaics is that it's all over, there's no specific gaps between pieces. And it's very hard for me to do that. I sit with teasers to fill the gaps because I just can't let it go. It's **got to be perfect** when I'm doing it, it's **got to be perfect**, if it's not perfect it's not good. You know*

I probed about the possible fear behind her **procrastination**. Her response implied that she avoided doing things so as not to be seen as arrogant or praise seeking. Earlier in the discussion her avoidance had, however, been shown to be anxiety related.

I think, I think a lot of the time I, ***people mustn't think I'm big headed*** *because I never do something to get a, to get the recognition. I do something because I want to. And because I love it. And I love seeing people grow and I love I love seeing people happy.*

So I, I'll do all these things for that. Not because I want somebody to say ***thank you.*** *And I think* ***I'm so worried*** *somebody thinks I'm doing that to say thank you. You know what I. That they think I'm doing that just for the* ***thank you*** *and it's not real. And I, that, that is a big thing for me. But that's a genuine thing because. When I was at [name of organisation] I used to do a lot of volunteer stuff but we used to get the whole department involved and not everybody wanted to do that.*

So it would be things like when we did year, when we did party packs. I'd line them all up down the passage and then the guys could come and grab a thing of fizzers and go drop them into all the boxes. So they would still feel like they were part of a charity drive, but don't have to go out there and do something if they don't want to. So I would make sure everybody was involved and there was no looking at who did what or anything like that. You know. And everybody part took part.

My mom helps me a lot [to recognise the goodness in herself] and I'm very grateful for all of that, so she certainly …needs a lot … I can't. The big thing is that ***I don't want people to think I'm vain****. That was why I said right in the beginning I still said to you,* ***I hate blowing my own horn.***

You know. Genuine it's like to tell you about put forward for awards and things like that, it's like ***I feel like I'm boasting.*** *No I know I'm good. I know I'm a good person, I do know I'm a good person. I know I try to live the best I can.* ***I try and be kind. I try and help.*** *So I know I do that. Ja I, I*

*have like it's only probably **in the last year** or so that **I've realized like I'm a good person,** you know. And that you know I do try. Ja it's like I so want to be accepted but **I really don't feel it. I really don't feel it.** And I don't know.*

***Gratitude** as a **subtheme emerged.** Naledi became aware that her dismissive or rebuffing behaviour when people expressed their appreciation for her good deeds was inappropriate and not a good way of relating. She expressed her gratitude particularly for the jobs she never struggled to find irrespective of her illness. This included the support she has received from managers throughout her career.*

*But you know I hate it when I see somebody good doing, oh I see somebody doing something well or whenever and I really think it's great and I tell them and **they say no**. You know and so that's what I've become aware of as well is that **it must irritate the day lights out of people,** you know, when I can't acknowledge it. So I have learnt… …**to just say thank you**. **I have learnt** to do that. And maybe that's also why I'm starting to feel different. Because the first was **false to say thank you**. You know. And I didn't feel it all.*

*So maybe over time. You know that does change. The way you feel and start to accept more. You see 'cause if I've done something and somebody say **thank you** for it and it was a lot of work and I know I did, I tried to do it the best I can I think **it was good work**. And they come and they **say thank you** then I'll say, **I'll just say you know thanks**, I'll **but it's so uncomfortable. But I've learnt to stop arguing it.***

*And actually because **that's rude** to them and that I've learnt. That I've been told. And you know once people really pointed it out to me and stuff I took it in I realized you know so **I say thank you** for their compliment and I feel like **I did do good work** and it did take a long time…and stuff but I still feel bad.*

*This is where **my boss is so amazing** because every time I walked into his office **I'd say sorry** for something. **I'd apologize for all the weather** you know. And he said to me stop it. He said to me if somebody **apologizes to him**, to him if it's genuine you never do it again. So if I come in and say sorry for interrupting you then I must never do it again. So he said to me so if I want an **apology to be genuine you apologize you don't do it again.** And **that hit me, I was like oh okay so I'm very careful now** ……**with the apologies.** Because he made it so clear. And he says to if **someone says sorry** and it's **a genuine sorry they'll go out of their way not to do it again.***

*So **I am slipping back** into that actually to think about it. But he **his amazing** because like after a couple of months he told me this in the middle of last year and after a couple of months he said to me he just wants to tell me that his, that his noticed I don't do the sorry so much anymore. You know and I hadn't noticed it. You know. And that was, that was nice, that I took.*

*It, it did show me reality when (one of the bosses) called yes. But **it's hard that's hard.** When I see all my friends and they really battling to find jobs and stuff or when they unhappy and you know, I'm like okay, you know I don't understand why I've gotten this job so easily you know so that's just doesn't make sense. **I'm very grateful** and **I do say thank you** to the universe plenty. Because **I really***

am grateful *that I have …I don't mind.* ***thank you*** *[to the researcher] for listening to me going on and on as well.*

Within the context of gratitude, the narrative which follows is an illustration of the ease with which Naledi moved between jobs.

Then I worked there for another 5 years and it was like I said it was great. Then the head of claims from [company] days phoned me and offered me an incredible position. He said his going into a tow truck company as the CEO, staff morale is terrible and everything is awful da di da di da. And he wanted me to join him as his PA and to do, help with the staff morale and things, and the "gees" again. So it was so exciting for me. So I said no, then he met with me again and I said no, and the third time he met with me I said look this is actually really exciting… and I think my boss would be excited for me.

So I accepted, so I said …. I'm going to come. So I went and I told my boss and said look I've been offered this incredible exciting opportunity and whatever and he looked at me and said get out my office. And I was like okay and he was so angry and he told me that he was physically hurt. So it was awful, so I sat there and every, he told me I'm not allowed to tell anybody and he told me that I had to give 2 months' notice. So I said I will, so he said what if they won't wait. I said then I won't go, I said I'm not leaving you because I'm unhappy, I'm leaving because this is such an exciting opportunity for me. So, so for the first week he didn't say a word to me. He didn't speak to me at all. Then every day he walked pass and said have you changed your mind. So I said no. He said okay and walked off.

That was the communication we had for the next week. So it, for the next 3 weeks the whole month it was really terrible. Then at the end of the month he called me in and said to me am I going to go. So I said I really want to go. I said but I thought you would be excited for me. So he said well, I'd been thinking about it for a month, he said and I'm actually very proud of you. He said it is an exciting opportunity. You know and then he like said but his going to be so sad and, and, and.

So then he called each person in individually and told them and people walked outside of his office crying because I was leaving.

I was like what, you know it didn't make sense to me none of it made sense to me at all. And it was very uncomfortable that they were so upset that I was leaving. It was really not comfortable at all.

The Burden of Stigma

As in the previous participant stories, stigma **emerged** as a **theme**. Corroborated in Naledi's story was the fact that **stigma** prevailed in the broader social sphere. What, however, in her mind made it difficult to confront stigma at work was the expectation to perform. Performance was almost equated with perfection and the condition for acceptance at work was based on good performance. This was different from the unconditional acceptance one received from family and friends. Bearing testimony to this view was that workers were even afraid to attend the Mental Health talks.

Stigma *I think is a really, it is a big thing I believe it is everywhere not just at work. I think at work it's just compounded because you have your part to fill. You're part of a team …and you can't*

slack. You know whereas if you part of a family or whatever it still has a stigma for people who don't understand it [depression/bipolar]. You don't have to perform. So at work you still got to perform. It definitely has a ***stigma.***

Sorry oh that's what it… ***it*** *[workplace]* ***definitely has a stigma****. I'm serious I'm, I'd be interested to see and I'll let you know but is it tomorrow. I think its tomorrow or I think its tomorrow. You know [company] are doing those talks at the moment … on, they did one on* ***general anxiety****.* ***Tomorrow's bipolar.*** *So I'm definitely going to go. I'd be very interested to see the turn out. Because they are offering this kind of thing. So I just find it, it's interesting but I don't know who will go.*

Even I had like thought a couple of times, do I go. Because chances are the people who go battle with it. So if you go it's kind of like why are you going? But then that's how I feel. It's not necessarily what the people feel.

Naledi's version provided an interesting and different slant to the issue of stigma. She reflected on how **stigma** could feed into the victim mentality, implying that people could attach **stigma** to themselves – to their benefit.

So I don't know if a stigma is more attached on our own that we've attached it. You know maybe the…reality is actually not like that. I don't know. So, it's very difficult because when you, when you are not well you don't realise it but you almost play the victim……not intentionally. When you not well, you not well. And then maybe in a certain degree ***you are a victim*** *but pull yourself out of it. You*

can't pull yourself out of it just by snapping your fingers it is medication, it is psychology, it is work. But there is something you can do. To not be ***the victim****.*

But I think what stays with you is maybe a certain element of like I say ***the stigma might actually just be brought on by ourselves****, which means* ***it is a victim kind*** *of…****mentality.*** *You know what I mean. Whereas …I think maybe… I don't know. I think you would need to actually discuss that with people who don't have it. To actually ask them how they feel about people with this [depression/bipolar]. Because I think that's quite an important thing. Because ……the way we feel about it and the way other people feel about people who are, you have* ***a mental disorder****… …might be completely different.*

Because ….. I can't say the idea of being a ***victim*** *in any form I know. It's like you know I don't agree. But I do know that I am sick. I do know that I have to take the meds, I do know, well not sick there's a lack in chemicals and that are lacking, so I do need to fix it.*

So not sick but you know that kind of whatever.

Naledi speculated about the possible benefits of stigma for people. Once again, her conversation highlighted her inconsistent work productivity and the struggle to cope with work pressure. Therefore, her views about stigma in relation to others could be interpreted as partly her projection or own inclination to use illness as an excuse to be absent from work. Nevertheless, she was still genuinely worried about the perception colleagues might have about her in the event they

came to know about her condition. This **worry** was evident in her incessant internal debates about whether she should attend the **Wellness talks** or not.

*So I think people who, I think people have this I think the **stigma's attached to it because people use it as an excuse.** You know ah **I don't feel well today** so. I mean I had been off work just last 2 years more than I have in all my life. And **mental breakdowns** and everything have been there before.*

*Last year was rough, last year the 2 months that I was off was because of **post-traumatic stress** and stuff like that. So but so that aside, like last week I don't ever get **sore throats** I don't ever get all this stuff before. So I am maybe **a bit run down** now. And but I mean just know that I'm thinking about it, it's like **I don't have energy I don't have strength, I don't have** that at the moment. And **my immune system is down** and that's at the current moment and I'm not sure why.*

*You know. Other people don't seem to be getting sick at the moment. But when they get sick I didn't, so I'm not sure I am feeling very. Like I said when I came in; **I feel like I've got a lot of work.** Maybe, maybe that is it, maybe I need to actually just sit back and focus a bit more and actually just see what is going on. So I think maybe I do haven't actually even just go, go, go. But I do think that a lot of people use it [illness, as an excuse]. You know. Maybe unintentionally. You know. And I do think it must irritate the rest of the team. Because you, some of the time you perform at absolutely peak… and other times you just don't deliver. So it has to affect the team around you.*

So ..I don't really know ***what it feels like to be normal*** *because* ***I've had this all my life****, just about. So I don't know how other people even perceive it because I don't realise when I perform in peak and when I'm not. So for me* ***its norm****, for me also it's like okay at the moment I've got so much work if I sat back and looked to this to 3 weeks ago it's just probably the same thing. But 3 weeks ago it was fine.*

Today and yesterday it's not fine, you know. And maybe it's because I was off those two days. So just coming back and having it's a lot of urgent meetings they big meetings, so they take a long time to do, procurement is behind. So there's a lot of things that are urgent and not completed and maybe ***I put my own pressure on myself then I do knock myself out of sync.***

Which is more than likely the situation. But as a result all these meeting and things are not set up. Be it realistic that it can't be done in a day.

Or be it ***slacking*** *that its not done I don't know. I know, it's,* ***it's not slacking*** *But the perception of [manager] might be that so she was off last week so you know she's not managing ……so the stuffs not done because she's not managing. Whereas it's not the case, I was off last week. The work that I came back to is too much for one day. There is a back log. So anybody would come back and have the same amount of like oh my word and that two or three days to get done. But I do think people sit back and say like she was off because of not being well.*

But I was off because I had a ***sore throat*** *and* ***I got antibiotics.*** *You know what I mean. So…It wasn't off for the sake of being off…you know. But I don't, I think people look at it and say well, I mean*

the fact that everybody else when they get sick and be off it's, nobody worries about it, it's like. And ja, so it's. The guys don't know [about her condition] 90% of the people don't know. I'm actually not sure in my department, because I really battle to get close to people in my department. So actually not sure how many people know.

My boss knows …he knows. You know. And he doesn't seem to have an issue. I think he feels he seems to feel that I do perform. But I don't know if people know I don't know if, ***that worries me it really does it worries me all the time.*** *So that's why I'm saying…that people would know.* ***I do think it's a problem.*** *Because I do go to these talks. I think also people look at you. Then they make their own judgments…* ***and last year they know how sick I was.***

So they have to actually know. So they guys have to know that there's and emotional imbalance somewhere along the line. So you know and when I came back last year [manager] made it very clear that they don't give me too much work to do. That I need to you know just to go back into slowly. So which I appreciate very much. So they have to understand maybe there's a bit of an imbalance they must know.

You know. They don't, I think that's also they don't let it on. And people I hear what people say about other people behind their backs, you know and those people have no idea. So you kind of they have to be speaking about me to. So which they are or not, this is the whole, but I think that's ***like kind of the norm in*** *any environment but I think maybe when you, when you suffer with something you over sensitive to it. And maybe it is exactly what you say.*

Naledi thought that once people know about one's condition one ceases to be a normal person in their eyes. They attribute every possible performance setback to one's health status and it makes it harder to cope. Mere speculation about other colleagues' perception was anxiety provoking for her.

Because I'm presuming that they all saying that she was you know, oh she was off so she's ***not*** *you know……****coping*** *or whatever. And so now* ***the work is too much****, but it's because* ***she's not coping,*** *not because of the amount of work. But that is my perception of things.* ***Well it builds up huge anxiety*** *which makes it even more harder to do what you want to do.*

I mean I take my laptop home with the intention of catching up in the evenings. And I sit there and I look at my machine you know I don't know what to do. It's like it's just. So I do think ***that it does have an effect on****, I do think that* ***I am slower when I am in this state.*** *You know and so there is a* ***lot of work****,* ***I don't think I'm performing optimally so it is slacking*** *and if I don't get it done it's going to affect a lot of people, it's going to affect a lot of people. You know there's like big meetings next week that I need to move.*

So they are moved now this morning but it I was there Friday, Monday I was working on them because they were big meetings with a lot of people. So I was checking diaries all over the show and I was finding dates and times. So I was working on them that's where I'm saying I am doing the work. But I'm, because it's not rescheduled in everybody's diaries already ***then people look at you and say ja you know you.***

*Because also I mean like I think when a **normal person** comes back from something they expected to have **a back log** and it's okay for them to take 2 or 3 days. I don't know if people have the same tolerance level. You know? With you. And I don't think they do. But I think also it's because even on a normal day **sometimes you do perform** in your team and **sometimes you don't** and you're unaware of it. So I think it has to affect your team.*

*And maybe that's also another thing is like I know I always put on **a very brave face.** So maybe if I didn't have this, if I was **having a bad day**, I'd say I'm having a bad day. And everybody would understand. Whereas if I'm having a bad day I behave exactly the same as if it was any other day. So **when I don't perform I feel terrible**. But maybe if they did know **I was having a bad day**. But there as well it's like you have a **bad day like any normal person** if you taking the meds really you do, but I **am too scared to let people know.** Because **they just jump to conclusions** that that's what it is. The, you know. And it's ja.*

***I am nervous to go to the talk tomorrow**. I might be completely wrong though. You know. But there's not a lot of people that go. In the pub, the meeting room downstairs. I went to the **general anxiety presentation it was very good.** It really was. There were quite a lot of people but nothing like I was expecting. I was expecting a lot more but so…you know but at the same time there were a lot of questions. And there were a lot of challenges.*

They really did challenge [wellness presenter] because which was interesting because they don't actually know. So like you say it probably is that they were out of interest, because there were a lot of questions around it. Ja so ja.

I am [worried]. I'm going to attend everyone and I don't care what it is. So …ja …yes, you ***feel weak*** *[meaning a weakling]. You feel weak. Ja also because I'm constantly want to treat myself…you know and trying to watch am I performing am I not. So something. Like this now I'm also very hard on myself …because it's not done so* ***I'm equally as you know as judgmental as what I presume other people are.*** *Because for me it's not acceptable to be behind. So I do think it's a large part of my problem as well as that I am very hard on myself I really am. Because I can't maybe tolerate this thing you know.*

Rumination as a **subtheme re-emerged** while Naledi continued to discuss her trepidation about attending the wellness talk.

I'll carry on as if nothing [meaning at the wellness presentation]. Yes. I mean I'll go there tomorrow like as if I was somebody just interested because ja. I'd be going there and like oh my word, oh my word [internally anxious]. But I do want to know about it. I do want to know what they say. I would be there out of interest to know what they have to say. And that ***would override any like anxiety*** *or whatever* ***that I would be feeling.***

But if I looked around and I saw somebody I know or something ***there would be anxiety.*** *But ….it wouldn't stop me going. Well I do want to know what people think. And you know like I do want to know……as much of it as I can. So it [fear] wouldn't stop me. It's very difficult, you know because I think twice. But I mean like you say you don't think twice. I'm really being silly thinking twice. I could attend all of those if I had time, because for me if it's good for me it's, it's …*

At this point Naledi's **live experience** at work felt like a crisis. She was completely overwhelmed and needed to take another period of leave. At the same time, the thought induced severe feelings of guilt, given her pattern of sick leave. Her story began to mimic some symptoms of burnout. Although she still adored her job and was **not as cynical** as in a classic **burnout** syndrome, she was perpetually **exhausted**. The literature discussed the complex nature of the overlap between **burnout** and **depression.**

*But it got really just a, **I really need a break**. Just not being here. But I love my job. And I love the people I'm working with. It's just not being here. And just. **I just want a break.** But I've **just come back from a break. I really feel like I need ja.** So I mean **I was off the end of Jan** I mean it really is just **now I need break.** Ja end of Jan, this month and a short month end of Jan. End of Jan, I came back. End of Jan. But ja it's been February, a short month. And I'm like…**I need a break already.** Ja. It is like **why is it that I need a break** you know I just come back from. You do feel like okay **you not coping** but what's wrong you know. You immediately kind of **…**I do know **I am hard on myself** I do know that.*

Naledi's fear was palpable in the interview as she showed me her bitten nails and shaking hand.

*So look what I've done to my nails. Like really badly. I had beautiful nails before you know it's like **I'm shaking** because that's a problem. Too much. If **I shake** it's normally that's the, normally my sign and I haven't actually look. This is my boss's sign he always when he thinks I'm having then he makes me put my hand out to see if **I'm shaking.** But. There is a problem. This worries me. …I only*

realised now how bad this is. This last week I haven't obviously been, I've obviously been in a ***state of anxiety quite badly.***

Coping

Naledi indicated a couple of other coping mechanisms besides her strict compliance with medication and reliance on her family. She wrote almost everything down to help her remember things. After work, she played games on the phone to help **escape** or **relax** and **switch off** her thoughts about work. She appreciated some of the coping tips from the wellness talks but also acknowledged her own resilience; otherwise she would have been admitted.

There must be, because I'm not in hospital. [company] is doing amazing things, they are. I mean like they had a talk on anxiety the other day. I mean the ***stress, resilience boundaries.*** *That was amazing; and everybody enjoyed it. The feedback has been fantastic from everyone. So you know they are doing a lot for us. Yes. But besides you I'm hoping that it actually reaches like you know somebody else who's battling because they can benefit from.*

She also relied on her **coping mask** for daily survival.

That is what I do. Like all the time. I put on a very ***brave face****. And it's become* ***second nature.*** *I mean my mom is on my case all the time as to they can't tell when I'm not well. Because I'm getting* ***more and more practiced*** *at this, but it's not intentional I'm not trying to like put on a brave face when I really feel terrible. It's, it's second nature.* ***You just carry on but……feel sick but, you feel terrible.*** *You know.*

*And I've always **relied on my parents and my friends** to just **keep an eye on me** and I know how I am, I know I actually don't need their help; so maybe they think why I am fine. So that's why they not picking anything up. But because I am fine. You know. But ja, but my mom just says to me like there's days which she can hear in my voice that there's something worrying me. But everything is fine. So like I'm having a normal bad day like everybody else like you know like …this is what happened and you know so it's not that there's something wrong.*

Self-help as a **subtheme** within the coping context **emerged.** This conversation, however, once more, triggered her performance anxiety.

*There are some changes I want to make in my life. Where when I am done with my meditation courses, I do wanna get up earlier, Yes **I'm just so tired in the morning**, **do some meditation, do some exercises.** Even if it's just **stretches** or whatever.*

See I don't mind the traffic, I listen to radio, I really don't mind, but I do if the traffic is bad otherwise I don't mind traffic, but there's a lot of noise. Ja , random noise here. Even the people behind my desk, they in the stationery cupboard all the time, they are in my space.…Ja the noise. It's just so hard because you've got to evaluate yourself. And where can you improve and write and write pages. What did you do wrong? We don't really do rating, it's the 360 you just write but you do rate. You rate yourself.

Ja, I've tried for the little while not to do that [under rating herself]. I really tried. So ja it's not easy. I think I sent you these 360's from last year, my ones. The assessments, ja I think those 360's on

the report they said what you said and everybody else said, the same thing. There I was quite hard on myself… about myself…This year I'm not gonna be that hard… everybody asked me to do it for them [rate them].

Really is that bad? [meaning tendency to be hard on herself]. Is it worse than normal people? it does worry me that I'm as harsh, maybe people are harsh too on themselves. That's why I'm saying is that not the norm. I need to sort myself out. …Ja, I've always been totally flippant honest you know. What you pick is what it is.

The thing is I'm taking the medicine and I don't miss it. I shouldn't be behaving like that you know. I have been stable for long, that shouldn't be you know. I shouldn't be behaving that way. What I'm worried about now is ***why am I so anxious****.* ***It's scary*** *[the performance review meeting].*

The **self-help** conversation was back and covered the basics of a healthy life style (sleep, eat, exercise) to help her cope with anxiety.

That's the biggest. They're the only ones Ja. I am going to put some of the things in practice because I really need to. So I will let you know what works. I will let you know what I can stick to. Because I really want to, the exercise, the diet will be my next. I know how difficult it is to stick to.

She spoke about **fixing herself** as if referring to an object. This could have symbolised her **hardship** in terms of depression and bipolar.

*Because …you know because I think I am trying really **hard to fix me.** I want to **fix me**. That's what I acknowledge as well. It's hard to acknowledge*

The Role of Trust in Relation to Manager Support

The role that **trust** and **support** played in the manager and employee relationship within the context of work dysfunctions **emerged** as a strong **theme**. The literature had reported that generally managers are the last to know about their employees' conditions because the latter kept these secret for fear of victimisation.

Although it appeared easy for Naledi to establish relationships, she too only found the courage to disclose her condition to her manager once she felt **secure** in their relationship. Their relationship had to first survive a **stormy** phase before **trust** could be established. Trust was clearly a precursor to the remarkable relationship they benefited from. Her story could be viewed as an exception, though, as most manager/employee relationships do not achieve these levels of trust. This often leads to employee resignations instead of disclosures.

The scenario which follows took place at one of Naledi's previous employers, not in the current organisation.

*So after the first year… don't I don't know. Probably not. Probably not You know because I can't see that I would have been performing at all. So I don't remember because I worked there for 6 years and by the end of it we were **inseparable** [she had initially thought that the manager disliked*

*her] by the end we were, **we were inseparable**. We were a **phenomenal team** and ……so things did turn around. As I got better … …you know then I was able to do my stuff and whatever.*

*The first year obviously I got no increase, no bonus nothing. Second year I got a R…… bonus. So ja and that was in 2009. So it's almost ten years ago. So ja, so we worked but that's how the relationship had changed, but it was I got better. I still wasn't right. So, so I continued to work there and he **was amazing**. Really he was and then he told me I was, if I wanted to study I could. So then I started studying and I started doing my company sectorial degree.*

*But just because I loved the …subjects you know. It was law and tax and all those things. So I started studying as well. And **he supported me so much** that you know **I got through**, I mean I came top in the country for economics and accounting and you know so, it was amazing. He was, he genuinely was such a **nice man** and in the beginning it was so awful, but I was so sick. So it was fantastic. So we had 6 while 5 amazing years [6 years of which 5 were amazing]. I don't remember how it came right. I really don't. I don't remember how I worked in that year. I don't you know it's **like cut out**. I don't remember anything. **It's like a cut out**.*

*So I just know, I mean I remember … I remember **how scared I used to be every day**. You know that kind of thing. I remembered **how petrified I was.** And **he didn't know the story**, they haven't told him the story So I think at the **end of the year, I told him.** So I think at the end of the year I explained what was going on. And the situation as it was and I think then he started to understand. So maybe if I told him earlier, but then had I told him earlier he might have chucked me out. Because*

I was not supposed to be working. So don't really know what would have gone. But I think that was probably the turning point.

*So if they understand then maybe **they are more supportive.** But I think they need to know you first of all. Because even though I was so sick and whatever I would still have been myself. So that probably got me through. How? I don't know, because but, so anyway that was that year.*

The quote below expressed Naledi's bafflement at the continued support and kindness from her manager.

I was like absolutely gob smacked and he said to me you work slowly, you don't take on too much. He told the whole department they not allowed to give me work. And I'm like I work for this team you know, he said no they have to let you get better.

So it was amazing the support I had.

Organisational Support for Employees with Depression/Bipolar

In addition to her suggestion for the organisation to subsidise employees who could not afford psychological services, she also felt strongly about being allowed the flexibility to work from home. Work/home flexibility have been covered in the latest research as the future way to deal with the fast-paced digital world of work.

From a wellbeing perspective, the literature on the management of stress and burnout indicated that small changes in relation to work can go a long way in addressing the psychological risk

factors associated with work related stress (Mackay et al., 2015). Xanthopoulou and Meier (2014) additionally noted the benefits of **detachment** from work for energy restoration.

*I would **appreciate the flexibility to work from home** because I don't have that … I don't know if I could validate why. You know because even if I say work till half day and carry on rest of the day, we're online and people can see you're working or whatever so it's not like I wanna run away. It's just in the environment, I think at the moment there's just **too many people.***

*It's just **too much noise.** What's compounding my work, I just **need some quiet**. I just need to **do my work**. There is very much a way that you can work from home, **I just don't know how I will justify it.** You can't say I can't work because it's **too noisy.***

*You can't you know, but **I put earphones** in but **it doesn't help**. You still hear everything. The guys around me actually bought those huge over the ear uh **noise**, that you cannot hear a single thing you know. So it's obviously becoming more and more of a problem in the [company].*

***Open plan** is great but more and more people are battling……with **the noise,** just **the destruction.** There is more and more work and to have this, it's really very difficult. I'm feeling very overwhelmed not just the work but when people walk past me …like for now if I could work from home for two days it would make a difference, if I could put in two days' leave, I would. Well it's expected [taking leave to work from home].*

Ja. You can do it in the morning what you do here the whole day. I still think it's not a problem. I still think ***if you just work from*** *home just for the sake of working from home it's not okay. Because it's like one of the girls that I work with, she has sometimes an issue with her daddy she drops him off at a course or something and fetches him at half past ten, at the times she works from home. There is no problem at all. Then she comes in afterwards and there's no issue at all but she's got a reason. So to say* ***you just to work from home*** *to get stuff done because you got to get this done, it's not the same. And it doesn't be received the same.*

If I think of me, I need to be there for my boss… I need to be at my desk if I think about it. If he's not there for the day, I feel I don't. If his door is closed up and locked, I can [do] anything from anywhere. Ja, when I set up meetings on email anywhere which I hate, but to make a phone call, I'll make the phone call, I don't have a problem with that. I'm happy for people to phone me on my cell phone. So I don't have a problem with that. ***Because sometimes out of the noise, I'll be grateful.*** *You know what I mean that kind of thing.*

It seems everyone is ***suffering from the noise, it's not just as a result of anxiety*** *or whatever. I can't. I could but I don't.* ***I don't work from home****. Ja! No, no I don't* ***work from home****. That would be nice, that would be really nice. I don't know but even with guys like [name] and them in my department that I help, they mail me.* ***It really maddens me****. You know no one gets up from his desk and says do this for me and do that…No they mail me to say what they want.*

She deliberated on her fear of requesting permission to work from home. Given the accustomed traditional way of working, most employees will probably have similar fears, particularly

those in the lower ranks of the organisation hierarchy. This highlighted the need for a well-articulated workplace policy should the organisation implement work flexibility.

*To talk to him about because again it's **my own perception**, what if **he thinks slacking** and **not doing my work**. I think it's better… but I think I don't have to be here. I do when he's here, I definitely do when he's here. I think I don't need to here, then. I reckon **I could work from home.***

She reported feeling less anxious and more productive when she worked from home. This is in line with the concept of **job crafting**: "Individuals actively seek to reinterpret and reimagine their work environments" (Montgomery et al., p.40). It is driven by the "search for meaning and for a motivating and healthy work environment". It represents proactive steps employees take to alter their **task boundaries** as well as how they perceive their jobs **(cognitive task boundaries)** and whom one interacts with at work **(relational boundaries).** Studies suggested that on days that employees were more exhausted they also reported less job crafting behaviour (Demerouti, 2014, p.40).

*Actually, that's another thing when I worked at home on Wednesday, I actually put my things on at half past twelve, I actually **had something to eat**. I don't do that here, I sit here the whole time. Most of the time I have wheatbix at lunch time at my desk. But when I'm **working from home** I don't know how but I **was more relaxed, calmer**. I could actually stop **my work without panicking**, **what am I missing**. Oh my word I'm not going to have more time which is the case here. So I don't want to leave my desk because I don't have time lalalala. Whereas at home I was working constantly.*

*At half past twelve I'm like I'm hungry, stop, go have something to eat…… come back again and carry on working. Whereas **here I'm so stressed** in such **a fangled mind** that it's **go, go, go** … that **I don't even stop for lunch** and I probable got as much done at home. I must admit you know.*

*Because I mean it would not be difficult to get up at 6, you get done and you're in the traffic by seven to get here by eight. This morning the traffic was bad and I got here by 8h30. I do stress when I'm late, I do. I think he's watching me**.** And I can easily be sitting down at 8 [at home] and work, easily. And have gone for a walk.*

The fear of asking for permission triggered other past unpleasant interactions with her manager in spite of their good relationship.

*If he's feeling right now that **I'm not performing**, he's not gonna say yes. Well we are set up for a discussion at the end of the month. Also because it was a while ago now not sure if I mentioned it the last time we spoke, but he said to me when I'm at work when I started to work I'm not worried about anything else because my children are at home.*

And immediately when I though, I said to him that is so not true, because it's not. Everybody I hear them sitting on the phone, from accounts to garden service to whatever. Furniture deliveries whatever it is, they always on the phone doing these things. Generally, if my children phone I get very upset. All my life. I'm very short on the phones when on personal things. I work, I'm not, my mind is not somewhere else for whatever reason. It's really not you know.

I was so upset *and I said to him this is so not true. I said that is completely wrong. I said, I didn't say anything about everybody else on the phone, but I am not dreaming about home or something. I'm really not. I said it off the* ***bang*** *because it was so he said to me "Okay, Okay" and then he said maybe the true lie somewhere between us.*

I reflected to her, that although she was hurt by the manager's utterance, she expressed, rather than suppressed, her emotion. She shared another scenario wherein she felt she had been **assertive** with the manager.

I mean I said to him as well, oh he put leave into his diary but like I have been putting meetings in his diary, like hectic meetings, like TRF like big stuff. And for hours and hours with a lot of people and I mean it took me forever to find these days. And today I go into his diary and he put leave in that time. I'm like so I stormed into his office…I said to him "is this leave confirmed?" he burst out laughing and said "no it's a place holder". So I said "well it's cancelled" because I said you can't do it over TRF. So he looked at me and I said "I'm joking, I said I'll move it" but he said "tell me" and I said I'll tell you when it's confirmed. That's all.

> *But I have a* ***good relationship with anybody, I do, I do.*** *I don't have problems with people.*

REFLECTIONS OF THE RESEARCHER

THE MEANDERING STORY

Naledi's extroversion and communicative nature enabled rapport right from the beginning of the interview process. She **easily** volunteered **information**, but most of the time her communication style required close attentive listening to follow the logic of what she expressed.

She **spoke** with sudden **twists** and **turns** and would struggle to keep her train of thought. She had confessed her love for talking but mentioned that she could not remember the sequence of events due to her memory problem. She often talked about two unrelated stories simultaneously. At face value, I wondered if she had understood the questions. She seemed to like being probed as this allowed her to move into the finer details of her story.

From a psychological perspective, I was mindful of the anxiety behind her talkativeness**.** Therefore, I ensured pauses in our conversation to allow her some **breathing** and **mind relaxation.** It was during these moments of silence that she would make startling reflections accompanied by self-insights.

I had to trust the process, and postpone my own need for control. I became aware that of all the interviews I had conducted to this point, Naledi's session tended to slide easily into the counselling or therapeutic modes. My initial inclination was to reflect on the interview transference issues, especially when my own tendency to be a **rescuer as a therapist** was triggered. I, nonetheless, soon realised that Naledi might have been promised that the interview would also assist her with her problems. Therefore, she expressed herself in line with that expectation, including her request for

me to talk to her manager about her performance. This felt slightly amusing, though as I realised the charm with which she made the request this somehow felt like an interview trap.

Her story truly reminded me of the struggles of bipolar and I felt deep empathy for her. Her story was also the first one to make me feel sympathetic with the organisation, particularly the managers who had employees with bipolar. I realised that the perception that organisations are uncaring and only profit driven is not always true in all cases. The challenges for managers who had employees with work dysfunctions were serious. They too definitely needed support, which should go beyond raising their awareness about these conditions and include some basic training on how to deal with such employees daily. For example, how to deal with a performance discussion with an employee who encounters severe anxiety as in Naledi's case.

CONCLUSION

Naledi's history with depression dated back to her school days. Later when she was married and working, she was diagnosed with bipolar depression. This seemed to have been precipitated by her marriage breakdown. She also presented with severe somatic symptoms and anxiety. She had also been diagnosed with PTSD and a conversion disorder. She strictly adhered to her medication to manage the bipolar, but was not in therapy at the time of the interview.

Naledi had changed employment a few times and relapses were evident through her work history. She often resigned without much thought and planning. But, compared to an average person in a tough job market, she found jobs easily. She was either headhunted by her previous bosses or just simply called them for the purpose of seeking employment.

Irrespective of her condition it seemed that people regarded her as competent. It is without a doubt that her ability to develop strong relationships, coupled with a charming personality, assisted her in surviving her work difficulties. In my HR experience, I considered her to have been one of the most well-supported employees with bipolar. This gave me much hope in the endeavour to create more accomodative organisational environments for employees with depression.

Naledi's love for people was, however, underpinned by **self-sacrifices**, to her own detriment. This theme was prevalent in her relationships and work domains. She was aware of the strain this pattern caused and aknowledged that it served her **need to be needed.** Her good deeds **elicited praise** and **recognition** which she **detested** and found immensely **anxiety provoking.** In a **nutshell,** her biggest fear was that intense anxiety could blow her cover and expose her for the perfectionist she was not.

Naledi had a supportive family and she loved her job. But **being at work**, especially when she felt the pressure to perform, was **torturous.** She would be almost paranoid about what her boss and others thought about her performance. Her anxiety became generalised and began to threaten her relationships with other colleagues. It is possible that **GAD** worsened her fear to attend events such as the Wellness talk on bipolar, although the fear was also related to stigma.

Naledi bit her nails, worried about worry and her anxiety would reverberate in the interview session. I undertood her desperation for the flexibility to work from home if she did not have to be in the office. This would provide her with the peace of mind to do her work outside the office buzz. She was hyper sensitive to noise, especially when she was stressed.

On the positive side, Naledi was very **courageous** and **assertive**, irrespective of how she went about it. For someone who felt like an **amputee** she successfully continued to hold onto jobs and raised her children. Resilience played a large role in her coping.

Irrespective of her difficult **life experience** with bipolar she kept going. **Admittedly**, she sometimes procastinated about her wellbeing plans, but therein lay strength**.** If supported and counselled, she could make an effective employee champion for work dysfunctions, helping to **break** the **silence** suffered by other employees**.** This would be accompanied by the same openness with which employees speak about medical conditions such as high blood pressure.

CHAPTER 9

VICTORIA'S STORY: THE SNOWBALL EFFECT OF A MOOD DISORDER

INTRODUCTION

This chapter will present a case study of the **live experience** of Victoria who was diagnosed with depression. The findings will be presented according to the topics discussed in the interview and the themes that emerged. The statements and interpretations will be supported by quotes from the transcripts. The themes are followed by my brief personal reflections and a short conclusion to the story. For **confidentiality,** the names of other people who may have been mentioned in the interview were omitted.

The first interview was conducted in one lengthy conversation which lasted for approximately 1 to 3 hours with a 30 minute break in between. During this interview Victoria was visibly depressed. Besides being shy she was tearful throughout the interview but strove to maintain her composure. She spoke softly and slowly but to the point. Due to her emotional status, I took an ethical decision to stop the entire interview process after the first interview. I thought she was not ready for the research.

I suggested we postpone the interview or cancel her participation but she refused. She felt that even the little amount of talking would help. She had just seen a psychologist for three sessions and had to stop because of the depleted medical aid funds. She could not even purchase antidepressants. We discussed the option of receiving a few more counselling sessions at our company clinic, at my cost. She said she will let me know should she need to.

My clinical judgement was that she should not have been at work. As with most employees, I understood her perceived risk of losing her job, especially if she had been away for long periods. She had also recently fallen at work, injuring her spine, and had been on sick leave for that. The financial implications of starting to use her annual leave for illness were real. The 30 minutes interview break was also meant to give her spine some relief. Like all other participants, finding time for the interviews was a luxury given the work pressures.

I was also ambivalent about our offices' proximity to one another. We worked in the same HR department, sat on the same open floor plan, and often saw each other at the coffee station and bathrooms. At another level, though, it gave me the comfort that I would be able to silently observe her after the interview.

Victoria was not at all sociable yet by the end of the interview we had established a lasting but private connection. We began to have **small chats** when we bumped into each other. Some of my other participants had spoken a great deal about the difference these chats made to their **daily coping.**

As mentioned earlier, Victoria was very private. I had seen how she literally came in, sat at her desk, worked and left. She had also told me off the record that she avoided office politics for self-preservation. I somehow understood her.

Although I had concluded that this would be the last interview, I still thought I would check up on her at a later stage, which I did. I referred to that conversation as **part two** as it was initially not so

much intended to be for the research. It was driven more by my ethical obligations.

BIOGRAPHICAL INFORMATION

Victoria was 56 years old and had been married for 36 years to a business man. She appeared reluctant to fully disclose the state of her marriage but hinted that it was not a happy one. Further details on the marriage will be discussed later.

The couple had a 34 year old son and a daughter who is married with her own two children. Her son had been diagnosed with a learning disorder when he was almost two years old. His upbringing was quite demanding and stressful and precipitated one of Victoria's nervous breakdowns. She adored her grandchildren. Besides her family, she had no friends and had never had any. She described herself as an introvert.

Although very sickly from a lung disease, her 84 year old mother was still alive. She lived with her 79 year old stepfather, whom Victoria described as not very pleasant and wondered why her mother was still with him**.** The parents were also loners and sounded unhappy.

Victoria is the last born of the two sisters who lived in Cape Town and rarely came to Gauteng. She had to take care of their parents, especially their mother. This situation comprised an additional source of stress for her.

Victoria had worked for the current company for 36 years, making her work tenure as old as her marriage. She had a six month broken service in between, but was reemployed. She had worked

in a couple of departments internally before she had been placed in her current role in [name of department].

She was first diagnosed with depression at the age of 16 after she had taken an overdose of sleeping tablets. She said the disorder had been caused by her home environment but seemed reluctant to go into further details. Both her emotional and facial expressions suggested that something had happened at that time. I, however, decided not to probe too deeply lest I broke down her defences and made her too vulnerable.

THE NATURE OF ENGAGEMENT

The interviews took place on our office floor in one of the small meeting rooms. This was a glass see through office, so that people could see but not hear us. Victoria had chosen the room herself for easy access. When it was time for the interview we somehow simultaneously stood up from our desks and followed each other to the room. It felt strange since I had been used to participants wanting to be discreet when they came to see me. The first thing I inquired was about her comfort with the room.

She said she was perfectly happy. For her, it was private enough since no one could hear our conversation. She made a joke about how at her age she also cared little about people's views of her. I later during the interview silently interpreted her **do not care attitude** to have also been related to her anger towards the work environment at that time.

There were curious on lookers as they went past us. I thought their curiosity was justified as the chances of Victoria and I have a work meeting would have been as rare as hens' teeth.

There was instant rapport built between us. We chuckled about our age, and having been there and seen each other around but never spoken. It was a good ice breaker. To my surprise, Victoria also knew more about me and my role within the organisation. Thankfully it was positive; hence she easily agreed to participate in the study when her manager referred her.

Her manager and I were colleagues. I worked with him quite closely and I understood their environment very well. It was highly pressurised, target driven and demanded concentration and attention to detail due to the nature of their work. The effect of mistakes in their work might be considerable.

My close knowledge of their work environment also made me overly cautious and mindful of my boundaries with her. I was careful not to allow the interview to derail into a discussion about the office politics. I found this scenario a bit restrictive, compared to the freedom I had experienced with the other participants. Fortunately, gossip was not in Victoria's nature so we focused on matters of the interview.

We proceeded to sign the research consent form. The tape-recorded interview officially started on a light-hearted tone. The probes did not help much with her short and direct answers. I thought she was by far less communicative than all my participants. This was not surprising given her depressed mood.

I was constantly concerned with her vulnerability and kept checking if she was good to continue or if she needed a break. She reassured me all the way that she was fine and almost implied that tearfulness was her second nature. True to her professional form, at the end of the interview, Victoria composed herself remarkably and went back to her desk to continue working. I was astounded.

EMERGING THEMES

The roller coaster ride

In terms of this theme, Victoria spoke about her history with depression and the diagnosis. As mentioned earlier she had **lived** with the disorder from her teenage years. Her battle was, however, more amplified in her adulthood. This might be attributable to her maturity and ability to articulate the experience from an adult perspective.

*It's been a **roller coaster ride** for me. It's really has. The **emotional side** of it I think you just feel, look uh you just **feel out of control**. You just **feel lost.***

The above quotation summed up Victoria's **live experience** since she ***was diagnosed with a mood disorder. It was a mood disorder***.

*Because **I couldn't control my emotions**, **my moods**. Last year I started with uh **crying**, **I couldn't control the crying**. And getting angry, **I couldn't control those moods** and it was just one thing after the next. And just snowballed. I just had no control. Last year it started and then **the doctor***

prescribed medications. *Then he said to me, when I went back it was a month after that* ***"I'm going to increase the dose".*** *Which he did, he gave me two tablets to take.*

The interview conversation demonstrated what the research by Vico cited in Lock and Strong (2012) referred to as: **the client's common sense and presentation of their versions of how things are.** Victoria implied in the next quotation that there could have been a link between her worsened **mood swings** and her menopause. An emotional roller coaster has been researched as one of the symptoms of menopause due to hormonal imbalances.

Yes, I had experienced that when I turned actually 51. I started experiencing the moods. The ***terrible phase*** *in I think* ***it just snowballed*** *in the last four years. Like you say there are other factors. I just could not control it anymore. I mean even it was so bad that my daughter didn't even want to come to my house.*

The conversation touched on the role of specialists such as an endocrinologist in evaluating the extent of the hormonal imbalance and possible treatments.

If my plan will cover it. So that just shows you, you don't realise it [the impact of hormones].

She had also experienced the challenges of finding the correct treatment to stabilise her mood. This scenario was not uncommon. Anecdotal reports from other sufferers have reported the trials with medication until the perfect regime could be prescribed.

*Then a week later I couldn't, I went back to him. I was … then he looked at me "**I'm admitting you" …**there is no way that what I've given you is working". Yeah just all of a sudden I started getting these… look I can't say it was out of the blue because for a year **I have been battling** …It hasn't… it wasn't so intense. It was **on and off, on and off, on and off,** you get you little niggly days and things like that but that the 5th of December he said to me, he said to me **"Now I'm booking you in because the medication is not working".***

I probed to find out if admission had helped. She gave additional information related to her history with her mood disorder. The difficulty to juggle **multiple roles** as a mother **emerged** as a **subtheme** in her narrative.

*And there's something more. No. Funny. There is a history. My son was diagnosed with a learning disability. And for a year **I worked as a full time mom.** I used to come home do the cooking, I used to do my own cleaning myself, I used to have to do exercises with him. Which was after occupational therapist. For a year I did that**. I had a nervous breakdown after that.** So, I wasn't hospitalised though but they gave me what they used to do in those days was **'sleep therapy".***

*That was in 1986. 1986 because my son was born in 1984. In 1986 he was diagnosed. He was in grade one, no it wasn't 1986, 87, 88 it was in 1988 I think it was. But anyway he was diagnosed when he was in grade one. We allowed him to stay in normal school until 19… until he was in standard one. But then we saw that he was struggling **he wasn't coping**…Because in grade two we could see that and clearly there was issues. Actually the school called me in. The teacher actually diagnosed him*

and said no, they sent him to remedial school. In which he remained until standard five and during that period ***I had all this on me.***

Words such as **battle,** and phrases like **bottling up** signified the **live experience** with pain in **silence** while she carried on with life.

But uh yeah so I'd been ***battling*** *with it for a long time. And I think you know what so many things have happened in the last I'd say four years. That I have been* ***bottling up, bottling up, bottling up.***

She had already spoken about the difficulty to cope with the condition at the beginning but she fortunately had a **supportive** manager at that time**.** This confirmed Naledi's narrative that **not all** managers and workplaces are unsupportive.

It was difficult I must that admit my ***manager*** *at the time was very* ***understanding.*** *I mean he used to give me off every Friday afternoon…to take my son for occupational therapy. So I can't say I didn't have the support that time. You know* ***I did have the support****. I had,* ***the work environment was very supportive.***

But support varied from one situation to another.

I think, I took on the new …. role last year. July. And I didn't have much support.

Psychosocial Stressors

The **interrelationship** between Victoria's work stress and other psychosocial factors and how they exacerbated her condition **emerged** as **a theme**. The long-term stressors revolved around her marriage, while her sick mother, the house burglaries and the recent back injury also added to her stress.

Then my mother got ill, very ill. She was supposed to come and stay by me. It was a number of things. It was the right decision and now it's just all the other decisions I have to try and sort out. And doctor … [name not clear] said to me that I can't take my mother on. I can't. My mother is 84 years old. For me to mix the two, work fulltime and still run a home and try and cope with my mother. No, he said to me it's not gonna work. So I still have something out there. Okay! And how are you feeling about that decision? You know that you've sorted something else out for her instead of bringing her… You wanted to bring her over to you?

Yes she was going to come stay by me. Look I feel good about it [the decision not to let mother come and stay with her] but there's still some issues. Because my stepfather is not the best of people to be with. And she is still staying with him.

*But I made uh I actually put them both in their places. I said to them … because I used to get phone calls at 9 o'clock at night. "**Your mother** is not listening to me, your mother is not doing what she is supposed to do. **Your mother**, **your mother**…"*

*And I said to him **"I can't get called like this all the time**". **"I can't** and especially when you sitting in [name of town] and I'm in [name of town]. You want me to get into my car and come to you. No, **I can't, I can't**. He is now 79. Because he is younger than my mother. I know my mother's been ill, I know my mother's been ill and I understand that. But what do you want me to do?*

*Yeah so that was another issue but anyway because my mother has been in the hospital for quite a while. She's got a lung disease now she's on oxygen permanently. I said to them "you know what you still going to have to deal with each other". Because **I cannot**, **I cannot** in the situation I'm in at the moment. **I cannot take you on.** I have [to let go]. It's hard because these are our parents. **I cannot.***

*So it's **everything on you? And you are one person. Unfortunately we are.** Yeah. Because **my husband lost his business** 4 years ago. And financially put me in a very difficult position. Then we had **several break-ins** at our house. We were robbed in last year July, then we were robbed again in January. And it all got too much. It's just uh… It's enough, it's uh… It was work and home. I can't say it was work only, it was home only. Yeah it was both.*

Irrespective of her exhausted medical aid funds, I still felt that her situation had reached a crisis point and emphasised the need for counselling at least, even if she could not obtain medication.

Yes. I went and they put me on the … [not clear] I guess they got Dr ….. [not sure if name correct] also involved. Because when I came from hospital I was fine but I wasn't 100%. Okay. I take it

day by day. ***Some days are good****, more often than not but other days like today…… yesterday was very bad. Yeah.* ***Can I just quickly get some tissues****?*

I recommended a 30 minutes break or a postponement. She responded, **no, no, no.** So, we went for a break. After the break, she picked her story where she left off.

[Dr] told me there's things I have to fix up [marital relationship]. I have to do it to make my life better. Because there's a lot of things I am allowing to happen. Which I have been allowing for the last 36 years, because that is how long I have been married. I think it's like a strain on me, emotionally. So it's very, it's very difficult. ***You feel sometime you just wanna close your eyes in the night and not wake up in the morning.*** *But anyway you work through it. You have to.*

She described her back injury,

I came back ***I slipped*** *on the floor here. When I came back in January. No, no that piece of floor in the Pause Area,* ***I slipped*** *there and* ***I cracked my rib.*** *At work! Just after I came back. Then I had that as well. Okay it's busy healing now. It's not* ***paining*** *anymore, only when I sneeze. I still have* ***pain*** *but it is busy healing itself.*

Her appearance and body language in the interview, indicated that she did not want to delve into the family issues. I did not probe further and she reverted to her need for professional help; adding,

I have seen him *[psychologist]* ***3 times now. I don't think I'm gonna go back to see him, because otherwise I have to start paying.*** *I only get 3 consultations. I'm on Discovery. I'm not on Bankmed. But if you referred you only get four, three consultations. Then after that you have …. Yeah that is how it is. But at the moment I'm not gonna go back. But I'm trying to deal with it as I say* ***some days are better than others.***

Her assertions that ***some days are better than others*** epitomised her **live experience** with a mood disorder. It was an **unpredictable rollercoaster**. In one of her consultations the Doctor told her that she could also be suffering from **burnout.**

The thing is like I say, some days are better than others. I'm not taking any medication. Because the doctor said it's better not to, what I should do is exercise. He said I must eat more protein in my diet because it elevates depression and those mood swings. And he said to me the third things is uh what was the third thing he told me to do? It was exercise. Yeah that was what Dr… [name not clear] said to me exercise. And he actually said not exercise jumping up and down, but cardio-vascular. We need strenuous exercise at least for an hour a day. And then he said to me the protein, I need to increase my protein in my diet.

Oh and ***the sleeping*** *and coffee. Coffee! He said to me "your intake of coffee is too high". Yes, because he said to me it does,* ***it stimulates the depression.***

What you eat. Yeah I know I am now actually trying to change my diet. Exercising uh I have to join the. So I think that's why uh because Dr [name] also mention ***the burn-out****. He said* ***you most***

probably are burned out. *That's why you can't cope with everyday life, with little things that happen because you are.* ***There's nothing left, there's no Victoria. It's gone.*** *Yeah. He actually also referred to that* ***[carcass].***

So I know where I am and I know what I have to do. So that's just doing it. That's the issue. Yeah. The results. Yeah I'm not one for tablets. I'm not one for tablets. But you know maybe I should look at it. Maybe I should just go to like Clicks and ask the consultant there and say what do you think or recommend? Not something strong. We need to be healthy.

I must admit I do, ***I wasn't sleeping at the time****: It was terrible. I must admit now I've more or less…I am sleeping a bit better but I still wake up but I don't get out of bed, I stay in bed. I force myself to sleep.* ***Deal with it****. I am now* ***starting to deal with it.*** *I am. Sometimes it is difficult. But then* ***I can't sleep*** *and I say you know what* ***just relax.*** *Move everything out of the mind and try to sleep.*

Job Strain

The **theme** of job strain **emerged** because of the **misfit** between Victoria and the **managerial role** that she had been promoted into. This phenomenon had been highlighted by the **Person-Environment Fit (PE Fit)** workplace stress model. The model proposed that **misfit** between the occupational environment and the **employee's characteristics** such as **skills** and **abilities**, was the primary driver of work related stress.

In her case, the new role stress compounded by familial stressors and **work life imbalance** precipitated a hospital admission. She had battled to cope with the work, and felt unsupported by the

organisation. Instead of the excitement that normally accompanied promotions she felt overwhelmed by the new job demands and expectations. She voluntarily opted for a demotion back into her previous less stressful position of a [job title]. This type of decision would be difficult for most employees because of the possible undesirable financial implications attached to it.

I didn't get the support *[from work]. Yeah! You know what I think they still saw me as a ... [job title]. They didn't see as the manager. And that role was an issue. They were expecting me where I only had to have control over seven people at the time or six people at the time. They were expecting me to run still with the 24 people, which was the data maintenance and the [other].*

Because I had both of them coming to me. And I had them all wanting to instead of having the …. people and still deal with the DM, that's not what they were doing. And one person to deal with 24 people, it's impossible. It's impossibility, you can't. And every meeting that we had then it was thrown up in my face. You are the person who is responsible, you are accountable. You supposed to be dealing with these things.

Like yesterday ***I was very emotional****. You know it's little things [triggers]. That just uh I don't know. Like last week something happened at work. It shouldn't have worried me but it did. And I'm* ***battling to fit in****. Because I turned down the position in December when I was admitted. I actually said I want to come down and work as a ……****[job title].***

I thought to myself, no. ***I can't, I can't****, I'm one person. You want me to deal with all these people, where there used to be two people. Yeah* ***I'm gonna step down****. No, no, now it's much better.*

*I'm … [job title] again [**back to old position**] and I'm in International. I'm not even with **[business name**] anymore. So I am dealing with all the international companies now. I'm checking everything. Because I said to uh … [name unclear] the new team leader I said to her **I refuse. I don't want to be involved** with [business name]**. I don't want to.***

*Yes! And mind you like I said because you know the home life balance was not there anymore. The **pressure between the two just created more problems than finding resolutions.** So I took that step and said to myself no you need to now **make a decision.** And that's **a decision I made**. And **I stepped down**. Which is a good thing because **I feel more comfortable** but there's other things I need to sort out in my life.*

Loneliness

Loneliness as a **theme** was noticeable in Victoria's **live experience** with the Mood Disorder**.** Her depressed mood forced her into isolation even during the Christmas family holidays.

The thing is I haven't … I was in hospital from the 5th and they only released me on the 23rd of December. Yeah. Then I had to go back the 3rd of January and then they released me on the I think the 9th or the 10th. It was just before my uh it was the 8th of January they released me again. They gave me a pass. My son came from England. Yeah. He came from England and they said to me they got me a pass. So yeah they said they got me a pass.

*Even when I went on holiday **I kept to myself**. Uh I don't know…**I don't want to be with people anymore.** I'm **battling with people**. I try to keep to myself, I actually try just keep to myself. Just so I*

can do what I have to do and go home. They [management] told me if I want to go work somewhere else…… to just take my laptop and go work somewhere else. ***I can do that.*** *You know I feel that* ***I am too emotional*** *or…Yeah... I'm trying to [self isolate], I really am you know there are some* ***days like I say that are difficult…*** *But then other days are just uh…*

Coping

As she discussed ideas about her new **coping mechanisms** she covered how she had previously conducted her life. She felt she had allowed others to take advantage of her and pledged to be more assertive in the future. She thought positive thinking would also empower her to take charge of her problems.

I have been trying to do making myself feel more ***positive thinking****……I have been trying to you know if I do have an issue …I try and work through it. And see how I can overcome it. That being the reason I have decided at work* ***I'm not going to meetings*** *I'm not going to be the* ***person that always say yes I'm going to do it…***

I'm not going to be the person that is going to listen if there is any …situation that is going to pop up in the meeting. ***I need to think of myself****, not other people. It's not make other people I need to make happy.* ***I first have to make myself happy****…before I can make other people happy.*

That is why say it is very difficult I mean I have got two beautiful grandchildren and I find that I'm very ***short with them*** *it's not that I don't love them,* ***but I'm short*** *…Yes. That's uh you see my*

whole life I have allowed people to override me. ***You know dictate to me***. *But if I ask for something, no tomorrow is fine, we will do it tomorrow. Tomorrow it's fine.*

The negative consequences of her suppressed emotions **emerged** as a **subtheme**, embodied in the usage of words such as **bottled up, cracked, lost it.** This experience would be followed by feelings of **guilt** and **regret.**

Yeah! And I couldn't take that anymore, ***I couldn't cope with that. I used to get upset***. *I mean for two months I didn't have a plug in my kitchen and I* ***kept*** *on* ***saying*** *to my husband* ***"please fix it, please fix it, please fix it"*** *I even* ***tried to fix*** *it myself. And eventually I just* ***cracked.*** *I uh uh actually* ***just cracked. Then I feel bad***. *Because I'm not that type of a person that will look for* ***confrontation****, I don't. I don't want to find myself and* ***lately my reaction has been to my detriment***.

Uh let me give you an example what happened two weeks ago. We were standing in a group of people. Actually no, let me use another example. We were having a meeting with our head of HR. Okay? And in this meeting the one person mention that I didn't get the correct training when I was handed over to [name of country].

And I sat there and thought I was the person that handed over the uh…I did do training but our head of department said give me names. Tell me who these people are so that we can take action or talk to these people or find out what happened that you say you didn't get the right training.

*So he said I don't want to mention names and of course **I just lost it** and I said it was me. I gave it. So if you want to blame somebody, blame me. **I was so angry at the time**. And I **shouldn't have reacted like that.** Yes, and it's **little things** like that. If we have a meeting **little things will pop** up and I'll think to myself, no, no this is not the right place, leave it. Don't say anything**. I must learn to do that**. I must learn uh because he even when I came back he said something to me and I just turn around and said **leave me alone**. I said don't talk to me. Just…*

It appeared that Victoria's emotional outbursts were more prevalent or uncontrollable at work than at home.

*Yes, yes it can [be worked on]. **At home I have learnt how to control it** at home now. I, I because uh… yeah.*

Her emotions were unpredictable, on the spur of the moment type **experience** followed by the **difficulty** of dealing with the **guilt after-effect.** I probed further about the **guilt**.

*That's my problem. Yeah I do. There's **a lot of guilt**. That's one thing that's **very difficult to deal with**. But anyway I will get through it. **I have to be strong**, I have to **think positive**. **Positive thinking**. What is right for me. What I can do to change things. Look there's a lot of things I have been through. You know what, it's just **last year I stumbled** … **I could not deal with all those emotions.***

The Burden of Stigma

In comparison to the other participants Victoria was less concerned about stigma. She felt that hiding her condition served no purpose. For example, the fear of stigma would have deprived her of the **benefit** of the research interview. The organisation will contract her for another performance year; therefore she needed to **sort** herself **out**. The hope or expectation to derive value from the interviews was also implied in the other participants' stories.

*Yes, no I have to be sure, it's something that I have to deal with. I can't hide it under a carpet and say it's gonna go away. It's not gonna go away. No, I can't. No you can't**.** The thing is that I have to think of myself. Because I can't get myself well and they contract again. How am I going to cope with everything else? So that's my **main objective** is to try and **sort myself** out so that I can go back to being who I was. **No I want to**… you see **I don't wanna feel like this. I don't. I don't want to feel like this**. **It's not me.** I could even say maybe **it's a change of life**. And it's just all of a sudden it **smacked me on the back of the head** to say you know what…*

Identity Crisis

Her identity crisis **emerged** as a **theme**. It appeared that the severity and impact of Victoria's mood disorder had left her confused about her identity. She questioned and tried to re-establish **who she was**. Her reflections during this process included an attempt to discover explanations and answers from all angles, including **menopause.** Her reasoning made sense. As indicated, menopause has been commonly associated with mood swings and identity confusion in some women.

So it could even be part of that, because I mean I have been going through ***change of life.*** *So maybe this is the way I am dealing with it. I don't know the decisions I have to make which is very difficult for me because* ***I am not that type of a person*** *that will make harsh decisions. Just off the bet, never have been. You know I always think it through first and say okay fine this is the way. This is what we have to do.*

I mean it was the same when my husband lost his business, I gave him the ultimatum. Either you close this business or I leave. I had to do that because it was not working. We lost a lot of money. ***I am not that type of person.*** *I won't threaten anybody and I won't abuse anybody's trust or respect. And it was very difficult for me. Now I'm at a point where I have to make the same decisions again.* ***It's very difficult for me.***

Her difficulty in coping was amplified as she continued to tell her story. Once again, highlighted were the issues around the inaccessibility of counselling due to affordability, the family financial stressors and the general lack of support.

I have to pay for every session after the fourth one. And it's gonna be a strain on me because ***I don't have extra money*** *and once my medical aid is finished then I have to pay cash for everything again. Every year by July my savings is finished, I can't have that unfortunately I work on a strict budget so…*

Because we were also put on debt review, I applied for debt review. I actually applied for debt review after uh just after… we have been on debt review now for two years. That is when I found out

I could not pay everything back, after the closing of my husband's business. I just could not keep up the payments anymore.

I struggled for two years and it just didn't work. And then I decided that I have to, I have to make a decision again and I said to him I can't anymore. Yeah. So yes because my husband is not good with that type of thing. So he doesn't understand and it is the same with my house now. I wanna sell my house but he doesn't want to.

This is what I'm saying and this is things that I just feel that ***I need that support.*** *Why aren't you listening to me? I need to make that decision, once again I'm put into this predicament where I have to now say either this or this.*

Nobody I don't have. I don't have friends. I don't have anybody I can talk to. Yeah I don't have. Maybe it's because I don't drive, I don't know. But yeah.

The **subtheme** of social isolation **re-emerged** as she spoke about the lack of friendships in her life.

No. No. *You know* ***I find it very difficult*** *especially with my husband. Because my husband also does not want that. He does not go out or associate with people. He is very much to himself so I think I've also gotten into that habit…*

I have two sisters, both of them are in Cape Town. I got my daughter as well but you know what I mean she is married now. She's got her own life and children. You know what she's got her own

issues and problems. I just feel I don't want to burden her as well. This is not fair on her, it's got nothing to do with her. Actually it's not fair, it's not actually her fault I'm finding myself… she also agrees that we need to sell the house. She does agree there especially after the last burglary that we had.

Self-doubt as a **subtheme emerged** particularly when Victoria reflected on the frustrating and conflictual dynamic between herself and her husband whom she described as indecisive. She suddenly questioned her decision making skills and approach.

***I do ask myself**. **I ask myself is it me? Am I doing something wrong? Am I saying something.** I don't know my husband is a very uh…he's a very uh what can I say he believes that things will always get better in all situations. And that's not the case. It doesn't, it doesn't. especially when it comes to property, or when it comes to your pension. And he's got this uh **I don't know**. **I can't, I can't**,*

***I have to be realistic**. **I can't be unrealistic**. I am not really one that will make a decision not thinking what is going to be the action that's needs be taken and what's going to be the result from that action. I'd rather prefer to think about it and say fine I **need to make a decision** and where am I gonna go. **I will first find out before I make a decision**.*

*Whereas with my property now, I need to sell it now. My husband thinks if I sell in five years' time, I get more money for it. What he doesn't understand is the place where we live in is going down. We are not going to get what we want. If we can get it now, we are not going to get it for a million later on. **He's in a dream world.***

*And that's why I think **I have to make a decision now**…. Yeah look it's the same with my position … **it just wasn't for me**. **It wasn't. I was not meant to be there.** When I made that decision I realised you know what Victoria this is not for you.*

***You're a worker bee**, if someone gives you work to do, you will do it. Work on that. Rather work on that which you know, if somebody gives me something to do, it will be done. And that's how I work. **Now I feel I'm in the right place** as far as my work is concerned. Status never bothered me, status has never bothered me. I've never been one that looks for status.*

Maybe it's because I'm an introvert. I'm not one that likes to be out there, be known, be in somebody's face. No! I'd rather be in the background. Leave me, I'll do whatever I need to do. I don't want the attention, I don't want the limelight, I don't want that. That's why I say I know I made the right decision. To step down, go back to where I was. That I feel in my heart uh…

Organisational Support for Employees with Mood Disorder/Depression

Victoria felt that the organisation could show **empathy** by giving employees more time to recuperate before they came back to work. This stance had been shared by the other participants. I had also found that some of the participants were still too vulnerable to be at work. It was worse for those who could not receive professional support or treatment.

The challenge was that once they were back at work the expectation was for them to perform. In some cases, doctors and or psychologists would have recommended that they be placed in less strenuous positions while they recuperated. The reality was that companies complain about the

downward economic climate, with budgets too stringent to employ more resources. Therefore, reasonable accommodation must be a temporary measure as there were no extra people to do the job. On the other hand, insufficient time to recover, combined with performance anxiety often led to employee relapses.

Inadequate treatment of employees with depression will continue to perpetuate poor performance due to presenteeism and absenteeism and raise productivity costs (Kahn, 2008). The literature also discussed the concept of **collective burnout,** based on the suggestion that the contextual antecedents of burnout can be shared amongst employees (Halbesleden and Leon, 2014). To prevent the spread of burnout, it would be in the best interest of both employees and organisations to find amicable ways of adhering to optimum recovery plans.

You know I think they need to give people what I find that ***they don't give people time to heal.*** *They don't say to you okay fine* ***let's give you a week****. :And* ***see how you cope*** *after a week. And I'd say to you go home and go see your psychologist or whatever the case may be. Because* ***I came to work, straight after I came out of hospital****…and my annual leave, I had to take my annual leave. Even though I was still hospitalised. My annual leave is still my annual leave. And I just feel there's no consideration.*

I mean when ***I cracked my rib, I went back twice****. The doctor booked me off for two days. And I think to myself if the doctor didn't book me off they wouldn't have told me to go home.* ***They still would have said come to work.*** *And* ***I was in pain.*** *There's* ***no consideration****, there's no …* ***not empathy****. You don't want empathy but* ***there's no consideration for the situation you in****. Now if I*

didn't come to work today because of the way I am feeling. And I know it would have been a situation, ***it would have been an issue.***

Victoria *is off again. She's sick again. Then I think I'd rather just come to work that's what you have to do…That's why today I thought to myself just do your work…… and do your work and get out of here.*

PART TWO

NATURE OF ENGAGEMENT

This conversation took place three months after the first one. Since the first interview I had been very concerned about Victoria's wellbeing. I genuinely wanted to find out how she was and possibly find closure to the initial engagement. It had left me with unfinished business.

It was approximately an hour long conversation, at the same place and the same time of the day as the previous interview. We were again almost synchronised as we stood up from our work stations and followed each other to the room. I noticed Victoria's **energetic gait** and **purposeful walk** and wondered what was in store for us.

Our greetings had become warmer and more familiar. The small chats when we met in the corridors had strengthened our rapport.

Victoria presented with a **jovial** and **elevated mood**. I was pleasantly surprised by the **360 degrees** shift in her since the first interview. She was still the same introvert but much happier and

expressed herself with much ease, still direct to the point. She spoke without **shedding tears**. It felt as if I was in the room with a different person. Her mood had completely lifted.

I had my tape recorder just in case. So, after an exchange of pleasantries, I asked for her permission to record the conversation and she agreed.

EMERGING THEMES

Self Discovery

This **theme emerged** as Victoria reflected and evaluated her condition six months previously, since December when she had experienced the worst crisis with her mood disorder. Overall, she felt that she had improved although she still occasionally slipped into a depression. The duration of her episodes had become shorter and there were fewer of them. She was gradually finding herself.

Yes, yeah you know what? What I can say is that I am promising you know there have been a couple of days where I have, I actually had but it's things that have happened … and ***I've allowed it to actually creep back*** *in and allowed it* ***to affect me again.*** *And I should not have done that, but I'd gotten out of those days you know …****but it's getting much easier.***

But I still have my days where something might just happen, then all of a sudden ***I'll just go back into that depression*** *of feeling of you know what why am I doing this. What is the* ***purpose*** *of me being here? Yes! You know like I say I am a* ***perfectionist*** *unfortunately and I,* ***it's just that I dealt with it****, and then I'm at it again.*

Subthemes such as **internal locus of control** and **resilience emerged.** She had **bounced back**, **self authorised** herself and had decided to **take control** of her work situation. From the cognitive and positive psychology perspectives, she had appraised her work issues differently. She had adapted her thought patterns from a predominantly negative and pessimistic view to a more positive outlook. This helped her to set healthy boundaries between herself and work, including other colleagues. She no longer easily reacted to triggers but had found a more constructive manner of responding.

*Now I have put myself in **a space** where I actually said **this is your new job**, you will help and assist, if requested to do so. You're not gonna get upset. You are not going to get involved [emotionally]. You are going to get involved to **fix it**. **Fix the situation** and **correct the situation**, you are **not gonna get yourself upset. Emotionally**! I can't, I cannot afford to do that. It was actually two weeks ago that this happened and I thought to myself **'no, here and no more".** You can tell them they can send it here and **you can fix it**, but **as far as getting emotionally involved, no, no.***

You have to step back now** [boundary setting]. Yes! I used to if I saw the mistake that was made, **I used to get angry,** I would think to myself how can, this is a silly mistake. But in my eyes, yes! it's a silly mistake but maybe for that person, it's not. And then I'd think but why aren't you fixing it, why didn't you doing something to fix it. Why didn't you pick it up or notice it and fix it? It was there, you could see! It's obvious, it's there! It's wrong. **I used to get terribly upset.

Assertiveness

Earlier Victoria had reflected on her self-sacrificing behaviour and had pledged to be more **assertive** with those who took advantage of her. She seemed to have implemented her plan.

I feel like it affects so many other people that haven't got the time to deal with things like this. It makes me very angry, so now I have decided, like I do pension stuff…And now that I'm doing pension stuff I'm getting an example why because now I pick up while I'm doing pension stuff, I'm picking up things that are happening in the background which is wrong.

But now I'm saying to myself, ***no! no! no! no!*** *if it's wrong, not your problem, you're dealing with the pension side now. That's where the buck stops. You're not going to worry yourself about side that's being done wrong in the background. Yeah! It's not my issue, just as long as I'm doing what I'm supposed to do to the 100% of my ability. Yes! Yes!*

Because I felt that I can't! and then I'm seeing these things and I'm working myself up and I'm thinking to myself and say but it's not your problem. You're making something that's not your problem, your problem, my problem, no! no! no! no! it's not my problem. If they did it wrong, need to take the consequences of whatever happens if that gets found out or they find out that's wrong or whatever the case may be. Because I cannot take somebody else's issues and problems on my shoulders, which I was doing previously.

Personal Power and Control

From the brink of despair and disempowerment, regaining **personal power** and **control emerged** as a **theme**.

And ***I get mad*** *and* ***I used to get upset****, and that's why I am now* ***I feel I'm back to where I was****.* ***I got control,*** *if anybody gives me any issues to sort out, I sort them out and I will deal with it. But I do*

not get angry anymore, I don't get upset, I don't get myself into that state where I feel you know what I don't want to be here anymore. I don't even want to live anymore.

That's how I am dealing with it now.

I have to, I have to *and* ***I'm going to****. Even my home, my situations at home as well. It's again my mom, my mom's been in ICU again and in the end we need to find her another place to stay. And I thought to myself you know what* ***deal with it but you're not going to make it your problem****. You gonna look at it and say* ***this is what we need to do****.* ***This is what I can do*** *and* ***not more than that.*** *What else can I do? I can only do so much and after that I can't do anything else. I tried to help them as much as I possibly can, given them the forms and everything. They have to now do the rest.* ***No I have to****, I promise you* ***if I don't*** *do I know that* ***I'll land up in hospital again****.* ***I know I will****.*

The End of The Roller Coaster

Calmness became the new version of Victoria's story as she took ownership of her life. She continued to free herself from the unpredictability of the mood roller coaster experience, began to proactively anticipate situations and decided how to respond both emotionally and practically.

We haven't sold the house because I may have to take my mother in. If whatever we planning do not work out, I may have to take my mother in. So I can't do anything at the moment. Now ***I have accepted that.*** *So either way* ***I have accepted it*** *and* ***I will deal*** *with either way,* ***I'll deal with it when it comes up.***

*That's how **I am planning my life now**. I can'! I can't afford to put myself where I was before because that's not me where I was before. I have never been that person. Yes. I mean like I say it happened many years ago to me when I found out about my son. I can't put myself where I was in December. I was not in a good space.*

Finding Purpose and Meaning from Work

> *Work is about a search for **daily meaning** as well as **daily bread**, for **recognition** as well as cash, for astonishment rather than torpor, in short, for a sort of life rather **than a Monday through Friday sort of dying.*** Ford, Hollenbeck, and Ryan (2014).

Hulin (2014) added that **work** is an integral part of **self-identity.** It gives **purpose** and **meaning to life** and provides for **feelings of self-worth** and **self-esteem.**

Victoria's decision to step down from the stressful managerial role into a junior position paid off. Her performance increased significantly. Her **self-esteem** and **work identity** improved and she began to **flourish.** Her new state of being was aligned to both Maslow's hierarchy of needs and Seligman's Wellbeing theory of **PERMA** (positive emotion, engagement, relationships, meaning, accomplishment). Hierarchy of needs involved experiences of **accomplishment** and **self actualisation** through work, whereas **PERMA** covered the fundamental components to human wellbeing.

*Like I say, I still have my good days. But I found I am coming out of it much easier. It's not a case of it is lasting for weeks. Or for more than a week. **That's how I cope.** So I deal like that's how I*

dealt with it. Yes. I need to [sort out issues], you know I am that type of a person. If you give me something to do, something that you have to go into depth with and everything, I will do everything in my power to…… give you whatever you need and to get you whatever you need.

I mean like this year they've given me the auditors again. And I have been working with them and I must admit ***I have received good reviews*** *from all the audits that I have done. You know from working with them and giving them information. So I feel that's my space,* ***give me a problem and I will solve it for you.*** *That's me,* ***don't give me people.*** *I just,* ***I get too emotional*** *because I've got a lot of respect for what I do. And I find that is gone in the workplace.*

And the ***ethics,*** *the* ***work ethics****, there is just* ***no more work ethics****, maybe I am old school. I don't know, maybe I am too old school. You know I just feel it doesn't matter what position you hold or what work you're doing it could be the most mundane work. But always* ***show respect*** *because somebody else is going to see that work or have to look at that work. How would you feel if I did half a job and you look at my work and say you know what "unacceptable". But I will have that* ***respect*** *and say listen I will do it to the best of my ability. If I can't I will come to you and say "look I cannot do it".*

Ah no, no, no ***I'm very glad*** *[about career decision] and now I am like I say I feel that…and I mean [name] and them give me work and say "****please this is escalation, sort it out".*** *Or do this for me or do that for me.* ***I say "pleasure, with pleasure I will do it".*** *I haven't got an issue and I feel…Yes,* ***I feel alive again****. You know what...****I'm here for a purpose, there's a reason why I'm here now****. I can* ***accomplish*** *something. Yes! Yes, and* ***that's why I needed that.***

***Exactly, that's what I want**. I don't want to come and say you know **what I am being paid for what I am doing.** No! Yes, I am **being paid** but if **I can do over and above** what I'm doing, then that to me is proof that I'm at least an asset to the company. **They can see me as an asset. I am not a liability**.*

I shared my admiration of her courage in demoting herself. A decision almost impossible for other employees due to the shame of losing the status attached to the managerial title. At face value, it appeared that her decision could have also been catalysed by humility. But she shared a demeaning experience that could have also influenced her decision.

*Yeah, you know what **that is one thing that never bothered me.** It's never been something that has given me any need to feel that I am better than anybody else. And I think that is an underlying thing in our business. Because you do well, people think that you know what and that's why I say in meetings "please guys don't mention my name". Victoria will fix this, Victoria and I say no! No! It's been fixed and that's it, you don't have to say who by and that's it or how, or where or when.*

*I don't want my name mentioned, because **I have had that experience** where they said yes you think you know all or you think you can do better. Yeah! I have had that. And I've even had unfortunately one of my managers because I sat down and he told a junior clerk that **I am a failure.** I said to him **"I'm a failure**. **In your eyes I'm a failure"** That's fine, you have to live with it, not me.*

The scenario which follows **reassured** her that she was **not a liability** but **an asset** to the organisation. **Work** served a **higher purpose** for her. **Money** was just **an end** to **a means.**

So I am proving them all wrong now. *The one day I mentioned as I was walking past and said you know what I think next year* ***I must resign.*** *And it was popped up and [manager] said you have not got that avenue, that door is closed to you,* ***you're going nowhere***. *No, I must admit, I must say* ***I'm proud of what I am doing.*** *I don't need to have people come and tell me that. I don't need that. All I'm saying is "****thank you*** *for doing what you're doing"* ***That's all I want.*** *I'm not [after validation], like I say that's not what I'm here for.*

Even though like I am saying I am getting a salary, that is not what I am here for. Is to help, assist and whatever needs to be done, needs to be done. Yeah! and I am enjoying every moment of it. I am enjoying it, I really am …this is my space.

Healthy Work Life, Healthy Family

Work related stress and familial stress had converged when Victoria exclaimed,

I cannot, I cannot. I cannot I cannot. It's everything on you? And you are one person.

She reflected the stressful **crossover** effect between work and her family domain. She had now improved her management of family issues since the positive change at her work.

Yes, it is ***interrelated.*** *I won't say a lot has changed at home. I sometimes feel that both my husband and my daughter are still taking advantage of me. But I am allowing that, it is my fault because I am allowing it. So I still need to work on that. It's something that me personally at home,* ***I am not so highly strung***. *I am more,* ***calmer, I can deal better with situations at home****, than having*

*flaring up and getting upset. I've got better control with situations at home. I must admit. Yeah! I must admit I find that **I am more relaxed at home**, than where I was.*

*I think my husband has **noticed i**t. He **noticed that I am not so highly strung**. He **has noticed** that because when I'm at home I would just go off for any little thing. Now with the situation at home with money, then I said to him, no! you've got money, if you spend it, you spend it. No more money, you're not gonna get more money. **In a calm way**, but then he will carry on and carry on and I will say you can say what you want.*

*So **that's how I am dealing with the situations now.** Really I can't afford to, because I find that if I do get into uh like I say some days … [unclear] then I'm **teary-eyed**, I am **very emotional again** and **I don't wanna be in that space again.***

Victory

Victoria **emerged victorious** as her story ended on an inspirational note. She had **reconstructed** her **live experience** and **empowered** herself back into the **driving seat** of her **life**. She had weaned herself off medication and reported a good feeling.

*I have even gone of the **Cilift.** I am not taking it anymore. The **depression tablets, I am not taking them anymore. I stopped** like two months ago. Yes, **I stopped.** I used to take one every day. Cilift.I have been taking one every day. Then I just decided I don't wanna take these tablets anymore, because I just felt that it was **making me more irritable.** And then I decided I am leaving them. It's been two months now.*

I got the tablets. ***Now you off? I am off now****. I decided because now I have to pay cash for it. I had to pay cash and I said no you know what I think I need to start* ***weaning myself off.*** *Then I decided, two months ago I decided I am not going to get the prescription again. It was a six months' prescription. I am not going to renew it.*

I feel good, I really do*. Like I say some days that it's not happening often …[laughing] yeah, no! you know what that's also another thing [menopause], I mean that's something that I've never taken anything for it. It's happening naturally, one it will go away. That's something I don't worry about.*

She thought about her future retirement transition and her wish to have her employment contract extended beyond sixty.

I can stay a little bit longer…If I can [be given an extended employment contract], I will but if I can't I'll go look for something outside, but ***I want to work until I'm 65****. I am on the [company name] pension fund. Our fund is 60…Hmmm.*

This conversation triggered her to discuss her current health status.

I am also finding I am down on my immune system, because I had to take off. I am sick as well, I had to take off for a whole week. My sinuses, my throat, my chest…It was flu. And I had to actually take off a whole week to get better. So I still need to work on that as well. No that's fine now (meaning the back). Yeah.

*Ah no, no really… [unclear] it's been a battle but **we're getting there**. **We are getting there** and **I am going to be fine.** I must give you a beep [in the future should she need a chat]. Okay! Thank you. I appreciate that.*

As the interview came to an end Victoria switched from being a research participant to an ordinary fellow person. It somewhat balanced the power dynamic between the expert (myself) and herself (subject). From a psychological perspective, it could be interpreted that this move sought to restore her image back to normality.

At a deeper level, I wondered if this **part two** could have been about this restoration. Of all the participants in this study Victoria and I saw each other almost daily at work. It made sense that our work relationship had to be **re-normalised** for us to be able to engage as employees going forward.

How did it go with your…(research)?

I shared some of my frustration about not finding research participants. Her response echoed the general fear of victimisation that other participants had alluded to. Mockery was also implied in her response as she spoke about the organisation's lack of sufficient evidence to use against employees in such cases. Her view reflected the underlying **power of secrecy** that employees held for self-protection.

*You know what **I think it is**, I think a lot of **people think they are going to be reprimanded or done in.** And you know what as far as I am concerned, if that's what you wanna do with me, you need to **provide proof**. **[laughs].** They can't do anything to you. I just feel that sometimes I think people say **hurtful things** and I think maybe that's where the **mistrust** comes. But ay if you can **prove** that I am a failure or I am no use of being here…then fine, then take action, do what you have to do. You need to **provide proof**, no matter how you look at it. You have to provide proof that I am not supposed to be here. **[laughs].***

The interview ended on a heart-warming and humbling experience for me.

I found that interesting [the interviews] because to me you have accomplished something great. Another thing you qualified to ask the right questions to get the response that you need. I take my hat off for you people because I'm ([aughs] I'm ashamed to admit but I am … like I say I am not a people's person. I need to be on my own and do my own thing.

*No, no really I'm much better. Thank you for taking the time out, I really appreciate it. It's very heart-warming. Hmmm? My pleasure! **Can I give you a hug?** I hope it goes well. You must. When you're finished tell me and I'll go have a look at it [thesis] [laughs] and have a good laugh. **Okay, thanks!***

REFLECTIONS OF THE RESEARCHER

THE GIFT

Victoria' interview was the last and the most unique in different ways. Firstly, I had begun to feel the despondency due to my struggle to find consenting research participants when I found her. I was happy for her referral but at the same time ambivalent about our proximity to one another. My biggest challenge was, however, my relationship with her manager as a colleague and, as a senior person, some of the privileged knowledge I possessed about their team dynamics.

I wondered about my objectivity in this case study. It was too close to home. I constantly had to remind myself that I was competent enough to handle any matter that might arise during the interview process. I **worried** about the negative publicity it would attract in the event she relapsed during the first interview since people had seen us together. Perhaps I secretly wished that she would **opt out** once she properly understood what the study entailed.

I am grateful that she stayed; otherwise I would have been deprived of the **gift**: the **gift** of ending the challenge of finding my **last** research participant. Most of all, the **gift of courage** encapsulated in her story. Her search for **health, meaning** and **purpose** was real, not merely theoretical.

I was charmed by Victoria's willingness to be interviewed and her display of minimal concern for stigmatisation. I cheered her silently and was immensely humbled by her trust in me.

Lastly, I acknowledged that **worry** was the levelling factor between myself and my participants. From an employee perspective, I fully appreciated the experience of **worry**, particularly when one's work reputation is at stake.

The ultimate **gift** was at the end of our last conversation, right at the door, in view of other employees who were close to the room when Victoria said,

Can I give you a hug?

CONCLUSION

Victoria was almost 56 years at the time of the interview. Her history with a depression mood disorder started when she was 16 years old. She attributed its onset to difficult family circumstances. She is currently married to a businessman and they have two adult children. Both her sickly mother and step father are still alive. Her two siblings live in Cape Town. She has worked for the organisation for 36 years.

She had another major relapse in December and soon after she came back to work she fell and injured her back. Her medical aid had been exhausted due to the extended sick leave she had taken. She felt the strain of having to pay cash for the services she desperately needed, such as medication and counselling. At some point, the intensity of the depression was hard to bear and she paid cash for antidepressants.

Victoria had both familial and work-related stressors but work stress seemed to have been the main precipitator of her relapse in December. She had been promoted from a junior position into a managerial role with additional responsibilities such as managing people. There seemed to have been a misfit between her capabilities and the new job. She had also declared herself as an introvert and confessed her dislike for people management. This made her work role stress unbearable.

In the first part of her interview, she presented with an overriding theme of an **emotional rollercoaster.** She felt **lost** and emotionally **out of control** since the job strain continued and her work and family life fell apart. **Loneliness** prevailed as she **battled to cope** with her condition. Her **identity** and **self-esteem** were very low when she decided to decline the promotion and returned to her old position.

That decision was to be the best she ever took (figuratively speaking). She had changed her fortunes. Her depressed mood was lifted and her work performance improved significantly. She began to receive verbal accolades for her work. The narrative had changed to that of someone the organisation wished to retain. This felt as if she was an asset and not a liability for the organisation. More than anything, she had found **purpose** and **meaning** in her work.

While Victoria **thrived** and **flourished** at work, her family life also changed for the better. She became more **assertive** and able to set healthy boundaries for herself; she also felt more in control of her unpredictable and inconsistent emotions. She could appraise her situation more **positively** in a measured and **calm** disposition and planned ahead. Her responses became more constructive as she reacted less to provocations.

The fact that six months after her relapse she could cope without medication showed internal resources and resilience. Further testimony to her victory was that she contemplated late retirement should the company decide to extend her employment contract.

CHAPTER 10

COMPARATIVE ANALYSIS

INTRODUCTION

This chapter will outline the comparative analysis between the themes and subthemes that emerged from the **lived experiences** of five participants who had been diagnosed with **work dysfunctions** (stress, anxiety, depression and/or burnout). The study targeted both genders but incidentally ended up with only female participants. The literature had mentioned that mental health disorders vary in incidence and prevalence, based on such factors as **gender** and **occupation.** Organisations with more females than males would find the former employees at higher risk for disorders such as **depression** and **anxiety** whereas a **male-dominated** work population may display higher rates of **substance abuse** and **antisocial personality disorders**, as Lowman contends (1996). Furthermore, although international prevalence estimates have somewhat varied, it is reasonably clear that anxiety is more prevalent in women than men, by a ratio of approximately 2:1 (Harder et al., 2014). Over 60% of the staff population where the research was conducted consists of women.

The literature had also shown that **work dysfunctions** are a worldwide phenomenon with an **upsurge in stress** in almost every sphere of human activity, but particularly in the workplace (Hopkins, 2014). Richardson and Rothstein (2008) reported relentless increases in numbers of employees suffering from stress in America, the United Kingdom and Australia. China's numbers of such employees had risen since 1978. In addition to anxiety and work-related stress there were reports, in China, of suicide amongst employees and managers (Zheng, Zhu, Zhao, & Zhang, 2015)**.**

In the South African financial services sector, as reflected by Bankmed report (2016), **stress and depression** were prominent in the banking industry. Job stress was rated number one in the Survey for Self-Reported Reasons of Stress. **Major depression** remained one of the top five medical admissions in the period from **2013 to 2015**. It is chronic and recurrent, with the average depressive episode lasting for 26 weeks as per international investigations. Hence, "[h]elping workers acquire and maintain remission from depression is quickly proving a valuable cost-saving strategy for business worldwide" (Harder et al. 2014, p. 55).

Although the results from studies on major depression are inconsistent, "absence rates and absence costs are higher in groups with depression compared to other workers in general and healthy workers" (Lerner & Henke, 2008, p. 408). The seriousness and complexities of depression mean that occupational mental health professionals play a critical role as the first line for diagnosis and treatment of workplace-related depression (Kahn, 2008).

Given the current and continuing challenging global economic environment, and the turbulence faced by organisations often leading to retrenchments characterised by the adoption of advanced technologies and innovation, work will continue to be the major source of anxiety. Work dysfunctions will become a permanent feature of the workplace as employees will be "expected to adapt to new environments with greater demands and fewer resources" (Sweetman & Luthans, 2010, p. 54) & (Choudhury, 2013).

The dominant **themes, subthemes** and **nuances** that seemed to re-occur in all **five stories** were as follows:

- The battle of the participants to make sense and meaning of their official diagnosis (depression or bipolar) underpinned by fatigue, hopelessness, worthlessness, confusion, and feelings of disempowerment and/or lack of control over their conditions.
- Occupational stress, anxiety, burnout
- Somatic conditions
- Loneliness and suicide
- Work and self-identity
- The burden of stigma
- Coping
- Role of family and organisational support
- Gender stereotypes and mental health
- Medical health authorities and the silenced voice.

THE BATTLE TO MAKE SENSE AND MEANING OF THE DIAGNOSIS

This theme was **voiced** by all participants. They related their **lived experiences** with **fatigue** and **exhaustion** irrespective of whether they suffered from **depression** or **bipolar.** Predominant in their **stories** were feelings noted above, of **hopelessness, worthlessness, confusion, disempowerment** and/or **loss of control** over their lives. They questioned and pondered over the **uncontrollable** nature of their dysfunctions. To articulate the **sense** and **meaning** they had made of their diagnosis they used their own unique forms of self-expressions such as **metaphoric language, their own mother tongue** or **first language**, whilst **one participant** referred to a **movie (*Silver Lining*)** as a representation and depiction of her **lived experience** with bipolar.

From the qualitative research and social constructionism perspectives, **language** and **conversations** allow people to interpret and make sense of their real-life situations, eliciting **rich** and **in-depth insights**, as Mouton (2001) and Denzin and Lincoln (2005) note. The choices of words below were examples of the participants' **deep** emotional and psychological experiences and the meanings they had attached to their conditions.

Dark, hole, pit, it is dark and nobody can hear, my head wants to explode, stuck, trapped in a dark trench, hitting the brick wall, out of the blue, its mud, slipping, dragging, the amputee, the roller coaster.

The above expressions confirmed their collective struggles with depression and bipolar. From the perspective of the soul, Tacey (2011) described depression as a painful experience with its roots in the autonomy of the psyche.

The participants' choice of words could also be viewed as the demonstration of what Foucault (1926-1984) referred to as the **fixing** of words, creating facts and locating them as if they were discoveries of the way things really are, in a particular time and place of the discourse; using **images, meanings, metaphors, statements** that **construct** something in a particular way. This implies that the participants' stories would therefore not be stagnant. They are fluid **living organisms** with possibilities for change. Lowman's (1996) taxonomy of work dysfunctions spoke about the transient situational stress attached to short term difficult work circumstances, for example adjusting to an autocratic manager.

Burr (2015) stated that research needed to afford the participants **personal agency**, to express all possible **multiple versions of their stories**; this is a view aligned to the micro version of social constructionism, which emphasises the constructive work of individuals. Within their constructions, the **power** of the participants' **words** and **finer nuanced messages could** be felt in the dialogue with the researcher. There needs to be an appreciation that **understandings** originated from within the live conversation, and are not based on any **preunderstanding** (Andersson 2012).

Furthermore, **disempowerment** seemed to have been dominant in the participants' **lives** as they **struggled** with their conditions. They were required to succumb to and accept their diagnosis, as well as comply with treatment as per their doctor's prescriptions. Evelyn said, ***I was told I have depression….immediately I would feel something I would let my psychologist know.*** Naledi reported being ***stable for [a] long [period]*** due to medication**.** Victoria was obliged to pay cash for her medication in desperation to have her mood swings stabilised. The power of **diagnostic labels** was at play. Refusal to accept the **diagnosis** could have led to being **othered** and denied medication through subtle **disciplinary power**; see Van Zyl and Nel (2011) as well as Burr (2015). Much as the implications of not accepting the diagnosis are obvious**,** Van Zyl and Nel have reminded one to question the consequences of **labelling** with regard to the individual's perception of themselves in relation to **others.** The relationship between **diagnostic labels** and the **fear of stigma** will be discussed later under the theme of stigma.

Although the mental health experts' **power** and **knowledge** were undoubtedly felt through the participants' stories, their own knowledge was also demonstrated and embodied in their well-articulated descriptions of their conditions. They used their **personal authority** to **voice** their internal

and subjective realities as experts in their own lives. This was in line with the interpretive paradigm which acknowledged that completely objective reality is impossible to apprehend. The paradigm introduced ontological and epistemological perspectives on internal reality and intersubjectivity (Guest et al., 2013). It subscribed to the postmodernist thinking that there are multiple "realities which are constructed by the meanings that people attach to events" (Van Zyl & Nel, 2011, p. 20). It refutes the fundamental assumptions of modernism and structuralism, that there can be an ultimate truth (Burr 2015).

OCCUPATIONAL STRESS, ANXIETY AND BURNOUT

Except for Generalised Anxiety Disorder **(GAD)** none of the above conditions has a specific category in the latest **DSM**; hence all participants had been diagnosed only with **depression** or **bipolar.** Harder et al. (2014) did assert that depression is the most prevalent mental illness inside and outside the workforce. There is another view which is held, though, that depression has become a common topic amongst many people, making it relatively easy to describe and even perhaps diagnose. It is also one of the commonly used words in psychiatry and one of the most ambiguous, being frequently viewed as the **common cold** of psychiatric disorders (Iron, 2014; Barnhill, 2014; Blatt, 2015).

Furthermore, the coexistence of depression, stress, anxiety, and burnout have been mentioned in the literature, with some longitudinal studies indicating that **stress** at **work**, driven mostly by psychological factors, may cause depression (Mackay, Cushion, Palferman, & Buckley, 2015). **Occupational stress,** in particular, has become a key topic in the workplace due to "cost, litigation, prevalence, and lack of clarity about definition and application" (Harder et al., 2014, p. 131).

Anxiety has been noted as one of the initial symptoms of job stress, resulting in depression if the stress levels are intensified and prolonged (Choudhury, 2013)**.**

Harder and his colleagues maintained that all workplaces have aspects that can provoke feelings of anxiety such as hierarchical power and occupational demands. Employees might also worry about work performance, their appearance, meeting of deadlines or aptitude for a new job. The anxiety spectrum ranges from mild forms of worry, tension and apprehension to constant and debilitating nervousness and fear. It is common for people to experience anxiety at some point in their lives, with mild anxiety being a good source of motivation. However, if unchecked, anxiety can quickly turn pathological when the nervous worry and at times somatic manifestation of psychological angst are intense, persistent and overwhelming and begin to interfere with one's daily normal functioning. The central feature in anxiety disorders is "an affective state characterised by feelings of threat about the occurrence of a future event" (Harder et al., 2014, p. 92).

In terms of burnout, this issue was originally referred to as the **rocket's depletion of fuel**, a metaphor for a process of **mental** and **physical exhaustion** caused by one's professional life. It was first considered to occur exclusively in those who work with people, but gradually it became clear that it also existed outside the human services (Schaufeli & Bakker, 2004; Schaufeli, 2003; Evangelia Demerouti, 2014).

In line with the literature, all five participants, to varying degrees, reported symptoms of **stress, anxiety,** and/or **burnout** in addition to their official diagnosis of depression or bipolar.

Evelyn discussed her work-related stress and the negative performance discussions with her manager, including her perceived hostile and pressurised environment. All these had led her to believing that the organisation wished her to resign. ***I see that they no longer need my services.*** The severity of her **performance anxiety** and **occupational stress** had been obvious. There were occasions when she had asked me for a debriefing session after her performance evaluations with her manager. Both she and the organisation eventually agreed to separate.

Nontu described her ***dread*** and ***Sunday blues*** after weekends. She used the metaphor of a ***cartoon where the feet are like being pulled and skidding along.*** She would **grind** her teeth and became **nauseous.** Her **stress** and **anxiety** was not only due to the lack of challenge in her job but were also related to the negative relationship with one manager whom she described as a **bully.** At one point, she asked me to advise her on how to handle the situation.

In line with the Job Demand Resource **(JDR)** theory, Breevaart et al. (2014) argued that **destructive leadership** behaviours such as **aggression** and **bullying** are likely to contribute to subordinate burnout. Furthermore, supervisory and co-worker interpersonal conflict has been reported as one of the social stress factors. The perception that one is genuinely cared for and **supported** has been noted as a valuable resource for managing occupational stress. This would be indicative of **constructive leadership**; see Breevaart et al., (2014) and Siu, Spector, Lu, and Lu (2016). Occupational contexts with increased prevalence for depression were characterised by real or perceived supervisor problems or perceived harassment (Kahn 2008).

Judy and **Victoria**'s cases were examples of **occupational stress** related to **job misfit.** ***I don't want to do that stuff***. After demoting herself into a less stressful position, the tone of Victoria's conversation altered: ***I feel I'm back to where I was… I got control***. These cases were indicative of what Lowman referred to as **patterns of under commitment** such as **underachievement** characterised by a **persistent** discrepancy between abilities and work-related achievement and an **occupational mismatch** between **interest, ability** and **personality** characteristics. Harder et al. (2014) as well as Rothmann and Cooper (2015) had also spoken about the importance of **fit** and proposed that **misfit** is the primary driver of work-related stress. In support of the **misfit** theorisation, the Job Demands Resource **(JDR)** model advocated by Day and Leiter (2014) and Sutton (2015) on burnout and wellbeing interventions, stated that the inability to handle one's workload and the pressure of demands could lead to **exhaustion** and **burnout.**

Naledi's story exemplified excessive **performance anxiety**. She had to ask me to step in and discuss her performance with her manager. The thought of not knowing her manager's view of her performance added what the literature called **type 2 worry**. Anxiety in the work role is covered under Lowman's **patterns of overcommitment**. It might take the form of **performance anxiety,** or **generalised anxiety,** affecting a wider range of work roles. Naledi and Nontu were both anxious about their performance but anxiety had clearly generalised into their other domains of life. Naledi feared to attend the Wellness events whereas Nontu feared driving in the dark.

Lastly the participants' **depletion of energy** is aligned to the third stage of Selye's generalised adaptation syndrome (GAS). As Judy succinctly put it, ***I'm tired, I can't cope anymore…go on anymore.*** During this stage, once the energy reserve is depleted the individual finally breaks down,

resulting in an over-activated nervous system; he or she becomes **exhausted**, **depressed** or **even dies**. This depression and exhaustion could also result in a diminished sense of accomplishment or lack of motivation to work, thereby perpetuating poor performance (Dumitru and Cozman, 2010; Harder et al., 2014).

SOMATIC CONDITIONS

The literature reported the costs of occupational stress to be overwhelming due to both **absenteeism** and **presenteeism**, with the latter being characterised as the **working wounded.** In other words, employees might be **present** at work but remain **disengaged** and **unproductive.** This was compounded by unproductivity costs of other stress, anxiety and depression related illnesses. These would normally involve **somatic conditions** such as **headaches, stomach aches, low back pain, overactive bladder, dizziness, dry mouth** and **musculoskeletal** complaints. Illnesses with somatic symptoms can be complicated, may mimic medical conditions and could lead to misdiagnosis (Harder et al., 2014).

The opposite of **work disengagement** is **work engagement**. **Disengagement** denotes that resources are either not invested or used whereas **engagement** is defined as a fulfilling work-related state characterised by **vigour, dedication**, and **absorption. Vigour** refers to high levels of energy and resilience while working. **Dedication** involves being strongly involved in one's work and experiencing a sense of significance and enthusiasm. **Absorption** is the state of being fully concentrated and happily engrossed in one's work. In short, engaged employees have high levels of energy and are enthusiastically involved in their work (Ten Brummelhuis, Bakker, Hetland, & Keulemans, 2012; Xanthopoulou & Meier, 2014).

Collectively, all the participants had experienced somatic symptoms but nevertheless reported for work even when they felt **vulnerable, unproductive** and **disengaged.** A depleted sick leave allowance was the main reason cited for coming back to work. **Naledi** had been the most frequently absent from work due to her relapses. When **present** at work she had displayed the most complicated picture of somatic **conditions**, typical of what could be misdiagnosed. She **collapsed**, felt **paralysed,** was **wheelchaired** and at times had to be physically carried by her manager. The psychiatrist eventually diagnosed her with a **conversion disorder.** Her other additional conditions were a **sore throat, nausea** and **blurred vision.**

Evelyn complained about **headaches** especially after her performance discussions with her manager. **Nontu**'**s** story was in accord with Evelyn's because she had observed that other people with the same condition (depression) also suffered from headaches. Her own somatic symptoms included **tight chest, nausea** and **irritable bowel syndrome**. She said, ***its stress that causes it …then my stomach would go into this knot*** …. ***I have to take a day or two off.***

Judy's sick leave balance was in the negative but **absenteeism** was not an option although work ***felt like a ton of bricks a heavy load on her shoulders***. **Victoria** had decided to stop using her annual leave for hospitalisation. She chose to be **present** rather than **absent** from work although she lacked the requisite **vigour, dedication** and the **absorption** needed for one to be fulfilled in their work. ***I think I'd rather just come to work that's what you have to do.***

From Maslow's theoretical perspective it can be interpreted that **Victoria** showed up at work only to satisfy the most basic needs. Her back had also been injured at work when she slipped and

fell. It is, however, difficult to link her accident with her psychological state although the incident happened at the height of her depression and mood swings. This leaves the coincidence open to a psychological interpretation. Both from Jung and the spiritual archetypal perspectives, the question could be: was her falling indicative of the loss of control in her life? She also suspected that menopause and related hormonal changes had exacerbated her situation.

As stated earlier, Victoria's **unproductiveness** and work **disengagement** had catalysed her own self demotion back into her old less stressful and anxiety provoking job. Thereafter she started to **flourish**. ***I'm enjoying every moment of it... I'm proud of what I'm doing I am here for a purpose… can accomplish something I am not a liability***.

Her story was aligned to Rothman and Cooper's (2015) definition of **flourishing.** At work the concept covers job satisfaction, freedom to work, competence and a feeling that work is **meaningful** and **purposeful.** This would then lead to engagement and self-harmony. The opposite of **flourishing** is **languishing,** "which can be defined as the absence of mental health characterised by experiences of emptiness and stagnation, as well as despair" (p. 225). Satisfaction with the quality of one's work is an ingredient of the quality of working lives; **well-being** and **flourishing** comprise "the gold standard for measuring **wellbeing"** (Seligman, 2011, p. 13; Combs & Milosevic, 2016).

As with Victoria it was evident that all participants searched for **meaningful engagement** and **purpose** in their work. At the heart of Evelyn's resignation was that she could no longer find meaning and purpose in her work. For Judy, Nontu and Naledi the feeling of purposeless existence seemed to fluctuate along with their moods, but they remained employed.

LONELINESS AND SUICIDE

"The **black dog**, the mythic companion of Hades, god of the underworld, who has "recalled us to the depths and prevents us from moving forward" (Tacey, 2011, p. 147)

> "In summing up the day it's more like there's **your pit,** go into that **pit** and then **I'd go into that pit". (Evelyn)**

The first quotation captured the pain and the powerful grip of depression while Evelyn's reflected her **lonely lived experience** with depression. She went into her **pit** at the end of every day. In solitude, she wondered if her agony would ever stop. Nontu on the other hand, spoke about the **darkness** and **isolation** of depression as no one could hear her. Judy would literally **bang** her **head** in extreme frustration as she felt **trapped** and alone. Victoria felt **lonely** even during the festive season with her family around. Being a social recluse also worsened her loneliness.

In addition to **loneliness** and the perpetual **depressed mood** they all reported other depression related symptoms such as **hopelessness, sleep disturbances, memory** and **concentration problems.**

Three of the participants (Victoria, Judy and Naledi) had a history of **suicide**, with Victoria being the youngest at age **16** when she overdosed. Repeated thoughts of death, suicidal attempts, acts, or making of specific plans to commit suicide have been and are listed as symptoms of depression in the **DSM-5** and **ICD–10.** Naledi described an elaborate plan of how she had planned to shoot herself in the head, only to be rescued by a bullet that jammed in the barrel of the gun.

Although she had no history of suicide Nontu's onset of depression could have been during her childhood. She seemed to vaguely recall a visit by her mother at school because she had ***emotional difficulties***. Anxiety disorders have been said to typically emerge earlier than other mental disorders. Studies pointed to long-term suffering (between 5-10 years) before people can be effectively diagnosed and treated, with fewer than 20 percent able to attain complete remission (Harder et al., 2014). Therefore, suffering and loneliness could be longstanding.

Furthermore, with regard to **loneliness,** depressed employees may be distant, withdrawn, angry, unmotivated, and or tired, with restrained or noticeable changes in personalities and pessimism (Kahn 2008). **Pessimistic** employees would tend to dwell on the negatives and as a result might continue to experience job tension and stress and decreased work performance (Dawkins & Martin, 2014; Gailey & Probst, 2016).

Lately, there has been a move to search for employees with Psychological Capital (**PsyCap),** which consists of four developable personality strengths**, self-efficacy**, **hope, resilience** and **optimism.** Individuals with high **PsyCap** are said to be better engaged, happier and experience more positive emotions than negative emotions (Sweetman & Luthans, 2010; Rothmann & Cooper, 2015; Gailey & Probst, 2016). It is implied that they would survive better in the current pressured and stressed service economy because they would be inclined to view the situation as an economic challenge, as opposed to viewing it as a catastrophe (Pryce-Jones, 2010; Paterson et al., 2014).

Except for Victoria, who eventually became **optimistic, happy** and **better engaged** due to the change in her job, all other participants' **hope** and **optimism** fluctuated through their **lived experience**

with depression/ bipolar. They had, however, collectively shown **tenacity**, **resilience** and somewhat **hardy** personalities given the **multiple psychosocial stressors** they were obliged to endure (family and work pressures). They managed to remain employed. Even Evelyn's agreement to part ways with the organisation was partly her choice, and not totally suggestive of lack of resilience.

Personality has been acknowledged as a strong influencer in people's interpretation of potential workplace stressors, but studies on occupational stress in general did not explicitly link work stress and personality traits because research mostly focused on the work environment and its impact on work outcome. The implication is that more research in understanding the association between personality and work stress is vital for proactive identification of individuals "at higher risk of experiencing work stress and, thus, [will] help to conduct targeted interventions" (Dranago et al., 2016 p. 63; Gailey & Probst, 2016).

From **loneliness** to **suicide**, including the role that personality and other psychological factors play in depression, the complexity of the condition is clear. Without clinical wisdom, even the best diagnostic book will not lead to an effective understanding of the people with depression (Barnhill, 2014).

WORK AND SELF IDENTITY

"Work is about a search for **daily meaning** as well as **daily bread**, for **recognition** as well as **cash**, for astonishment rather than torpor, in short, for a sort of life rather than a Monday through Friday sort of dying." Studs Terkel cited by Ford, Hollenbeck, and Ryan (2014).

Hockey (2013) stated that prior to the industrial revolution work was valued for its sake, but "this was lost when labour became a commodity later in the nineteenth century" (p. 31). This century influenced working life by adopting "the living machine metaphor for the body" (p. 31). This metaphor equated humans to machines, without feeling **or identity** and ever efficient. The thinking further shifted when Hugo Munsterberg, the first industrial psychologist, proposed the concept of **job selection** and **matching** based on **personality** and **skills**. Recognition was also accorded to the importance of **social relationships**, **group dynamics** and the impact of social and psychological factors in relation to work and productivity (Sutton, 2015, p. 10).

During the Second World War, work psychology saw another shift, characterised by employee development and attempts to make **suitable employee selections** and achieve their **well-being.** Irrespective of all the depictions of work, whether **"good and/or bad"'**, and all the evolutionary changes in the history of work, it remains work no matter what people do; it is as important to who they are (Hulin, 2002). As Hulin (2014) added, no matter if there is an absence of labels for people's work as their identification titles, people are still identified by what they do, making work an integral part of **self-identity**. In addition, amongst other features work provides for:

- Income and security
- Development and creativity
- Purpose in life
- Feelings of self-worth and self-esteem.

For all five participants absenteeism due to illness and the thought of being perceived as poor performers was a potential threat to their job security. At a superficial level, their **insecurity** was

related to the **loss of income.** At a deeper psychological level their **identity crisis** was caused by feelings of inadequacy, redundancy and self-doubt. These feelings had a negative impact on their self-worth and self-esteem.

Evelyn failed to understand how her **identity** as an **independent, self-sufficient** and **self-made** person ended up with her being labelled as a poor performer whom the organisation wanted to get rid of. The participants' **identity problems** were not only confined to work but also spilled over into other areas of their lives, particularly the domain of motherhood. The **role identity** attached to mothers is that of care and nurturance. Failure to effectively execute such responsibilities exacerbated their feelings of incompetence and plunged them further into an **identity crisis**. One of Naledi's reasons for attempting to commit suicide was that she perceived herself as a **burdensome mother**. She thought that the family would be better off without her.

Victoria had known herself to be **careful** and not impulsive in terms of her decision making and problem solving styles. Lately, however, together with her mood swings she had started to doubt herself and questioned who she had become. Her **work identity,** however, altered positively after she had stepped down from a stressful position.

In conclusion, it is important to note that the psychological and emotional turmoil caused by depression and bipolar could result in or contribute towards **identity confusion**.

THE BURDEN OF STIGMA

One in four people at work are afraid to disclose their conditions due to the stigma associated with mental illnesses. The challenge continues to be real in modern workplaces as they are a microcosm of the larger society which fears the stigma of any kind, but especially that associated with mental illness. People suffering from mental illness are among the most stigmatised and marginalised in society (Kapungwe et al., 2010; Race & Furnham, 2014). On the International scale, the treatment of people with mental health issues has been a source of historical embarrassment in decades and past centuries. In addition to **stigmatisation,** they have been shunned and segregated (Harder et al., 2014). Nontu experienced the full might of this exclusionary and discriminatory effect of stigma from an insurance company when she wanted to take out a life policy. She spoke about the change in the attitude of the insurance representative as soon as she had declared her depression. She was advised to reapply once she had been weaned off the antidepressants. This left her feeling **not good enough.**

Besides stigmatisation, the dilemma surrounding the classification of mental illness dates back to ancient cultures. **Pejorative language** such as the **"lunatic"** only began to be modified in the mid-1800s. From 1817-68 doctors based classification on the view that mental illness was due to a **diseased brain** (Race & Furnham, 2014). In Africa scholars such as Akyeampong, Hill, and Kleinman (2015) maintained the view that early psychiatric practice was based on **colonial stereotypical** and **racist biases** such as that **non-Western peoples had smaller brain sizes,** that **mental illness** was more a phenomenon of urban Africa, and that depression was rare amongst Africans. One of the fallacies within colonial thinking of this type is that it viewed Africans as a homogenous group and therefore had been naïve in terms of understanding how the **different African cultural beliefs** translated into **meanings, understandings,** and **treatments** of mental illnesses.

Evelyn's story, as an example, referred to the ways in which some belief systems perpetuated stigma and the negative attitudes towards people with mental illnesses. According to her, these beliefs played a major role in influencing the decisions concerning the treatment modalities which people sought, at times resulting in worsened conditions. She recounted the story of a well-known and celebrated actress, who perpetually suffered from mental illness. In her view, the actress's tragedy was caused by the lack of understanding of mental illnesses – by both the society and the actress herself.

In addition, Power (2015) also acknowledged a myriad of criticisms towards the whole idea of classification, one being that it is largely driven from an **abnormal psychology perspective**.

The above background highlights the **entrenched views**, **language** and **classifications** that continue to drive the negative connotations attached to mental illnessess. These associations are carried out and sustained through dominant discourses to convey the **meaning of such illnesses** and influence people's **understanding** of mental health. Lock and Strong (2012) stated that **any** discourse can achieve dominance if it is made the primary one which people use to make sense of their experience. As an example Evelyn had described **her shock** when she saw a man who appeared **crazy** in a **mental ward.** She wondered if she was as **mad** as this person. This scenario resembles internalisation of the **language** and **labels** that are still commonly used when referring to people living with mental illness. It could be interpreted that at a subconscious level **her shock** was about coming to terms with the reality of what it really meant for her personally to be in a **mental ward** and the stigma attached to this.

Other participants either spoke about their personal fear of stigma or displayed behaviours that implied fear, such as their predilection not to be seen by anyone when they came for interviews. Evelyn discussed her initial ambivalence towards participating in the study because of her mistrust of **HR** where she saw me as belonging to that division**. HR** is associated with Industrial Relations **(IR)**, a department that normally deals with employee disciplinary cases. I needed to reassure her strongly of the principle of confidentiality.

The thought of attending the organisation's public Mental Health talks made **Naledi** extremely anxious. She understood that her fear was irrational as the session was meant for anyone but still felt that her attendance might hint that she had a mental illness. The **label** would then become her **fixed identity** and be used against her, particularly in relation to her work performance.

Victoria had adopted a nonchalant and sarcastic attitude towards the fear of stigma but spoke about other employees' fear of being **disciplined** if the organisation knew about their conditions. The **constructivist** and **social constructionist** literature had articulated the role of the **disciplinary power** exercised by dominant groups. Having said this, there was also an acknowledgement that people were not completely powerless and could be in control of their own construction process. As mentioned by some participants, it would appear that other colleagues had used their personal power by withholding information about their condition from the organisation even if it meant resigning. They found being unemployed much safer than the risk of **self-disclosures.**

The most common fear of disclosure by all the participants was the fear of prejudice and the impact it would have on their careers. This was supported by the literature's assertion that at times the affected employees maintain secrecy "because of the perceived impact on their career progression", resulting in managers being the last to know about the employee's condition (Race & Furnham, 2014, p. 2). The unfortunate consequence of this **reluctance** to declare illness in most cases would be treatment that was **delayed** or **denied**. Accepting treatment for depression often implied a hospital admission and therefore made it difficult to maintain the secret.

COPING

As alluded to earlier all participants grappled with **fatigue** and **exhaution** in their daily **lived experiences**. It was a life of survival rather than a life of purpose. The additional psychososial stressors caused by their multilayered roles (e.g., being working mothers), including other family dynamics such as marital tension, sickness, family members, had taken their toll on them. Their **work-life balance** was non-existent.

Physical and high levels of mental exhaustion as symptoms of burnout and the complex **overlap** between burnout and depressive and anxiety disorders were discussed in the literature. **Burnout** has also been found to be **multifaceted**, persistent and **enduring syndrome**, not isolated from or confined to the work domain. Its related lack of motivation and disengagement from work, resulting in poor performance, may spread to areas outside work. The earlier hypothesis regarding the work and non-work interface had been that burnout was static, whereas recent literature has viewed it as dynamic and introduced the **border theory**. This proposed that people's roles took place in different domains which were separated by physical and psychological borders, making it possible

to cross the border between domains. The conflicts between work-family and family-work were significant predictors of burnout. Therefore, employees had to work harder to create boundaries between these two domains (Demerouti, Mostert & Bakker, 2010; Demerouti, 2014; Leiter et al. 2014; Xanthopoulou & Meier, 2014; Locke & Kenner, 2016; Thuynsma & Beer, 2017).

The participants' stories confirmed the view of the literature in that they all struggled to shrug off work strain and frustrations after working hours. For example, Evelyn had devised a strict rule following routine at home: whereas at work she went with the daily flows, she avoided her manager's stressful and confrontational e-mails till close to knock off time. This coping strategy allowed her to distract herself from the full experience of threat and created an **illusion of control**, as explained by the **cognitive avoidance theory** (Harder et al., 2014). She proactively chose **task activities**, including setting **relational boundaries** between herself and her manager, and this gave her daily **control** over the stressful situation.

Evelyn's scenario also resembled the concept of **job crafting.** This has been described as a process that allows people to adjust their work, driven by the "search for meaning and for a motivating and healthy work environment" (Demerouti, 2014, p. 40). The author quoted the studies that had been conducted, which suggested that on days when employees were more exhausted they also reported less job crafting behaviour and that high job demand coupled with low control caused mental strain.

Naledi played cell phone games when she arrived at home to deal with the **stress crossover**. This activity helped her mind to switch off from work and gave her temporary peace and possible

control. Whether the person had control over the situation determined the effectiveness of the coping strategy which was applied (Demerouti, 2014).

Participants also used other coping strategies such as the **use of silence, a façade, rationalisation, positive reframing,** and **surviving for the livelihood** of their families**.** Nontu added a humorous outlook to life even when she was depressed. **Self-enhancing humour** had been described by Demerouti as one of the coping strategies that could decrease the risk of burnout. The main purpose of **silence** was **self-preservation** by avoiding stressful encounters. The usage of a **façade** was also related to the fear of stigma but had **pros** and **cons.** On a short-term basis, it helped participants with daily survival whereas in the long term it prolonged anxiety due to the constant **worry** that their **covers might be blown.**

From both the cognitive and narrative psychology perspectives, it could be said that they also **rationalised** and **reframed** their stories to make their experiences more manageable. For example, Nontu spoke of the benefit of attributing anxiety to external factors such as traffic, as opposed to herself as a depressive person. Evelyn reframed her story and replaced it with a story of personal **growth** instead of **suffering**. She had learned to be more sympathetic towards her subordinates. This changed attitude sustained her until she resigned.

Victoria's **gift** or **growth** out of a dire experience became one of assertiveness and learning to prioritise her own happiness. She **bounced back**, **self-authorised** herself and took **control** of her work situation. She had appraised her work issues and adapted her thought patterns from a predominantly negative and pessimistic view to a more positive outlook. This assisted her in setting appropriate

boundaries between herself and her work, including certain colleagues. She no longer easily reacted to triggers but responded in a much more measured and constructive manner. **Resiliency** is the capacity to recover from setbacks, whereas **internal locus of control** is concerned with power and control over the outcomes of various situations. Various studies reported that both these psychological and personality traits enabled employees to cope better with job-related tension. They increased self-motivation and performance; these were accompanied by lower anxiety, less depression and less helplessness (Dawkins & Martin, 2014: Gailey & Probst, 2016).

Furthermore, the theme of surviving for the children's sake was strong in all the stories. This resonated with Liebenberg's (2008) view that likened constructivism to narrative psychology, and argued that we are **agents** and **active creators** of the stories we tell. In this instance, the participants' own **construction** and **story about survival** was **empowering, motivational** and gave them the **purpose to live** as opposed to **permanent constructions** such as **I am depressed.**

Taking **small breaks** from work stations to **relax** the mind and having a **trusted friend to talk to** served as strong coping mechanisms. Judy's world fell apart when her friend was absent from work. **Detachment** from work and **relaxation** and **social activities** such as time spent with others talking about positive emotions were relevant in diminishing burnout (Demerouti, 2014).

The participants also used or intended to start practising healthy life styles such as adhering to a more **balanced diet, regular exercise, sleeping,** and **meditation.** Workers with better nutritional, exercise and sleeping habits had more energy, better focus and increased self-esteem, demonstrating the enhanced capability to cope with workplace stress (Harder et al., 2014). Demerouti had also

observed that **transcendental techniques** such as prayer and meditation comprised the second most common strategy adopted by physicians in a 2009 hospice study by Swertz and colleagues.

The role of medication was present in all the stories. At one point or another, if not all the time, all participants had relied on **medication** for coping while they used therapy and counselling on a need basis. However, **Naledi** was not entirely convinced about the benefits of therapy. She had experienced **the talks** with psychologists as repetitive and not adding much value.

Lastly, nuanced in all their conversations was the **difficulty to cope with organisational change.** At an individual level, change often meant they had to assume different roles, with added pressure on their already compromised wellbeing. Though they generally understood the inevitability of change they were still nostalgic about the once **stable, caring** and **loyal** organisation, particularly for those who had the longest tenure. It can be assumed that they would default to their current coping approaches as they did not mention any specific coping strategies to deal with change.

The literature has predicted that the new world of work and its associated stress will continue to evolve and that "employees are expected to adapt to new environments with greater demands and fewer resources" (Sweetman & Luthans, 2010, p. 54).

THE ROLE OF FAMILY AND ORGANISATIONAL SUPPORT

There was unequivocal agreement by all the participants that both family and organisational support were critical in the **lives** of employees with work dysfunctions.

Of all five of them, Evelyn had felt the least supported by the organisation while Naledi had experienced the most support. Nevertheless, Evelyn's ideas about organisational support were transformative. She believed that adequate employee support called for the organisation to understand the different beliefs and cultural systems in dealing with mental illness. To achieve this the organisation would have to **listen to** and hear the **voices** and **views** of employees with work dysfunctions.

Monk and Winslade (2013) reiterated the importance of **hearing** because **for every story a counter story can always be found**, with its own different version plotted within a specific cultural context. The authors were supported by the **social constructionist** and **multicultural relativism** literature which argued that illness cannot be perceived as a fixed entity but should rather be interpreted as something that necessarily differs according to the norms and values of the particular social group which one is studying. While there are truths and values in our world, we can no longer accept that they are the only universal and eternal truths, traceable to a single source of knowledge (Burr, 2015; Akyeampong, Hill, & Kleinman, 2015). Burr also emphasised that in recent times society has seen "an increasing use of **alternative medicines,** which are often based upon belief systems quite different to biomedicine" (p. 44).

The act of **listening to and hearing** employees implied that there should be **direct feedback** mechanisms from employees, at all levels within the organisation. Leiter and Maslach (2014) pointed out that direct communication with employees could point to key issues and that it may be able to identify interventions which will yield more meaningful benefits to them, or be easier to implement, or be better supported by other colleagues. In addition, direct communication enhances **worker**

collaboration and **ownership** of interventions to maximise success. Employees experienced themselves as **"willing"** participants and contributors rather than feeling manipulated by authority figures and being dependent on others. Alignment of interventions and employees' motives increased success.

The literature had also stipulated that a **supportive work environment** with **quality** and **professional working relationships** resulted in employees' contentment and a positive impact on their overall wellbeing. According to Day and Leiter (2014) people pursue these three **"social motivations"** in the workplace: **belongingness, nurturance,** and **esteem**. Poor interactions and **overly toxic relationships** characterised by insensitivity amongst co-workers could influence the strain people felt at work.

In addition to their need for **support** participants also highlighted the issue of **mistrust**; hence their option for **silence** and **avoidance tactics** to protect themselves from possible stressful encounters with other colleagues or their managers. They mentioned the need for **genuine support** and **demonstrable commitment** by the organisation, as opposed to **lip service** for **legislative compliance.**

As discussed under the theme of coping, support in the form of a friend or someone to **talk to** at work was highly rated. **Nontu** thought the organisation needed to deliberately inculcate a **safe** and **friendly culture.** This made sense, given the reality that employees with, or without, work dysfunction spend most of their adult lives at work. The importance of informal engagements is aligned to the social constructionist perspective that no **talk is trivial.** The need for employee **sensitivity training** as

part of creating a **supportive environment** for people with work dysfunctions was highlighted in the literature review.

The above narrative supports the philosophical view that employee sensitivity training is not an **"either-or"** form of approach to organisational interventions; rather, there is a strong need to promote the "**both-and"** approach. In other words, both the employees and the organisation have a role to play in improving work place well-being interventions (Leiter & Maslach, 2014).

Moreover, participants felt that to **enable support** from the organisation, it was required to raise the managers' understanding of depression and bipolar and equip them with basic skills regarding how to support such employees. One of the participants thought that this could be realised by addressing and improving communication at all levels. There was an acknowledgement, though, that success would depend on the employees' receptivity. Other participants' views included suggestions such as:

> Subsidisation of employees who could not afford psychological services.
>
> Allowing the flexibility to work from home.
>
> Offering more support to help employees acclimatise to work after a long period of sick leave.

From a wellbeing perspective, small changes in relation to work, including the benefits of **detachment** from it, can go a long way in addressing the psychological risk factors associated with

work related stress, and thereby boost energy and restoration (Xanthopoulou & Meier, 2014; Mackay et al., 2015).

The participants' views and improvement suggestions drew attention to the challenge faced by organisations in dealing with employees with work dysfunctions. These resonated with Lowman's **(date)** pronouncement that, because work dysfunctions are of a psychological origin, they are not always evident to managers, colleagues and the organisation at large. The need for confidentiality and the fear of stigma added more complexity to the situation.

Given that the challenges are set to continue in modern/postmodern workplaces, Lowman thought that the only choice organisations have is to know how to assess, and treat, cases presenting with work difficulties and psychological problems.

GENDER STEREOTYPE AND MENTAL HEALTH

This theme was unique to Nontu. She had **lensed** and **voiced** her **lived experience** specifically from a female perspective. To a large extent South Africa is still considered to be a patriarchal society; therefore her views could be applicable to those of other women. Her **voice** from this pespective is important given the literature's assertion that organisations employing more females than males would encounter a higher risk for conditions such as depression and anxiety.

Nontu believed that her **lived experience** as a woman with depression was much **harder** and **lonelier** than those of men with similar conditions. She declared that women were often **labelled** as **weak** or **moaners** and/or **emotional.** It was safer to keep quiet and guard your emotions whereas

men enjoyed the freedom to display their emotions as they pleased, ***they don't worry about their outbursts.*** It could also be interpreted that suppression of her feelings within a **masculine** and already **competitive environment** had a negative impact on her performance. She felt intimidated, and silently battled to devise her own methods to counter the aggresion.

MEDICAL HEALTH AUTHORITY AND POWER

This theme was also more pronounced in Nontu's story than those of all the other participants. It revealed the **helplessness** of patients as the socalled **lay people** gainst the power of the medical health experts. The narrative revolved around her difficulties with antidepressants during her pregnacy and breastfeeding. She had been shunted between GP's and the obstetrician and each time received different recommendations while her depression deteriorated. The worst burden for her were the **dismissive** and **insensitive** comments, such as, ***women always blame whatever they are taking for however they are feeling, it is not the tablets, you need to go see a psychiatrist***. Eventually she found a female doctor who confirmed that her experience was real and not imaginary and put her back onto medication.

The powerful effects of the **silencing** of people's **voices** have been covered in critical psychology literature. **Voices** might be silenced either through the **hidden mechanisms of coercion** or through overt dominance as shown in Nontu' s narrative.

CONCLUSION

The **lived experiences** and **meanings** of the participants with work dysfunctions were surfaced through conversational interviews between the participants and the researcher. Emerging themes

and subthemes were compiled while paying attention to the **uniqueness** and nuances of each **voice** and story for analysis and interpretation. The use of **verbal** and **metaphoric language**, including the participants' other preferred ways of articulating or illustrating their lived experiences, was accepted.

The next chapter will present the main findings of the five employees who had **lived with work dysfunctions;** it will also include the recommendations.

CHAPTER 11

CONCLUSION

REFLECTIONS AND FINDINGS OF THE STUDY

The objective of the study was to explore work dysfunctions **(stress, anxiety, depression, burnout)** in the workplace based on the participants' lived experiences and meanings. This was to be done by creating an opportunity and safe conversational space for the participants to **reflect** and **voice** their **realities** with their work dysfunctions within the context of their organisation. The hope was to surface **rich personal accounts** and shed more light onto a somewhat **unspoken topic** in the work place**. Silence** around the problem of mental illness in the workplace is generally driven by many factors, the most prominent being the fear of losing jobs because of negative stereotypes and the stigma attached to mental illnesses. The literature had demonstrated that stigma was still a worldwide challenge.

Furthermore, the researcher believed that the participants' **rich insights** into the manifestations of work dysfunctions would provide a deeper understanding and a sympathetic appreciation of their **lived experiences** as employees**.** These insights could also be integrated into the organisation's wellbeing interventions and support a holistic and proactive approach towards the management of work dysfunctions. Therefore, the aim of the study was not to generalise the findings to the larger population, as often intended in quantitative studies. It was to allow the **voices** of the participants to speak from their own personal and epistemological perspectives. Their knowledge of multiple meanings and realities was a contribution to an ever-evolving topic. It is not possible to

produce scientific results that are true for all times and contexts but we are motivated to **constantly strive for the most truthful ones** (Mouton, 2001).

GENERAL OUTLINE OF THE STUDY

Chapter 1 covered the background and motivation of the research, encompassing the explanation of the term **work dysfunction** followed by the problem statement and the research objectives. Chapter 2 provided a broad literature review on **work and its psychology,** the taxonomy of work dysfunctions and mental illnesses in the workplace**,** including the descriptions of and related theories around the dysfunctions. The concept of **wellbeing** and its **interventions**, including **stress models**, were also presented. The literature also demonstrated the historical and complex intertwining between work and psychological conditions as a permanent feature in human existence.

The researcher's epistemological framework and research paradigm were explained in Chapter 3, followed by the research methodology in chapter 4. Chapters 5, 6, 7, 8 and 9 presented the five participants' stories as co-constructed through the interview process. Chapter 10 comprised a comparative analysis between the participants' themed stories and the literature. It is reiterated that both the participants and the researcher's internal subjectivities played a role in reconstructing the stories. Therefore, readers could possibly derive different understandings and meanings from their own personal epistemologies, attesting to the notion of multi-meanings and plural realities in every story.

In conclusion, this chapter will reflect on the objectives and the main findings of the study, followed by the recommendations for future research and the strengths and weaknesses of the study.

OBJECTIVES OF THE STUDY

The Main Objectives of The Study Were Three-Fold:

One, to create an opportunity and **safe space** for the participants to **voice** and relate their **lived experiences** and the **meanings** they attached to those experiences. The researcher had observed that organisational processes such as **incapacity hearings**, irrespective of the good intent to be caring, did not sufficiently capture the underlying and psychological complexity that is related to employee work dysfunctions. These stories were often emotive and difficult to adequately **voice** in a **hearing** or even in a performance discussion. The assumption was that the interviews would allow the participants personal agency to **freely express** the multiplicity and uniqueness of their stories. If nothing else, the importance of being **heard** and **possibly understood** as regards their suffering could have a **positive effect** on them.

Two, to gain a deeper understanding and perspective of how work dysfunctions manifested within the workplace, based on the experiences of the affected employees themselves. One could argue that the current understandings have been mostly dominated by the **mental health professions' voice** and did not fully capture the experiences of the affected people from a work perspective. Granted, the **medical voice** is much needed and acknowledged for its expertise and treatment of work dysfunctions; however, employees and the organisation also have an equally an important story to tell. Workplaces should also be experts in understanding the **dynamic interaction** between **work** and employee **performance** and how this relationship could result in **stress, anxiety, depression** and/or **burnout. Knowledge is power** and is constructed **in motion** through social processes and relatedness, representing different realities in "an ongoing process of meaning-making

and creating common understandings" (Geldenhuys, 2015, p. 5). Such knowledge should empower organisations in dealing with work dysfunctions more effectively.

Three, to use the findings as a contribution towards improving current processes and interventions with better buy-in from employees, thereby yielding more success.

MAIN FINDINGS OF THE STUDY

These findings were based on the participants' stories compiled from **various plot and events** and **relationships.** Furthermore, from the constructionism and narrative therapy perspectives people' s interpretations of what is troubling them are **constructed** through stories. This implies they could find a **substitute** and **preferable stories** as their situations evolve (Monk & Winslade, 2013). Therefore, in alignment with this epistemology the five participants' stories, their **identities** and **lived experiences** are not finite but a continuous process of reconstruction.

Lowman had asserted that work dysfunctions refer to psychological conditions which involve a significant impairment in a person's capacity to work, caused either by their characteristics or by the interaction between characteristics and working conditions. All five participants qualified for this classification. However, four of them seemed to have had a history with psychological conditions even prior to joining their current organisation.

Three of them had attempted suicide when they were young. One participant had suspected that her depression could have been caused by her dysfunctional marriage, but altered her view after psychological counselling which identified work as the reason for her depression. Nevertheless, the

interaction between what the participants had arrived at work with and what they experienced in their work led to their being diagnosed with depression or bipolar. In every case, the pain and suffering were immense and underpinned by the debilitating feelings listed earlier.

At a physical level, they collectively reported somatic conditions ranging from head to stomach aches. They had relapsed and been hospitalised on more than one occasion, and in most cases continued to be vulnerable even after being discharged and evaluated as fit for work. At times, they had personally chosen to come back to work due to their depleted sick leave. This was associated with the concept of presenteeism which bore hidden costs to employers because of the unproductiveness of present but sick or disengaged employees.

All participants struggled with work-life imbalance stemming from their multiple roles (e.g. family, motherhood, career) accompanied by feelings of inadequacy and generalised anxiety into all domains of their lives. This had an overall negative impact on their self-identities as they continuously worried about their work performance and the associated implications of poor performance. The severity of their performance anxiety evoked the potential threat to their job security and loss of income. It is all too obvious that work provides for income and security (Hulin, 2014).

Some participants' self-esteems were visibly impacted due to the feeling of incompetence, driven by the mismatch between themselves and their work roles and the perception that they were no longer of value to the organisation. Belongingness is one of the social motivations in the workplace (Day & Leiter, 2014). The feeling of not belonging would invariably also negatively affect self-esteem and question the purpose and meaning of work.

The fear of stigma was present in all the stories. The dominant feeling and perception was that disclosing their conditions could lead to being prejudiced and or victimised, with drastic consequences for their careers. The literature had confirmed that affected employees maintained secrecy because of the perceived impact disclosures would have on their career progression (Race & Furnham, 2014). Participants also shared their observations about the general fear of stigma by other employees within the organisation and in the broader society.

Coping was a daily struggle for all participants as they battled with unabating fatigue and exhaustion. They used a host of coping mechanisms ranging from job crafting to adjust their work demands, silence with the aim of self-preservation, conflict avoidance, talking to a friend/colleague, and a sense of humour to a certain degree. Job crafting was driven by the search for meaning, motivations and a healthy work environment (Demerouti, 2014). Crafting could be regarded as a much longer term and healthier strategy, compared to short term strategies such as silence and avoidance which often needed a great deal of emotional suppression. Daily survival was, however, critical for them; hence the short-term strategies. Coping for the livelihood of the family, particularly the children, served as a strong motivator to carry on.

The role of the family and organisational support featured in all the stories. The participants coped better when there was family support and unconditional acceptance. At work, their manager's support and healthy working relationships, in general, were undoubtedly important. A supportive work environment with quality professional working relationships resulted in employee contentment and a positive impact on their overall wellbeing (Day & Leiter, 2014).

There was a collective feeling that the organisation could do more in terms of creating a trustworthy and safe environment and culture. Other improvement suggestions included: the need for the organisation to hear the voices of the affected employees, management training on how to deal with such employees and implementation of a two-way communication strategy to raise awareness around the impact of work dysfunctions. Also mentioned was the need for additional support to assist employees who had been absent for long periods to effectively adjust in returning to work, as well as considering a subsidy for those without medical aid to receive psychological counselling.

Female gender stereotyping and the expectation for women to deal with their emotions in a particular manner made it harder and lonelier for one participant to cope as she feared being labelled weak. The same participant had also experienced the silencing effect of the medical health profession. This story could be applicable to others, given that we still live in a predominantly patriarchal society with unequal male-female power dynamics, even in different professional industries.

RECOMMENDATIONS FOR THE FUTURE

This study highlighted the **lived experiences** and **meanings** of the **five participant** employees who suffered from work dysfunctions within the workplace. Their stories provided an opportunity to detail and **voice** experiences that are often **silenced** because of, amongst other factors, the sensitivity of the topic itself, mostly driven by the stigma that is still attached to mental illnesses. Their stories provided rich information on their **daily struggles to cope** and it is hoped that such accounts will enhance understanding and evoke more empathy from workplaces in general.

Within the participants' stories the difficulty faced by organisations in dealing with the issue also emerged. This was not surprising as work dysfunctions are psychological in nature and often require relevant professional expertise to fully comprehend and manage them. The literature has also indicated that work dysfunctions are a worldwide phenomenon and will continue to plague organisations. Therefore, the only logical and sensible option for organisations will be to embrace the challenge and learn to deal with it optimally. To this end, the following recommendations and further research are proposed.

- Conduct additional research to explore the experiences of managers under whom employees with work dysfunctions fall. Managers work and engage with the affected employees daily; therefore their voices would be critical in building preventative and integrated holistic solutions.
- The social constructionist paradigm seemed to have been appropriate in tapping into the innermost experiences of the participants in this study and therefore should still be relevant in researching the voice of managers.
- The research into managers will enhance the diagnostic picture by proactively highlighting the gaps and the extent of the necessary awareness training/conversations needed, as well as pitching these at the right levels. Over time, a consistent conversation around work dysfunctions could help demystify the topic and de-stigmatise the affected employees. Bringing the conversation back into the workplace, as opposed to a conversation that belongs to mental health institutions, will go a long way in terms of creating a safer and more tolerant environment and should help to encourage a culture of disclosure.

For the above recommendations to yield results one would need to introduce an internal occupational mental health professional/s to work closely with HR and the Employee Wellness function. To be successful these professionals will need to ensure that they are trusted. In addition to providing lived support to both managers and employees, the proximity of an inhouse team will assist the organisation to keep abreast of the dynamics around work dysfunctions on the ground and continuously contribute towards preventative interventions.

For a solid approach to work dysfunction, the relevant sectors of the organisation should explore a balanced combination of relevant frameworks such as social constructionism and psychological perspectives from abnormal, positive, humanistic and psychodynamic theories.

STRENGTHS AND LIMITATIONS OF THE STUDY

In keeping with the constructionist paradigm, the qualitative research method was deemed more appropriate than the quantitative approach as the former allowed the facilitation of **real-life conversations**, through interviews with the participants. The study was not concerned with the specific psychological **characteristics** of the participants for quantifiability and/or generalisability to other settings (Hammersley, 2013; Howitt & Cramer, 2014). It was intended for exploring **work dysfunctions** within the workplace and deriving an **in-depth** understanding of the participants' **lived experiences** and the **meanings** they had attached to **their unique experiences.** Therefore, the strength of a qualitative inquiry was to gather **richer** descriptions of information with lesser risk of decontextualising the experiences and accounts of the participants (Burr, 2015). In any case, there is an underlying view held by many psychologists that quantification alone provides inadequate answers (Howitt & Cramer, 2014).

Furthermore, it is the researcher's belief that without the **deep rapport** which developed through the conversation it would not have been possible for the participants to venture into their **inner experiences** that were deeply psychological and emotional. Mouton in (Mouton, 2001) supports the view that qualitative research is strong in terms of eliciting **rich** and **in-depth insights** and has the potential to enable **deep rapport** between the researcher and the participants.

Another strength associated with the social constructionist paradigm and qualitative research is that they display features of the postmodern **sensibility** such as the ethic of **caring** and allow researchers a sense of **personal responsibility** for their actions and activities (Howitt & Cramer, 2014, p. 347). In the current study, there were instances when the researcher had to show **care** and **consideration** to some of the participants' requests (e.g. being debriefed after a difficult performance discussion and a discussion on how to deal with conflict).

However, irrespective of the amount of **care** given, the risk of participants' relapses due to their vulnerability remained a concern, given the evocative nature of the conversational inquiry. This could be interpreted as a potential limitation of the qualitative method in this type of study. However, the researcher believed that if the research was conducted appropriately with the strictest adherence to ethical boundaries it would offer a **safe** and a **psychologically secure holding space** and enable the participants to **trust** the conversational process.

A further limitation was the issue of finding time for the interviews, due to the participants' busy work schedules. From an ethics perspective, the researcher scheduled interviews outside peak seasons/hours to minimise the pressure on them. She constantly checked the participants' comfort

levels in continuing with the interviews, with the option to take breaks or opt out if they deemed it necessary.

Some of the additional methodological limitations of social **constructionism** which were raised by Burr included the issue of **objectivity and value-freedom.** The paradigm's standpoint is that objectivity is impossible because no human being can step out of their humanity and view the world from no position at all. The task of the researcher, therefore, is to acknowledge their own inherent involvement in the research process and reflect on the part that this plays in the findings.

Similarly, in this study the participants' stories were a **co-construction/production** of both their stories and the researcher's personal experiences as a psychologist, fellow employee in the same organisation and a mother. Much as the researcher would have tried to democratise the interview relationship, allowing the participants to **voice** their experiences as experts in their own lives, the stories would not have escaped the contamination by the researcher's assumptions during analysis and interpretation. After all, "facts themselves can never be impartial. They are always the products of someone asking a particular question, and questions always derive from, albeit often implicit, assumptions about the world" (Burr, 2015, p. 172).

The researcher has already acknowledged that the findings of this study do not represent the universal truth and that a different researcher could derive disparate findings, all the more so if the other researcher was external to the organisation. The limitation of being an internal researcher created its own anxiety and somewhat restricted the researcher's personal freedom in interacting with some of the participants' content, for fear of being drawn into the participants' work politics. To

maintain a balance, she had to remind herself of Howitt and Cramer's (2014) assertion that psychologists should pay attention to the topic and not be **straightjacketed** by methods.

Overall, according to Wood and Kroger (2000, cited in Burr, **2015**), judging the strength and/or limitations of the research in terms of its **reliability** and **validity**, as they are normally understood, would be inappropriate for judging the quality of a social constructionist study because **social constructionist research is not about identifying objective facts or making truth claims.** There can be no final description of the world. **Reality** may be inaccessible from our discourse about it, and all knowledge is provisional.

The researcher outlined her method of data analysis in Chapter 4. It was hoped that this would enable the reader to make an independent judgment about the research's adequacy. In addition, prior to the beginning of every interview the researcher tested the summarised version of the previous interview and the emerging themes with the participants. Their feedback was intended to ensure accuracy and avoid total misrepresentation of what had been discussed.

For **trustworthiness,** close attention was paid to the participants' use of language, ensuring that their orientations were reflected correctly in the analyses. The researcher understood all three different languages that were used amongst the participants and therefore could fully **immerse** herself in the participants' ways **of talking** and flow with the **salient nuances** of the **rich metaphors** that they used in their stories.

CONCLUSION

In the words of Lock & Strong (2012) the nature of human reality is located and constructed within the conducting of conversation; put in another way, the understanding of this reality is work in progress. It is hoped that the findings shed additional light and knowledge upon the topic of work dysfunctions **(stress, anxiety, depression and burnout)** within the workplaces: an unexplored topic in these situations, shrouded in secrecy because of the perceived threat to job security. The researcher trusts that readers will add their **expert voices** to the conversation as we continue to search for holistic wellbeing and connect to our **purpose** and **meaning** in life through work.

REFERENCES

Ahola, K., & Hakanen, J. (2014). Burnout and health. In M. P. Leiter, A. B. Bakker, & M. Christina (Eds.), *Burnout at work: A psychological perspective* (pp. 10–31). New York: Psychology Press.

Akyeampong, E., Hill, A. G., & Kleinman, A. (2015). Culture, mental illness, and psychiatric practice in Africa. In E. Akyeampong, A. G. Hill, & A. Kleinman (Eds.), *The culture of mental illness and psychiatric practice In Africa* (pp. 1–23). Bloomington: Indiana University Press.

Alvesson, M., & Skoldberg, K. (2009). *Reflexive methodology: New vistas for qualitative research* (2nd ed.). Los Angeles: Sage Publications.

American Psychiatric Association. (1994) Diagnostic and statistical manual of mental disorders (4th text revised edition). Washington DC: American Psychiatric Association.

American Psychiatric Association. (2013) Diagnostic and statistical manual of mental disorders *(5th text revised edition).* Washington DC: American Psychiatric Association.

Anderson, H. (2012). Collaborative relationships and dialogic responsive practice. *Family Process*, *51*(1), 8–25.

Babbie, E. (2013). *The practice of social research* (13th ed.). Belmont: Wadsworth, Cengage Learning.

Bailey, T. S., Silvia, P., & Dollard, M. F. (2014). Programmes and interventions for psychosocial risk and worker well-being, the psychosocial safety climate (PSC) framework. In R. J. Burke & A. M. Richardsen (Eds.), *Corporate wellness programs linking employee and organisational health* (pp. 101–119). Cheltenham: Edward Elgar Publishing Limited.

Ballard, D. W. (2014). Beyond wellness:broadening the discussion of well-being and performance. In R. J. Burke & A. M. Richardsen (Eds.), *Corporate wellness programs linking employee and organisational health* (pp. 59–75). Cheltenham: Edward Elgar Publishing Limited.

Bankmed. (2016). *Employer group report: FNB*. Johannesburg.

Barnhill, M. D., & J. W. (2014). DSM-5 clinical cases. In J. W. Barnhill, M. D. (Ed.), *DSM-5 clinical cases* (pp. xxv–xxvii). Washington, DC: American Psychiatric Publishing.

Barnhill, J. W. (2014). Depressive disorders. In J. W. Barnhill (Ed.), *DSM-5TM clinical caseS* (pp. 71–105). Washington, DC: American Psychiatric Publishing.

Baxter, P., & Jack S. Qualitative case study methodology: Study design and implementation for novice researchers. *The Qualitative Report 2008*, 13(4), 544-59. doi: 10111529570[1].

Beehr, T, A., & Grebner, S. I. (2009). When stress is less (harmful). In G. Alexander-Stamatios, C. . Antoniou, G. . Cooper, C. . Chrousos, & M. W. Spielberger (Eds.), *Handbook of managerial behavior and occupational health* (pp. 20–34). Cheltenham: Edward Elgar Publishing Limited.

Blatt, S. J. (2015). Depression. In P. Luyten, L. C. Mayes, P. Fonagy, M. Target, & S. J. Blatt (Eds.), *Handbook of psychodynamic approaches to psychopathology* (pp. 131–151). New York: The Guilford Press.

Breevaart, K., Bakker, A. B., Hetland, J., & Hetland, H. (2014). The influence of constructive and destructive leadership behaviors on follower burnout. In M. P. Leiter, A. B. Bakker, & M. Christina (Eds.), *Burnout at work: A psychological perspective* (pp. 102–121). New York: Psychology Press.

Brooks, C. K. (2013). Defining the postcontemporary moment. In C. K. Brooks (Ed.), *Beyond postmodernism onto the postcontemporary* (pp. 134–151). Newcastle upon Tyne: Cambridge Scholars Publishing.

Burke, R. J. (2014). Corporate wellness programs: an overview. In R. J. Burke & A. M. Richardsen (Eds.), *Corporate wellness programs linking employee and organisational health* (pp. 3–27). Cheltenham: Edward Elgar Publishing Limited.

Burr, V. (2015). *Social constructionism* (3rd ed.). London: Routledge Taylor & Francis Group.

Choudhury, K. (2013). *Managing workplace stress the cognitive behavioral way*. New York: Springer.

Combs, G. M., & Milosevic, I. (2016). Handbook on well-being of working women. In M. L. Connerly & W. Jiyun (Eds.), *International handbooks of quality of life handbook on well-being of working women* (pp. 17–31). Dordrecht: Springer.

Connerley, M. L., & Jiyun, W. (2016). Uncovering the complexities of the relationship between women and well-being in the workplace: An Introduction. In M. L. Connerley & W. Jiyun (Eds.),

International handbooks of quality of life handbook on well-being of working women (pp. 3–13). Dordrecht: Springer.

Dawkins, S., & Martin, A. (2014). Enhancing the psychological capital of teams: adapting an individual-level intervention for multi-level delivery and evaluation. In R. J. Burke & A. M. Richardsen (Eds.), *Corporate wellness programs linking employee and organisational health* (pp. 79–100). Cheltenham: Edward Elgar Publishing Limited.

Day, A., & Leiter, M. P. (2014). The good and bad of working relationships. In M. P. Leiter, A. B. Bakker, & M. Christina (Eds.), *Burnout at work: A psychological perspective* (p. 56–79). New York: Psychology Press.

Demerouti, E. (2014). Individual strategies to prevent burnout. In M. P. Leiter, A. B. Bakker, & M. Christina (Eds.), *Burnout at work: A psychological perspective* (pp. 32–55). New York: Psychology Press.

Demerouti, E., Mostert, K., & Bakker, A. B. (2010). Burnout and work engagement: A thorough investigation of the independency of both constructs. *Journal of Occupational Health Psychology*, *15*(3), 209–222. doi:10.1037/a0019408

Diener E., Oishi S., & Lucas R. E. Personality, culture, and subjective well-being: Emotional and cognitive evaluations of life. *Annual Review of Psychology 2003*, 54: 403-25. doi:10.1146/annurev.psych.54.101601.145056.

Diener E, Ryan K. Subjective well-being: A general overview. *South African Journal of Psychology 2009*, 39(4), 391-406

Dranago, N., Wahrendorf, M., & Lunau, T. (2016). Links between personality, work-related stress and health. In A.-S. Antoniou & C. L. Cooper (Eds.), *Coping personality and the workplace: Responding to psychological crisis and critical events* (pp. 53–65). Farnham: Gower Publishing Limited.

Dumitru, V. M., & Cozman, D. (2010). The relationship between stress and personality factors. *International Journal of the Bioflux Society*, *4*(1), 34–39.

Els, C., Mostert, K., & De Beer, L. T. (2015). Job characteristics, burnout and the relationship with recovery experiences. *SA Journal of Industrial Psychology*, *41*(1), 1–13. doi:10.4102/sajip.v41i1.1196

Fairclough, N. (2015). *Language and power* (3rd ed). London: Routledge.

Fellows, R., & Liu, A. (2015). *Research methods for construction* (4th ed.). Malden: John Wiley and Sons, Inc.

Ford, J. K., Hollenbeck, J. R., & Ryan, A. M. (2014). Introduction: Advancing the understanding of work: theory, methods, and practice. In J. K. Ford, J. R. Hollenbeck, & A. M. Ryan (Eds.), *The nature of work advances in psychological theory, methods, and practice* (pp. 3–6). Washington, DC: American Psychological Association.

Fourie, D. P. (2012). Where is the dialogue ? A social constructionist view of empirically supported treatments. *South African Journal of Psychology***,** 42(1), 127–137.

Gailey, N. J., & Probst, T. M. (2016). Striving for a stress-free workplace: Examining the role of positive personality on coping and burnout. In A.-S. Antoniou & C. L. Cooper (Eds.), *Coping, personality and the workplace: Responding to psychological crisis and critical events psychological and behavioral aspects of risk* (pp. 103–116). Farnham: Gower Publishing Limited.

Geldenhuys, D. J. (2015). Social constructionism and relational practices as a paradigm for organisational psychology in the South African context. *SA Journal of Industrial Psychology***,** 41(1)**,** 1–10. doi:10.4102/sajip.v41i1.1225

Guest, G., Namey, E. E., & Mitchell, M. L. (2013). *Collecting qualitative data: A field manual for applied research*. Thousand Oaks: Sage Publications, Inc.

Halbesleben, J. R. B., & Leon, M. R. (2014). Multilevel models of burnout: Separating group level and individual level effects in burnout research. In M. P. Leiter, A. B. Bakker, & M. Christina (Eds.), *Burnout at work: A psychological perspective* (pp. 122–144). Retrieved from http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=psyc11&NEWS=N&AN=2014-24264-007

Hammersley, M. (2008). *Questioning qualitative inquiry: Critical essays*. London: Sage Publications Ltd.

Hammersley, M. (2011). *Methodology: Who needs it*. London: Sage Publications Ltd.

Hammersley, M. (2013). *The myth of research-based policy and practice*. London: Sage Publications Ltd.

Harder, H. G., Wagner, S. L., & Rash, J. A. (2014). *Mental illness in the workplace: Psychological disability management Farnham*: Gower Publishing Limited.

Hockey, R. (2013). *The psychology of fatigue: Work, effort and control*. Cambridge: Cambridge University Press.

Hopkins, M. L. (2014). *The sources of work stress and coping resources for high school teachers in the Gauteng province within different career stages*. Unpublished Masters Dissertation**,** University of South Africa. Pretoria.

Howitt, D., & Cramer, D. (2014). Introduction to: *Research methods in psychology* (4th ed.). London: Pearson Education Limited.

Hsieh, H.-F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, *15*(9), 1277–1288. doi:10.1177/1049732305276687

Hulin, C. L. (2002). Lessons from industrial and organisational psychology. In F. Brett, Jeanne M. Drasgow (Ed.), *The psychology of work: Theoretically based empirical research* (pp. 3–22). N Mahwah: Lawrence Erlbaum Associates, Publishers.

Hulin, C. L. (2014). Work and being: The meanings of work in contemporary society. In J. K. Ford, J. R. Hollenbeck, & A. M. Ryan (Eds.), *The nature of work: Advances in psychological theory, methods, and practice* (pp. 9–33). Washington, DC: America Psychological Association.

Irons, C. (2014). *Depression*. New York: Palgrave Macmillan.

Kahn, J. P. (2008). Diagnosis and referral of workplace depression. *Journal of Occupational and Environmental Medicine / American College of Occupational and Environmental Medicine*, *50*(4), 396–400. doi:10.1097/JOM.0b013e31816c0043

Kapungwe, A., Cooper, S., Mwanza, J., Mwape, L., Sikwese, A., Kakuma, R., Flisher, A. J. (2010). Mental illness: Stigma and discrimination in Zambia. African Journal of Psychiatry**,** 13(3)**,** 192–203.

Karanika-Murray, M., & Biron, C. (2015). Introduction: Why do some interventions derail? Deconstructing the elements of organizational interventions for stress and well-being. In M. Karanika-Murray & C. Biron (Eds.), *Derailed organisational interventions for stress and well-being***:** *Confessions of failure and solutions for success* (pp. 1–15). New York: Springer.

Keyes, C.L.M., Fredrickson, B.A., & Park, N. (2012). Positive psychology and the quality of life. In C. Keyes, B. Fredrickson, & N. Park, (Eds). *Handbook of social indicators and quality of life research* (pp. 99-112). The Netherlands: Springer.

Juta's Statutes (Eds) (30 March 2015) *Labour Relations Act 66 of 1995 & CCMA Related Material.* Johannesburg:Juta law

Lamont, C. (2015). *Research methods in international relations*. London: Sage Publications.

Leiter, M. P., Bakker, A. B., & Christina, M. (2014). The contemporary context of job burnout. In M. P. Leiter, A. B. Bakker, & M. Christina (Eds.),*Burnout at work: A psychological perspective* (pp. 1–9). New York: Psychology Press.

Leiter, M. P., & Maslach, C. (2014). Interventions to prevent and alleviate burnout. In M. P. Leiter, A. B. Bakker, & M. Christina (Eds.), *Burnout at work: A psychological perspective* (pp. 145–167). New York: Psychology Press.

Lerner, D., & Henke, R. M. (2008). What does research tell us about depression, job performance, and work productivity? *Journal of Occupational and Enviromental Medicine*, *50*(4), 401–410. doi:10.1097/JOM.0b013e31816bae50

Liebenberg, Hermanus, B. (2008). *The impact of early traumatic experiences on bariatric patients: A qualitative exploration of their "voices."* Unpublished Doctoral Dissertation**,** University of South Africa. Pretoria.

Lloyd, P., & Veneziano, L. (2002). Organisational consulting on healthy lifestyles. In R. L. Lowman (Ed.), *The California School of Organizational Studies: Handbook of organizational consulting psychology: A comprehensive guide to theory, skills. and techniques* (2nd ed., pp. 588–604). San Francisco: Jossey-Bass.

Lock, A., & Strong, T. (2012). Social constructionism: Sources and stirrings in theory and practice. In *Social Constructionism: Sources and stirrings in theory and practice*. New York: Cambridge University Press.

Locke, E. A., & Kenner, E. (2016). Burnout and the battle for your own happiness. In A.-S. Antoniou & C. L. Cooper (Eds.), *Coping, personality and the workplace:* R*esponding to psychological crisis and critical events psychological and behavioral aspects of risk* (pp. 83–102). Farnham: Gower Publishing Limited.

Lowman, R. L. (1993). *Counselling and psychotherapy of work dysfunctions*. Washington, DC: American Psychological Association.

Lowman, R. L. (1996). Work dysfunctions and mental disorders. In Murphy, K., R. (Ed.) , *Individual differences and behavior in organisations* (pp. 371–415). San Francisco: Jossey-Bass.

Mackay, C., Cushion, P., Palferman, D., & Buckley, P. (2015). Population level interventions to control psychosocial risks. In M. Karanika-Murray & C. Biron (Eds.), *Derailed organisational interventions for stress and well-being: Confessions of failure and solutions for success* (pp. 59–70). New York: Springer.

McCabe, C. T., Arpin, S., & Mohr, C. D. (2016). Perceived responsiveness, stress, and coping in the workplace. In A.-S. Antoniou & C. L. Cooper (Eds.), *Coping, personality and the workplace: Responding to psychological crisis and critical events* (pp. 117–129). Farnham**:** Gower Publishing Limited.

Mckee, A., & Wiens, K. (2017). Prevent burnout by making compassion a habit. Retrived from https://hbr.org/2017/05/prevent-burnout-by-making-compassion-a-habit

Monk, G., & Winslade, J. (2013). *When stories clash: Addressing conflict with narrative mediation*. Chagrin Falls: Taos Institute Publications.

Montgomery, A., Georganta, K., Doulougeri, K., & Panagopoulou, E. (2015). Burnout: why interventions fail and what can we do differently. In M. Karanika-Murray & C. Biron (Eds.), *Derailed organisational interventions for stress and well-being: Confessions of failure and solutions for success* (pp. 37–43). New York: Springer.

Mouton, J. (2001). *How to succeed in your master's & doctoral studies: A South African guide and resource book*. Pretoria: Van Schaik Publishers.

Mutinta, G. (2013 November). *An introduction to qualitative research: Non probability sampling methods*. Post Graduate Research Seminar. School of Management, Information Technology & Governance. University of Kwazulu Natal. Durban**.**

Nel, J. P. (2007). Epistemology vs ontology. Retrieved from www.mentornet.co.za/files/documents/EPISTEMOLOGYVSONTOLOGY.pdf

Newman, A., Ucbasaran, D., Zhu, F., & Hirst, G. (2014). Psychological capital: A review and synthesis. *Journal of Organizational Behavior*, *35*, S 120-S138. doi:10.1002/job.1916

Olivier, B. (2016). Facilitation skills. In N. Martins & D. Geldenhuys (Eds.), *Fundamentals of organisation development* (pp. 53–79). Cape Town: Juta and Company (Pty) Ltd.

Palys, T. (2008). Purposive sampling. In L.; M. Given (Ed.). In *The Sage encyclopedia of qualitative research methods* (Vol. 2, p. 697–8.): Los Angeles: Sage.

Paterson, T. A., Luthans, F., & Jeung, W. (2014). Thriving at work: Impact of psychological capital and supervisor support. *Journal of Organizational Behavior*, *35*, 434–446. doi:1002/job.1907

Picardi, C. A., & Masick, K. D. (2014). *Research methods: designing and conducting research with a real-world focus*. Los Angeles: Sage Publications, Inc.

Power, M. (2015). *Madness cracked* (First Edition.). Oxford: Oxford University Press.

Pryce-Jones, J. (2010). *Happiness at work: Maximizing your psychological capital for success*. Malden: Wiley-Blackwell Publisher.

Race, M.-C., & Furnham, A. (2014). *Mental illness at work*: *A manager's guide to identifying, managing and preventing psychological problems in the workplace*. New York: Palgrave Macmillan.

Race, R. (2008). Literature review. In L. M. Given (Ed.), *The Sage encyclopedia of qualitative research methods* (pp. 487–489). Los Angeles: Sage Publications, Inc.

Richardson, K. M., & Rothstein, H. R. (2008). Effects of occupational stress management intervention programs: A meta-analysis. *Journal of Occupational Health Psychology*, *13*(1), 69–93. doi:10.1037/1076-8998.13.1.69

Richardson, M. S. (2012). *Social constructionism in vocational psychology and career development*. (P. McIlveen & D. E. Schultheiss, Eds.). Rotterdam: Sense.

Rothmann, I., & Cooper, C. L. (2015). *Work and Organizational Psychology* (Second Edition). London: Routledge Taylor & Francis Group.

Samuels, B. (2013). Auto-modernity after postmodernism: Autonomy and automation in culture, technology, and education. In C. K. Brooks (Ed.), *Beyond postmodernism onto the postcontemporary* (pp. 63–91). Newcastle upon Tyne**:** Cambridge Scholars Publishing.

Schaufeli, W. B. (2003). Past performance and future perspectives of burnout research. *SA Journal of Industrial Psychology*, *29*(4), 1–15. doi:10.4102/sajip.v29i4.127

Schaufeli, W. B., & Bakker, A. B. (2004). Job demands, job resources, and their relationship with burnout and engagement: A multi-sample study. *Journal of Organizational Behavior*, *25*(3), 293–315. doi:10.1002/job.248

Schutt, R. K. (2012). *Investigating the social world: The process and practice of research* (7th ed.). California: Sage Publications.

Seligman, M.E.P. (2011). Flourish: A new understanding of happiness and well-being - and how to achieve them. London: Nicholas Brealy Publishing.

Shenton, A. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, *22*, 63–75. doi:10.1111/j.1744-618X.2000.tb00391.x

Siu, O.-L., Spector, P. E., Lu, C., & Lu, L. (2016). Joint moderating effects of self-efficacy and coping on social stressor-psychological strain relationships in greater China: Evidence from three subregions. In A.-S. Antoniou & C. L. Cooper (Eds.), *Coping, personality and the workplace: Responding to psychological crisis and critical events psychological and behavioral aspects of risk* (pp. 67–81). Farnham: Gower Publishing Limited.

Stanton, M. I. (2005). *The life stories of anxious people*. Unpublished Masters Dissertation**,** University of South Africa. Pretoria.

Sutton, A. (2015). *Work psychology in action*. New York: Palgrave Macmillan.

Sweetman, D., & Luthans, F. (2010). The power of positive psychology: Psychological capital and work engagement. In A. B. Bakker & M. P. Leiter (Eds.), *Work engagement: A handbook of essential theory and research* (pp. 54–68). New York: Psychology Press.

Tacey, D. (2013). *Gods and diseases: Making sense of our physical and mental wellbeing*. Hove: Routledge.

Ten Brummelhuis, L. L., Bakker, A. B., Hetland, J., & Keulemans, L. (2012). Do new ways of working foster work engagement? *Psicothema*, *24*(1), 113–20. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/22269373

Thuynsma, C., & Beer, L. T. De. (2017). Burnout, depressive symptoms, job demands and satisfaction with life: Discriminant validity and explained variance, South African Journal of Psychology**,** *47*(1), 46–59. doi:10.1177/0081246316638564

Ulrich, D., & Ulrich, W. (2010). *The why of work: How great leaders build abundant organisations that win*. New York: McGraw Hill.

Uusiautti, S., & Maatta, K. (2015). *The psychology of becoming a successful worker: Research on the changing nature of achievement at work*. New York: Routledge.

Van Zyl, F. N., & Nel, J. A. (2011). Reframing diagnostic labels as interpersonal metaphors: A social constructionist perpective. New Voices in Psychology, *7*(2), 18–34.

Viviers, L. J. (2005). *The different voices of chronic illness*. Unpublished Masters Dissertation**,**University of South Africa. Pretoria.

Vizmuller-Zocco, J. (2013). Language and literature in transhumanism. In C. K. Brooks (Ed.), *Beyond postmodernism onto the postcontemporary* (pp. 46–62). Newcastle upon Tyne: Cambridge Scholars Publishing.

Wallis, O., & Livorsi, E. (2015). Corporate philosophy: Making stress and wellbeing a priority. In M. Karanika-Murray & C. Biron (Eds.), *Derailed organisational interventions for stress and well-being: Confessions of failure and solutions for success* (pp. 87–92). New York: Springer.

Xanthopoulou, D., & Meier, L. L. (2014). Daily burnout experiences Critical events and measurement challenges. In M. P. Leiter, A. B. Bakker, & M. Christina (Eds.), *Burnout at work: A psychological perspective* (pp. 80–101). New York: Psychology Press.

Zheng, X., Zhu, W., Zhao, H., & Zhang, C. (2015). Employee well-being in organisations: Theoretical model, scale development and cross-cultural validation. *Journal of Organizational Behavior*, 36, 621–644. doi:10.1002/job.1990

APPENDIX A

Participant consent form

Dear Participant: _____

Thank you for agreeing to participate in this research. Your willingness is greatly appreciated.

This research involves your personal contribution as an individual, therefore the Consent Form is aimed at providing you with an awareness of the process you will be engaged in together with the researcher (interviews) as well as outlining your rights. Should there be something you do not fully understand please do not hesitate to ask questions.

Purposes of Research:

We request that you participate in a semi-structured interview. This is to identify themes and insights into the lived experiences after being diagnosed with one of the following work dysfunctions (stress, anxiety, depression, burnout).

This information will form the research portion of a Doctorate Thesis in Psychology at the University of South Africa (UNISA). However, this information may be used in further academic papers within the field of Psychology.

Risks Involved

Much as you have recovered and been declared fit for work the researcher will leave her contact number with you, so that counselling can be arranged, in the event you feel vulnerable after the interviews and need debriefing. This will be at no financial cost to you.

Right to Participate

Your participation is voluntary. You have the right to opt out of the interviews and process at any given stage and can request that the information you have provided be erased.

Anonymity

None of your personal information will be used in the research papers. A fictitious name instead of your name will be used and all identifying details will be concealed.

Dissemination

The information gained during the course of this evaluation may be transcribed and utilised in a doctoral thesis at UNISA. It will be available at the UNISA library and available on request at other academic libraries. No monetary or other award (aside from academic award) will be gained by either this researcher or yourself as participant, as a result of this research.

The researcher hoped that the interview conversations would provide additional and beneficial insights to you as a person and also contribute toward enhancing the researcher's' understanding around work dysfunctions and contribute towards enhanced holistic well-being interventions within organisations.

I look forward to working with you and highly appreciate your participation.

Yours sincerely

_____

Maureen Mongale (Contact number: 082 449 3467)

(Researcher)

I, _____understand what is required of me and hereby

give consent to conduct and publish this evaluation as stipulated in the above form.