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SELF-ESTEEM AND DEPRESSION OF EMPLOYED VERSUS UNEMPLOYED MALE HOMOSEXUALS IN LONG-TERM MONOGAMOUS PARTNERSHIPS

Daryth Clinton Brown Crawford

JOHANNESBURG
February 2005

SELF-ESTEEM AND DEPRESSION OF EMPLOYED VERSUS UNEMPLOYED MALE HOMOSEXUALS IN LONG-TERM MONOGAMOUS PARTNERSHIPS

By
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A dissertation submitted to the Faculty of Arts,
University of the Witwatersrand,
Johannesburg, in part fulfilment of the requirements
for the degree of Master of Arts in Clinical Psychology,
under the supervision of
Mr. Michael Greyling.

Johannesburg 2005

DECLARATION

"I declare that *Self-esteem and depression of employed versus unemployed male homosexuals in long-term monogamous partnerships* is my own work. It is submitted for the degree of Master of Arts in Clinical Psychology at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other university."

_____

Daryth Clinton Brown Crawford

February 2005

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ABSTRACT

The relation between self-esteem and depression with regard to employment status of gay men in long-term monogamous partnerships was investigated, specifically to determine if a relation exists between employment status and self-esteem, and between employment status and depression in these men. The relation between eleven biographical and psychosocial variables with self-esteem and depression were also investigated. Non-probability snowball and purposive sampling were used to gather the sample of 56 gay male couples who were predominantly white; middle-class; well-educated; urban-dwelling South Africans; that had been involved for a mean length of 7.3 years. Each couple consisted of an employed partner and an unemployed partner, who had a mean length of 3.4 years of unemployment. Five couples (10 subjects) formed a pilot study and completed only the Revised Janis-Field Feelings of Inadequacy Scale (R-JFFIS), while the remaining 51 couples (102 subjects) completed both the R-JFFIS and the Revised Beck Depression Inventory (R-BDI). An Analysis of Covariance (ANCOVA) computed for the mixed effect model with fixed factor of employment status nested within the random factor of couple, controlling for the effects of the possible covariates revealed a significant difference between self-esteem of employed and unemployed partners. The difference is not significant for depression. Confirmatory evidence for the importance of age as a significant predictor of self-esteem was found for the whole sample; while perceived health and education were found to be significant predictors of depression. Self-esteem and depression were found to be inversely related in both employed and unemployed partners individually and collectively, while a positive correlation was found between self-esteem of employed and unemployed partners. Multiple

regression analysis revealed that the eleven variables investigated were poor correlates of self-esteem in both partners. Only perceived health was found to be a significant predictor of depression in employed and unemployed partners respectively. No known existing studies investigate these particular dimensions of gay life. The disparity of self-esteem scores between employed and unemployed partners and the inverse relation between perceived health and depression provide a proactive position, from which primary prevention of depression could be achieved.

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ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
BDI	Beck Depression Inventory
CPI	California Personality Inventory
CR	Clinical Ratings
CS	Covi-Skala (symptom list for assessing anxiety)
CSEI	Coopersmith Self-Esteem Inventory
ESDS	Edward Social Desirability Scale
FR	F-Rating (clinical four-graded rating scale)
FSS-2	Fear Survey Schedule (version 2)
HIV	Human Immunodeficiency Virus
HPRSD	Hamilton Psychiatric Rating Scale for Depression
JFFIS	Janis-Field Feelings of Inadequacy Scale
JPI	Jackson Personality Inventory
MAACL-A	Multiple Affect Adjective Checklist for Anxiety
MAACL-D	Multiple Affect Adjective Checklist for Depression
MCSDS	Marlowe-Crowne Social Desirability Scale
MMPI-D	Depression Scale of the Minnesota Multiphasic Personality Inventory
R-BDI	Revised Beck Depression Inventory
R-JFFIS	Revised Janis-Field Feelings of Inadequacy Scale
RSES	Rosenberg Self-Esteem Scale
SCL-A	Symptom Check List for Anxiety
STAI	State-Trait-Anxiety Inventory
STAI (S)	State-Trait-Anxiety Inventory (State Skala)
STAI (T)	State-Trait-Anxiety Inventory (Trait Skala)
TSCS	Tennessee Self-Concept Scale
TMAS	Taylor Manifest Anxiety Scale
ZSRAS	Zung Self-Rating Anxiety Scale
ZSRDS	Zung Self-Rating Depression Scale

CHAPTER 1
INTRODUCTION

1.1 INTRODUCTION

Research indicates that there is evidence of the damage of unemployment on an individual's perception of self-worth, and that exposure to unemployment or dropping out of the labour force was found to be associated with a decline in self-esteem (Brenner & Bartell, 1983; Goldsmith, Veum & Darity, 1996; Payne & Hartley, 1987; Rowley & Feather, 1987; Sheeran, Abrams & Orbell, 1995; Tiggemann & Winefield, 1984) and an increase in levels of depression (Feather & Barber, 1983; Kokko & Pulkkinen, 1998; O'Brien & Feather, 1990; Ullah, 1990; Warr, 1987). Decompositional analysis suggests that joblessness damages self-esteem by generating feelings of depression (Goldsmith et al., 1996) and Tsutsumi, Kayaba, Theorell, and Siegrist (2001) found that even anticipated job loss was significantly associated with depression. A further investigation by Goldsmith, Veum and Darity (1997), to determine the relationship between unemployment and its components on self-esteem, showed that both young men and women who had spent time out of the labour force in the past experienced a low level of self-esteem. Furthermore, it was found that the greater the duration of their exposure to this form of unemployment, the lower their level of self-esteem and the greater their psychological distress (Rowley & Feather, 1987; Warr & Jackson, 1984), although prior labour force experiences

generally fail to influence perceptions of self-worth on the part of young men (Goldsmith et al., 1997). However, in a study that examined self-esteem as a moderator of the relationship between unemployment and psychological strain, it was found that for women reporting low levels of self-esteem, unemployment was associated with high levels of anxiety and depression (Jex, Cvetanovski & Allen, 1994). There is a clear historical precedent for including negative self-evaluations as one of a constellation of symptoms associated with depression, beginning with Freud's (1915/1985) observations of low self-esteem displayed by adults suffering from depressive disorders. Psychoanalytic theorists have continued to afford low self-esteem a central role in depression, and presently there is growing evidence indicating that individuals with low self-esteem invariably report depressed affect (Bracken, 1996), and that low self-esteem has been implicated aetiologically with depression (Daly & Burton, 1983; Shaver & Brennan, 1991; Wilson & Krane, 1980). A number of psychoanalytical models outline a pathway from not living up to personal standards, to low self-esteem, to depressed affect. Such models are crucial in that they point to the functional or mediational role of self-esteem (Bracken, 1996).

Moreover, women have been shown to be twice as likely to experience depression than men (Ellermann & Reed, 2001), irrespective of geographical location; race; ethnicity; social class or employment status (Barlow & Durand, 1999; Kingery, 1985; Sue, Sue & Sue, 1994), and lower levels of self-esteem (Hong, Bianca, Bianca & Bollington, 1993; Muller, 1992). Bernard (1976) explores the contribution of sex-assigned social roles. She maintains that the homemaker 'role' of women accounts for the disparity in the sex ratio of depression in many marriages, noting the isolating effects of homemaking; its non-competitive, frustrating nature; its low social esteem; and its close emotional tie-up with personal attachments, while Boyacioglu and Karanci (1992) emphasise the economic dependency, non-work status and primacy of this role. Bardwick (1971, p. 159) maintains that this role "is insufficient for a feeling of self-esteem", while Bernard (1976, p. 226), purports that these women "might better be described as unemployed". Several studies

have explored these dimensions in heterosexual couples with the primary focus on the traditional male 'breadwinners' (employed) and female 'homemakers' (unemployed) (Bernard, 1976; Campbell, 1976; Kingery, 1985; Nathawat & Mathur, 1993; Radloff, 1975). Radloff (1975) found that married women, both working wives and housewives, were more depressed than married men and that housewives or homemakers had higher levels of depression than comparable working wives, although Boyacioglu and Karanci (1992) did not find this in a sample of Turkish homemakers. Coleman and Antonucci (1983) found that homemakers had lower scores on general physical health, self-esteem and greater anxiety in relation to their employed counterparts and Nathawat and Mathur (1993) concurred with these findings, but also found that homemakers had lower life satisfaction and higher scores on hopelessness and insecurity. Similarly, unemployed women were found to have increased stress reactions (Kessler & McRae, 1982), lower immunological function (Muller, 1992) and increased depression (Warr & Parry, 1982), when compared to employed women. Furthermore, unemployed women were found to exhibit greater self-anger; helplessness; decreased mood and self-esteem; as well as a higher risk of psychiatric morbidity when compared to unemployed men (Muller, 1992; Winefield & Tiggemann, 1985). Fidell and Prather (1975) (as cited in Bernard, 1976), report that homemakers who desired employment experienced depression to the greatest degree, and Kingery (1985) purports that housewives with more liberal sex-role orientations and who were restricted to the traditional role of homemaker were also more depressed than working wives. Similarly, Keith and Schafer (1985) found that negative evaluations of role behaviour in the family were more depressing to homemakers. Demographically, heterosexual married women not employed outside of the home, therefore appear to be the most vulnerable to depression.

W. Knoetze (personal communication, June 23, 2003) of the Lesbian and Gay Equality Project states that a similar structure of employment status exists in the Gay community, where one partner in a long-term monogamous partnership is the 'breadwinner' or employed, while the

other partner is a 'homemaker' or unemployed. No known research exists that investigates the effects of employment status on the self-esteem and depression of gay men in these relationships. The researcher expects that gay men involved in long-term monogamous[1] relationships, who are not employed outside of the home, will experience comparable psychological effects to those of unemployed heterosexual females.

1.2 AIM

The purpose of the present study is to investigate the association between employment status and psychological well-being in gay men in long-term monogamous partnerships. Primary aims are to research: a) whether unemployed[2] partners have decreased psychological well-being, that is, lower self-esteems and higher depression levels compared to their employed long-term partners; (b) whether self-esteem and depression are negatively correlated; and (c) whether these measures of psychological well-being are influenced by a variety of different biographical and psychosocial variables. The secondary aim is to describe and compare employed and unemployed partners with regard to biographical and psychosocial variables.

---

1 Individuals experiencing sexual activity only with their long-term partners.

2 The role of homemaker, home executive or not being employed outside the home is referred to as unemployed.

CHAPTER 2
SELF-ESTEEM AND DEPRESSION

2.1 INTRODUCTION

Self-esteem and depression are elaborate and complex subject matter in psychological discourse having generated a vast wealth of literature. A detailed discussion of this extensive body of literature is considered to be beyond the scope of this study. The information supplied is therefore limited to that which is deemed necessary for a thorough understanding of this specific research study.

2.2 DEFINITION OF RELEVANT TERMS

2.2.1 Self-Esteem

According to the Webster's International Dictionary, to esteem a thing "is to set a value on, to appreciate the worth of " (Gove, 1971, p. 778). Blascovich and Tomaka (1991, p. 115) maintain that when this term is applied to persons, "esteem carries also the warmer interest of approval, cordiality and affection", and that self-esteem is then the extent to which one values or appreciates oneself. Different theorists and researchers have utilised a variety of different names to describe this aspect of psychological functioning. Such terms include self-concept; self-appraisal; self-respect; self-acceptance; self-satisfaction; self-love; self-worth; self-confidence and sense of competence, to mention a few (Wells & Marwell, 1976). Self-esteem is an aspect of

psychological functioning that is usually thought to be the "evaluative component of a broader representation of self" (Blascovich & Tomaka, 1991, p. 115), which comprises of self-evaluation, self-affection or a combination of the two (Wells & Marwell, 1976), and Wylie, Miller, Cowles and Wilson (1979) report that all theorists agree on the importance of the influence of self-esteem on behaviour.

Wells and Marwell (1976) purport that these concepts all involve some process of 'reflexive' activity, implying that thoughts, feelings or actions in which the agent and the object of the behaviour are the same person; result in the formation of the three components of the self, namely: cognitive (the psychological content of the attitude), affective (a valuation attached to this content) and conative (behavioural responses to the attitude object) (Bracken, 1996; Tesser 1995). However, Blascovich and Tomaka (1991) maintain that an incorporation of cognitive, conative and affective components differentiates self-concept from self-esteem, the prior being more inclusive, and that the evaluation of the affective aspects of self-attitudes is usually regarded as self-esteem, which can either be conceived in a global or social context.

Van Tuinen and Ramanaiah (1979, p. 18) define global self-esteem as "a person's feelings of adequacy and worth as a person, his feelings of being a 'good' or a 'bad' person, his views of his state of health, physical appearance, skills and sexuality, and his sense of adequacy in social interaction". Rosenberg defines self-esteem as the "positive or negative attitude toward a particular object, namely, the self" (Rosenberg, 1965, p. 30), which encompasses the entirety of the individuals thoughts and feelings, and Coopersmith defines self-esteem as "the evaluation which an individual makes, and customarily maintains, of himself [*sic*]: it expresses an attitude of approval or disapproval, and indicates the extent to which the individual believes himself [*sic*] capable, significant, successful and worthy" (Coopersmith, 1967, p. 4). Both Coopersmith's and Rosenberg's definitions support the global context of self-esteem. Alternatively, social self-

esteem is defined by Van Tuinen and Ramanaiah (1979, p. 18) as "a person's sense of adequacy or worth in his social interaction with people in general, and is considered important for understanding and predicting social behaviour". Social self-esteem is therefore perceived as a subconstruct of global self-esteem, although this distinction appears to be purely theoretical. Van Tuinen and Ramanaiah (1979) utilised a multitrait-multimethod matrix analysis on nine social and global self-esteem scales including the Coopersmith Self-Esteem Inventory (CSEI), Jackson Personality Inventory (JPI) and the Revised Janis-Field Feelings of Inadequacy Scale (R-JFFIS). Despite providing evidence for a conceptual difference between social and global self-esteem for all self-esteem scales collectively, almost equal correlations of the R-JFFIS, a social self-esteem scale, with other global self-esteem scales 0.72 (CSEI) and social self-esteem scales 0.74 (JPI) were found, as well as between the R-JFFIS and simple self-rating scales for social (0.69) and global (0.68) self-esteem. This study therefore assumes that there is no practical conceptual distinction between global self-esteem and social self-esteem when operationalised by the R-JFFIS (Eagly, 1967), as is the case in this study.

(i) *Controversial Aspects of Self-Esteem*

There are several issues relating to self-esteem which have generated a fair amount of debate in theoretical literature and remain controversial. Two of these issues considered relevant to this study which are briefly discussed are the stability of self-esteem and the optimal level of self-esteem.

- ***Stability of Self-Esteem***

The level of adult global self-esteem is generally regarded to be a relatively stable enduring personality trait over the life course of an individual, as individuals are generally resistant to information that threatens views of themselves and seek out information that confirms views of themselves (Heatherton & Polivy, 1991; Schafer & Keith, 1999). Evidence indicates that self-

esteem is shaped during childhood (Goldsmith et al., 1996) and as an individual proceeds into adolescence, it begins to stabilise, but this stability is apparently independent of the level of self-esteem (Robson, 1988). Within this stability, self-esteem is also regarded as exhibiting a dynamic nature, and variation or change occurs from a stable 'baseline' self-esteem (Schafer & Keith, 1999), and this baseline is regarded to be influenced by social class, birth order, maturation and number of siblings (Heatherton & Polivy, 1991). Two schools of thought exist with regard to the level of change within the stability of self-esteem. One posits that the level of adult global self-esteem only fluctuates due to major life changes or severe traumatic events impinged upon the individual (*chronic self*-esteem), like becoming unemployed or divorced (Goldsmith et al., 1997; Wells & Marwell, 1976). The alternative view, derived from experimental social psychology, maintains that the level of adult global self-esteem is influenced by temporary changes (*acute* or *state self-esteem*) through ongoing life events, such as, social acceptance and social comparison with others (Heatherton & Polivy, 1991; Wang, Kick, Fraser & Burns, 1999; Wells & Marwell, 1976). Rosenberg (1986) (as cited in Schafer & Keith, 1999) advocates that both fluctuations occur with regard to self-esteem over time, but he refers to these fluctuations as long and short-term instabilities. Similarly, the present research assumes that the level of adult global self-esteem is essentially a stable characteristic which can be influenced by both temporary ongoing life events, for example success or failure, and due to major life changes or severe traumatic events, for example job loss, albeit the R-JFFIS appears to be a stable trait measure of self-esteem (Goldsmith et al., 1996; Heatherton & Polivy, 1991).

Goldsmith et al. (1997) differentiate between achieved and ascribed self-esteem. They maintain that achieved self-esteem is generated through compensation for effort and that an individual's sense of ability could contribute positively to a sense of self. Moreover, achieved self-esteem is dependent on an individual's contribution to a process or activity and influences a sense of worth. Ascribed self-esteem is when the possession of certain assigned attributes like ethnic

origin, religious orientation, economic status and physical attributes contribute to a sense of self-worth. Consequently, the impact of severe traumatic events like unemployment may depend on how self-esteem is generated, such that if self-esteem is predominantly achieved, then an inability to obtain employment would impact negatively on self-esteem, while if self-esteem is predominantly ascribed then the negative impact on self-esteem would be marginal. However, Goldsmith et al. (1997) note that repetitive failures to obtain employment will ultimately lead to a re-examination of self-image, even when self-esteem is predominantly ascribed.

- ***Optimal Level of Self-Esteem***

The optimal level of self-esteem is another controversial topic with different writers conceiving of different levels of self-esteem as optimal. Three models have been proposed: the high, the medium (intermediate) and the low models of self-esteem.

The most common standpoint is that high self-esteem is assumed to be associated with 'healthy' behaviour and infers desirable social and psychological adjustment, such that individuals with higher self-esteem have greater self-confidence; are more explorative and less guarded; more creative, imaginative and flexible; less authoritarian; less dependent on others; have reduced use of defensive façades (Wells & Marwell, 1976); are less self-denigrating (Janoff-Bullman, 1982) and have less value for conformity (Janis, 1954; League & Jackson, 1964). Numerous prominent theorists on self-esteem, like Coopersmith (1967), Janis and Field (1959) and Rosenberg (1965), support the notion that self-esteem and psychological adjustment are positively associated, as well as the majority of prominent theorists on unemployment, including: Feather (1982, 1985b), Warr, Jackson and Banks (1988), and Winefield and Tiggemann (1994), to mention a few.

The low self-esteem model posits that low self-esteem may occasionally be more healthy than high self-esteem, although not always. Byrne (1961) and Cohen (1959) (as cited in Wells & Marwell, 1976), based on defensive style strategies, argue that high self-esteem individuals

utilise repression or denial defences respectively, to avoid or ignore negative information with regard to themselves. In contrast, low self-esteem individuals utilise projective-expressive defences and are able to search for, evaluate, and integrate negative information about themselves. This provides low self-esteem individuals with greater flexibility; more self-reflection; a greater ability to acknowledge inadequacies and deficits; as well as less use of façades and authoritarianism (Robson, 1988).

The medium self-esteem hypothesis asserts that an average self-esteem is necessary for optimum healthy personality functioning. Theorists who advocate a medium self-esteem position maintain that extreme self-esteems are not conducive of healthy social and psychological adjustment, rather a curvilinear association exists between self-esteem and adjustment (Robson, 1988). Individuals with high self-esteem reportedly exhibit narcissism and defensive façades and low self-esteem individuals are equated with self-loathing and self-rejection, while individuals with medium self-esteem exhibit realistic, level-headed self-appraisal and self-acceptance (Wells & Marwell, 1976).

Research cited in Wells and Marwell (1976) pertaining to self-esteem in relation to adjustment provides evidence that tends to favour the high self-esteem model, although this evidence suggests that there may be interactions between self-esteem levels and several aspects of adjustment. Notwithstanding these difficulties, the vast majority of research supports the tenet that high self-esteem is associated with adaptive functioning, while low self-esteem is often associated with psychological disorders like anxiety and depression (Robson, 1988). Consequently the present study, like almost all other research pertaining to unemployment, adopts the high self-esteem model.

2.2.2 Depression

The term depression can be a source of confusion as it refers to a mood state, a set of symptoms, and a clinical syndrome. Different perspectives on depression from advocators of the psychoanalytic; cognitive; behavioural; interpersonal and social paradigms generally assume that normal depressed mood and clinical depression form two opposite ends of a continuum (Coyne, 1985). The core symptoms of depression can be categorised into emotional, cognitive and physical (vegetative) aspects (Coyne 1985; Strome, 1999). Emotional symptoms exhibited by the depressed individual include: sadness; loneliness; misery; dejection; hopelessness; anxiousness and irritability; while cognitively depressed individuals view themselves, their future possibilities and their situations in negative and pessimistic terms. Loss; defeat; deprivation; failure; self-criticism for shortcomings intellectually, socially and aesthetically; blame for these shortcomings and others at large; as well as indecision characterise cognitive aspects. Guilt and self-reproach are therefore central features of cognitive depression as well as suicide ideation (Brown & Harris, 1978). Vegetatively, depressed individuals exhibit psychomotor retardation; decreased appetite and decreased libidinal desires; disturbances of sleep and chronic tiredness. In addition, certain writers include motivational and interpersonal aspects as part of the depressed constellation (Becker, 1974). Motivational aspects include an inability to initiate activity, anergia and passivity, while interpersonal aspects include a loss of interest in and withdrawal from relationships and activities that were previously meaningful (anhedonia) (Beck, 1967b). Diagnosis of depression does not require an individual to display all of the above indicators, rather the presence of some symptoms are sufficient. The DSM-IV requires five or more specified symptoms during the same two-week period for a diagnosis of major depressive disorder (American Psychiatric Association [APA], 1994). Kaplan & Sadock (1998) distinguish between three different categories of depression, namely ‘mild’, ‘moderate’ and ‘severe’. Each of these categories requires the five specified symptoms of the DSM-IV for a diagnosis as a baseline. In addition, mild depression is accompanied by minor functional impairment and few,

if any, excess symptoms; moderate requires at least six symptoms, with functional impairment between mild and severe; while severe is differentiated into 'with or without psychotic symptoms', and is accompanied by severe functional impairment. In both of these severe categories, a minimum of eight symptoms are required and psychomotor retardation is often prevalent. In severe depression with psychotic symptoms, either delusions and hallucinations are present or the presence of a depressive stupor, while severe depression without psychotic symptoms lacks these psychotic symptoms. Depression in this study is operationalised by the Revised Beck Depression Inventory, which utilises items that were primarily clinically derived and were originally chosen to reflect depression and not a particular theory of depression (Beck, Ward, Mendelson, Mock and Erbaugh, 1961). Furthermore, the items of the Revised Beck Depression Inventory reflect the mild and moderate definition of depression, as psychotic symptoms, such as delusions and hallucinations, and severe psychomotor retardation are not included in the questionnaire. The severity of the depression can be categorised by a numerical scale for which information is provided in Section 5.3.2.

2.3 RELATION BETWEEN SELF-ESTEEM AND DEPRESSION

The strong negative correlation between self-esteem and depression has been well documented and broadly accepted (Beck 1967a; Beck & Beck 1972; Coleman, 1975; Feather 1982, 1987; Feather & Barber 1983). Brockner (1983) in Heatherton and Polivy (1991) states that the average reported correlation between self-esteem and mood ranges from -.4 to -.6. Further, Ingham, Kreitman, Miller, Sashidharan and Surtees (1987); Hojat, Shapurian and Mehryar (1986); Lewinsohn, Steinmetz, Larson and Franklin (1981); and Sheehan (1981) have all provided evidence that depressed individuals are characterised by low self-esteem. However, controversy continues to persist with regard to the precise nature of the relation between self-esteem and depression. Some theorists maintain that low self-esteem arises as a symptomatic consequence of depression (Lewinsohn, Steinmetz, et al., 1981), others purport that low self-esteem has been

implicated as a determinant of depressed mood and other symptoms of depression (Beck, 1967b; Daly & Burton, 1983; Wilson & Krane, 1980), while still others see low self-esteem as one component of a depression-prone personality (Altman & Wittenborn, 1980).

2.3.1 Low Self-Esteem as a Symptom or Consequence of Depression

A behavioural view of depression asserts that low self-esteem is a consequence of depressive behaviour (Robson, 1988). Lewinsohn (1974/1985) maintains that depression results in an individual experiencing an 'unpleasant feeling state' and that in order to be able to label the feeling, an individual assigns an understandable 'explanation' to the feeling, like "I am weak or otherwise inadequate" (Lewinsohn, 1974/1985, p. 153). In a sample of 998 subjects, Lewinsohn, Steinmetz, et al. (1981) report that low self-esteem occurs as a result of depression and that people change their expectancies and subscribe to irrational beliefs as a consequence of depression. Furthermore, they found that negative cognitions related to the course of depression, and those individuals who had more negative cognitions were more likely to remain depressed, indicating that it is more difficult for an individual to overcome depression if they have a low self-esteem. A marked decline in self-esteem with the commencement of depressive illness in their sample of 333 women, particularly with major depression, was observed by Ingham et al. (1987). The degree of decline appeared to be dependent on the magnitude of the depressive or anxious mood change, indicating that low self-esteem is intimately related to depression. They further purport that decline in self-esteem occurs as one of the first manifestations of illness and is one of the last to abate. Moreover, their findings reflect the possibility that recurrent episodes of depression progressively impair self-esteem. Kaplan and Sadock (1998) support this finding, maintaining that depression tends to compound an individual's primary emotions of worthlessness, helplessness and powerlessness.

2.3.2 Low Self-Esteem as a Factor Influencing the Onset of Depression

Cognitive theories of depression, such as that propounded by Beck (1967b) and learned helplessness theory (Abramson, Seligman & Teasdale, 1978) (see Section 3.3.5), all assign negative self-evaluations as a primary cause of vulnerability to depressed mood and other symptoms of depression, even though different theorists differ with regard to what they consider critical cognitions for the development of depression (Lewinsohn, Steinmetz, et al., 1981). The importance of assigning the causation of depression to negative self-evaluations, rather than to the absence of positive self-evaluation is emphasised by the research of Ingham et al. (1987). Beck (1967b) found that 81% of severely depressed patients reported that they felt inadequate or inferior to other individuals and that low self-esteem is a characteristic feature of depression. In concordance with such theories, later research by Coleman (1975) and Wilson and Krane (1980) attempted to directly manipulate self-esteem in order to demonstrate a causal relation between self-esteem and depression. Coleman (1975) concludes that negative self-evaluations were a determinant of depression. Similarly, Wilson and Krane (1980) indicate that as the level of self-esteem varies, the level of depression varies inversely and that lowered self-esteem functions as a determinant in the aetiology of depression. Moreover, "cognitively induced changes in levels of self-esteem were found to predictably influence on a variety of indices of depression" (Wilson & Krane, 1980, p. 421), such that low self-esteem produces depression, anxiety, hostility, and withdrawal. Warr and Jackson (1984) point out that unemployment results in an increase in negative self-evaluations, rather than a decrease in positive self-evaluations. Nonetheless, depression does not simply consist of cognitive components, which is how Krames, England and Flett (1988) assert depression is usually measured, but that it is influenced by social and physical factors as well.

2.3.3 Low Self-esteem as a Component in Depression-Prone Personality

Altman and Wittenborn (1980) in their sample of 88 depression-prone women in remission and 88 women who formed a control group, found that five interpretable factors emerged from their study, which differentiated depression-prone individuals from those who were not. They found that low self-esteem; unhappy outlook; narcissistic vulnerability; helplessness and lack of self-confidence predisposed individuals to depression. Barnett and Gotlib (1988) report that interpersonal dependency is another primary characteristic of a depression-prone personality. Ingham et al. (1987) investigated certain social factors proposed by Brown and Harris (1978), which they felt predisposed individuals to the vulnerability of depression, including lack of a close confidante and early separation from the mother. Self-esteem appears to operate as a buffering variable between certain social factors and depression, as well as between severe life events and depression. Brown, Bifulco, Harris and Bridge (1986) assert that low self-esteem, marked long-term difficulties and severe life events arising out of these difficulties are psychosocial factors of particular importance in the development of depression. Further, they report that the risk of depression after the occurrence of a major crisis is raised by low self-esteem, but not without a major life event. Thus, it is seems that low self-esteem "could play a part in undermining a positive response to adverse social circumstances, such as unemployment" (Robson, 1988, p. 12), and that negative attitudes towards self, existing in a latent state which may be activated by comparatively insignificant encounters of deprivation or rejection, may increase the vulnerability of depression (Robson, 1988).

CHAPTER 3
EMPLOYMENT STATUS

3.1 INTRODUCTION

Necessity has required that "throughout human history the overwhelming majority of people have worked for their living" (Jahoda, 1982, p. 1), and most individuals in all societies spend a greater proportion of their lives working or engaged in productive activity than any other form of activity (Giddens, 1989). Industrial development has provided modern societies with a large variety of occupations, but simultaneously has also developed technologies for the elimination of a great many jobs (Jahoda, 1982). This seems to be an ongoing human dilemma irrespective of the century (Feather, 1990), and although the causes for job loss may have changed over time, it appears that the psychological impact has not.

3.2 DEFINITION OF RELEVANT TERMS

3.2.1 Employment

Since the words 'employment' and 'work' are often used interchangeably in spoken and written language, an ambiguity results which requires differentiation. Jahoda (1982, p. 8) defines employment as "work under contractual arrangements involving material rewards" and Fryer and Ullah (1987, p. i) define it as "a voluntary, but institutionally regulated contractual exchange relationship between two parties, one of whom wishes to sell work and the other to buy it",

implying “a relationship with some other who has control over the means of productive effort” (Hayes & Nutman, 1981, p. 2). These definitions do not make provision for all economically relevant forms of work and exclude individuals who are self-employed, homemakers, and voluntary workers nor for those in hidden employment, but clearly these would all constitute work. Fryer and Ullah (1987) maintain that Jahoda defines work as “activity for purpose beyond its own execution” and it is in this context that homemakers can be said to be working, but unemployed. From an economic perspective, employees in both the formal and informal sectors and all unemployed individuals constitute the economically active population, which includes all individuals who either work or want to work (Fourie, 1997). For the purposes of this study, a broader concept of employment was adopted, which includes Fryer and Ullah’s (1987) definition, but also includes certain ‘work’ activities, such as self-employment and hidden employment that procure financial rewards. This broader definition is more restrictive from an economic standpoint, reducing the economically active population to employees in both the formal and the informal sectors, but excluding all unemployed individuals.

3.2.2 Unemployment

Ambiguity also surrounds the definition of unemployment. From an economic viewpoint the International Labour Organisation utilises three definitions for unemployment. These include: an *extended* (wider) definition (individuals who did not look for work but nevertheless say they want to), a *strict* definition (only those who took steps to obtain employment in the preceding few weeks prior to the survey), and a *registered unemployment* (stricter) definition (only those individuals who register with the appropriate government department as unemployed or as work seekers) (Fourie, 1997). However, when measuring unemployment, the national population is divided into the economically active population (previously defined) and economically inactive population. The economically inactive population comprises of children, students, retired persons and any individuals who cannot be categorised as either employees or unemployed

persons. These individuals, irrespective of their age, do not work and do not desire to work (Fourie, 1997). In South Africa, since 1993, the unemployed are officially defined as, anyone 15 years or older who "(i) [was] not in paid employment or self-employ[ed], and (ii) [who] were available for paid employment/self-employment and took specific steps to find employment or had the desire to take up employment or self-employment during the seven days preceding the counting process. In essence, a person need not have taken definite steps to obtain work, but must simply have had the desire to work, to be counted as unemployed" (Fourie, 1997, p. 357).

From a psychosocial perspective, Hayes and Nutman (1981, p. 2) define unemployment as "a state of worklessness experienced by people who see themselves or are seen by others as potential members of the work force". This definition is complicated by its use of the word 'worklessness', which Hayes and Nutman (1981) clarify as not implying that people do nothing, rather they are not in paid employment. Jahoda's (1982, p. 13) definition of unemployment is broader and more encompassing, including "all who have not got a job but would like to have one or who when they have no job are dependent on some financial support from whatever source for their livelihood." The definition utilised for this study is an extended version of Jahoda's (1982) definition, including all those who do not have a job and who do or do not desire to have one, and/or who are dependent on some financial support from whatever source for their livelihood, presumably their partner. This broader definition therefore, from an economic perspective, includes those economically active individuals who are unemployed and want to work, as well as certain members of the economically inactive population, including individuals who do not work and do not desire to work.

3.3 PSYCHOLOGICAL WELL-BEING OF UNEMPLOYED INDIVIDUALS

Research into the effects of unemployment on psychological well-being has a long history, starting with the Great Depression of the 1930s (Eisenberg & Lazarsfeld, 1938; Jahoda,

Lazarsfeld & Zeisel, 1933/1971) and continuing from the 1970s when Western economies went into decline with increasing unemployment rates (Creed, Hicks & Machin, 1998; Feather, 1983; Feather & O'Brien, 1986). An abundance of more recent literature has provided evidence that unemployment is associated with low psychological well-being in unemployed individuals (Brenner & Bartell, 1983; Feather & Barber, 1983; Goldsmith et al., 1996; Kokko & Pulkkinen, 1998; O'Brien & Feather 1990; Payne & Hartley, 1987; Rowley & Feather, 1987; Sheeran et al., 1995; Tiggemann & Winefield, 1984; Ullah, 1990; Warr, 1987; Warr & Parry, 1982; among others). This evidence has primarily been derived from two main research approaches (Kemp & Mercer, 1983). Firstly, qualitative research has provided detailed descriptions of the negative effects of unemployment over its duration (Eisenberg & Lazarsfeld, 1938; Jahoda et al., 1933/1971; Feather, 1983). Secondly, a vast body of quantitative research, both cross-sectional (Creed et al., 1998; Dooley, Catalano & Hough, 1992; Kokko & Pulkkinen, 1998; Kulik, 2000; Warr & Payne, 1983) and longitudinal studies (Bolton & Oatley, 1987; Feather & O'Brien, 1986; Gore, 1978; Patton & Noller, 1984; Wanberg, Griffiths & Gavin, 1997; Winefield & Tiggemann, 1985; Winefield, Tiggemann & Winefield, 1992a and 1992b), have investigated the negative effects of unemployment utilising a variety of constructs with which to operationalise psychological well-being, including: measures of depression (Gore, 1978; O'Brien & Feather, 1990; Shamir, 1986b; Winefield, Winefield, Tiggemann, & Goldney, 1991); psychological distress (Feather, 1989; Jackson, Stafford, Banks & Warr, 1983; Patton & Noller, 1984; Ullah, 1990); self-esteem (Dooley & Prause, 1995; Feather, 1982; Feather, 1989; Gurney, 1980a; Hartley, 1980; Shamir, 1986b); self-concept (Feather & O'Brien, 1986; Jex & Elacqua, 1999) and life satisfaction (Feather, 1989; Harding & Sewel, 1992; Hong & Giannakopoulos, 1994; O'Brien & Feather, 1990), to mention a few.

Eisenberg and Lazarsfeld (1938) in their review of research from the 1930s, indicate that psychological well-being is a multidimensional concept and that the impact of unemployment on

mental health becomes apparent in various manifestations. Nonetheless, Eisenberg and Lazarsfeld (1938) maintain that all theorists generally concluded that unemployed individuals became more emotionally unstable. Unemployed individuals were first threatened by economic insecurity, followed by a variety of effects like denigration of self-worth or self-esteem; greater depression; greater anxiety; a loss of personal prestige and comparative prestige; a loss of morale; a sense of hopelessness; feelings of inferiority; loss of self-confidence; disruption of their time pattern; and a loss of the sense of the passage of time. They further report that the impact of unemployment on psychological well-being was influenced by a number of biographical and psychosocial factors, such as, economic status; social status; age; gender; personality; length of unemployment and a combination of these factors. Jahoda et al. (1933/1971, p. vii), in the preface of the first English translation of *Marienthal*, question whether their "findings … were out of date and out of place". Surprisingly, more current research indicates that descriptions made approximately 70 years ago in Marienthal of the experience of unemployment appear to be on the whole true for most contemporary research on the unemployed (Fryer, 1992). Fryer (1992) notes that although terminology may have changed from terms like 'demoralisation' and 'resignation' to more current terms like 'psychological well-being' and 'psychological distress', constancy between and likeness in findings is profound, with both eras emphasising investigation of affective states and components which diminish or exacerbate the psychological impact of unemployment. However, inconsistency exists with regard to the causative nature of the negative impact of unemployment on psychological well-being, and numerous psychologists have proposed a variety of theories to account for the negative psychological consequences of unemployment. These theories which provide a conceptual framework for how unemployment might damage self-esteem and increase vulnerability to depression include: the functional theory (deprivation theory) of Jahoda (Jahoda, 1981, 1982); the agency restriction model (Fryer, 1992); the 'vitamin' model (Warr, 1987); the stage theory (Eisenberg & Lazarsfeld, 1938); the learned helplessness theory (Abramson et al.,

1978; Peterson & Seligman, 1984); the expectancy-value theory (Feather, 1990, 1992; Feather & Barber, 1983); and life span developmental theory (Erikson, 1963, 1980); among others. These theories which provide a conceptual framework for how unemployment might impact negatively on psychological well-being are briefly described below.

3.3.1 Jahoda's Functional Theory

Jahoda's (1981, 1982) functional theory essentially asserts that employment contributes to psychological well-being. She distinguishes between manifest and latent functions of employment that are essential for healthy psychological development, including a propitious perception of self. The manifest function is the purposefully planned function of employment, that is, to generate an income. The latent (non-economic) psychological functions of employment are an unintended consequence of the manifest function. These hidden advantages include: (1) a time structure to the day; (2) enlargement of social experience; (3) interaction with people holding some common goals; (4) definitions of personal identity and status; and (5) purposefulness and activity (Goldsmith et al., 1996; Jahoda, 1981, 1982; O'Brien & Feather, 1990), which are dictated or compelled by employment (Fryer, 1992). These latent functions were obtained through Jahoda's early studies with the unemployed (Jahoda et al., 1933/1971; Jahoda, 1987). Jahoda acknowledges that there may, in fact, be additional latent functions, for example level of skilled labourer, although she does not expound any further. Jahoda (1981, p. 188) purports that "unemployment is psychologically destructive to the unemployed individual as they lack the benefits of these latent functions that normally provide a psychological supportive role", such that unsatisfactory employment is preferable to the absence of work (Jahoda, 1982). Unemployment accordingly results in decrements of: structured time; status and identity; regular activity; the experience of social purposes and of course social contact, such that individuals become more aimless and apathetic; with less direction; less routine; less organisation; and less purpose. Presumably through increased negative self-evaluations

individuals experienced a loss of morale, discouragement and a sense of hopelessness with regard to finding a job, consequently depleting self-esteem (Goldsmith et al., 1996) and increasing the likelihood of depression.

3.3.2 Agency Restriction Approach

Fryer's (1992) agency restriction approach assumes that unemployed individuals are active; striving; initiating new activities; future-oriented; planning and organising; guided by values and purposes; attempting to make sense of; and have control over, events (Feather, 1990; Fryer, 1992). Fryer (1992) sets this in opposition to Jahoda's functional theory (1981, 1982), which he maintains represents individuals as passive. Fryer (1992) posits that economic deprivation is the primary explanation of psychological impairment during unemployment and that unemployment is perceived as impecunious; inhibiting; bewildering; disheartening and immobilising; culminating in frustration of personal agency and impacting negatively on psychological well-being, like depletion of self-esteem. Future orientation, extreme agency or proactivity and the restriction of agency by poverty are three of the underlying assumptions that research has focused on (Fryer, 1992).

3.3.3 Warr's 'Vitamin' Model

Warr's (1987) 'vitamin' model is similar in many respects to Jahoda's (1981, 1982) functional model. He purports that the environment affects mental health in an analogous way to which vitamins influence physical health and that they function in a non-linear pattern (Warr, 1987). The environmental features allegedly work in a similar way to vitamins such that when they are in low levels, deficiency results in physiological impairment and ill health. However, when in excess and depending on the feature, either a maximum upper limit of benefit can be derived (*constant benefit*) or a decrement may result (*additional decrement*) (Warr, 1987). Consequently, 'being in work' or 'being out of work' are viewed in the same way (Ross, 1989) and

unemployment diminishes mental health as would unsatisfactory employment, while a limited contribution is made to psychological well-being by satisfactory work (Goldsmith et al., 1996). Nine environmental features are reported to be responsible for psychological well-being: (1) opportunity for control; (2) opportunity for skill use; (3) opportunity for interpersonal contact; (4) externally generated goals and task demands; (5) variety; (6) environmental clarity; (7) availability of money; (8) physical security; and (9) valued social position. These features are largely similar to Jahoda's (1981, 1982) six employment functions (Fryer, 1992). Warr (1987) maintains that since unemployment reduces opportunities for control by constraining attainable actions, it has a negative effect on various aspects of mental health, such as a decline in self-esteem. Moreover, Warr and Jackson (1983) point out that unemployment results in an increase in negative self-evaluations rather than a decrease in positive self-evaluations and enhances vulnerability to depression. However, Warr (1987), like Fryer (1992), posits that individuals are actively able to make choices and react during unemployment, such that these choices and reactions dictate and regulate the magnitude of the psychological consequences that ensue.

3.3.4 Stage Theory

Early research from a variety of countries during the 1930s indicated that unemployed individuals exhibited a phasic response to their experience of unemployment (Eisenberg & Lazarsfeld, 1938; Feather, 1990; Jahoda et al., 1933/1971). Eisenberg and Lazarsfeld (1938, p. 378) report "that all writers who have described the course of unemployment seem to agree" on the delineation of four different stages in the subjective experience of unemployment. Initially there is *shock* (anticipation), followed by a period of slight recovery - *optimism*, in which the individual actively seeks another job, although this is threatened by economic hardship. Optimism is followed by *pessimism,* when all efforts are experienced as in vain and are accompanied by anxiety and active distress, such that the person resorts to *fatalism* and adapts to the new unemployed state (Eisenberg & Lazarsfeld, 1938). These stages have been noted by

several more recent authors including Hayes and Nutman (1981); Hepworth (1980); Stokes and Cochraine (1984); Swinburne (1981) and Tiggemann and Winefield (1984). Brenner and Bartell (1983) assert that a brief 'critical period' directly after job loss occurs in which psychological adaptation occurs and more recently, Schaufeli and Van Yperen (1992) report that a plateau or equilibrium of ill-health is reached after which adaptive processes occur, resulting in improved psychological well-being.

3.3.5 Learned Helplessness Theory

Peterson and Seligman (1984) report that Maier and Seligman (1976) demonstrated that a variety of organisms exhibited cognitive, motivational and emotional deficiencies after exposure to uncontrollable events. Abramson et al. (1978) reformulated the learned helplessness theory, supplementing attributional variables mediating between the objective experience of lack of control and the subjective perception of it, and included factors responsible for variability in the chronicity and generality of depression, and for the relation between low self-esteem and depression. According to the reformulated model, an individual "makes attributions for noncontingency between his [*sic*] acts and outcomes in the here-and-now as a determinant of his [*sic*] subsequent expectations for future noncontingency" (Abramson et al., 1978, p. 52), and depressed affect results as a consequence of learning that outcomes are uncontrollable. Turner, Pickering and Johnson (1998) maintain that Weiner (1985) attributes causes of success and failure to beliefs along three dimensions: locus (internal or external), stability (stable or unstable) and control (controllable and uncontrollable). Thus, an individual with an internal attributional style (depressogenic or self-deprecating explanatory style) (Barnett & Gotlib, 1988) attributes noncontingency to stable and global factors and to personal factors under their control (internal attribution). If, for example, an individual reports, "I'm incapable of doing anything right", as opposed to attributing it to fate or nonrecurring external causes, then depression is likely to result from 'personal helplessness' in the face of negative events and be chronic, general, and

accompanied by low self-esteem (Abramson et al., 1978; Peterson & Seligman, 1984; Rodriguez, 1997; Stoltz & Galassi, 1989). Dobia and McMurray (1985), in their sample of 18 depressed housewives, provide evidence of a clear relationship between depression and attributional style, such that, the greater the tendency toward attributing causes for negative outcomes to global, stable and internal causes, the greater was the negative impact on self-esteem and the higher their depression score. Brewin and Furnham (1986) also found that self-esteem was related to internal attributions for positive and negative outcomes in their sample of 92 undergraduates.

Internal attributional style has been subdivided into a characterological and behavioural style (Ostell & Divers, 1987). A characterological style is exemplified by attributing the causation of events to personality or character, which is perceived as enduring and relatively stable, for example "I failed my exam yesterday even though I studied, it's the kind of thing that always happens to me". A behavioural style is typified by attributing the causation of events to actions in a specific situation, for example "I ran out of time studying and failed the exam", which are adaptable in the event of a similar recurrent event. Theory predicts that individuals with a characterological style will experience poorer mental health when unemployed than individuals with a behavioural style (Ostell & Divers, 1987; Peterson & Seligman, 1984). Moreover, Ostell and Divers (1987), in their sample of 63 unemployed managers, found that those managers who tended to make characterological attributions for negative events had poorer mental health than managers making behavioural attributions (for positive and negative events).

When an individual with an external attributional style makes specific, unstable, and external attributions for negative events, then depression is likely to result from 'universal helplessness' (that is, neither the individual concerned nor anyone else would be capable of altering the course of events), and be situation specific, acute, and not associated with low self-esteem (Abramson et

al., 1978; Peterson & Seligman, 1984; Stoltz & Galassi, 1989). Thus, individuals with an external attributional style who fail to obtain employment would attribute this inability to the economic market or rates of unemployment, rather than to personal inability. Winefield et al. (1992b), in their sample of 78 young unemployed Australians, found that external attributions for unemployment were significantly associated with reduced hopelessness and greater self-esteem than those individuals who gave internal attributions. This finding provides evidence that the reasons young, unemployed individuals give (their causal attribution) for their unemployment are related to their psychological well-being. Therefore, it appears that those individuals who give internal attributions for negative events (such as unemployment) will attribute this negative event to their own inability or lack of effort, and experience a lack of ability to control events, which would lead to self-blame, culminating in lowered self-esteem and hopelessness, engendering depression.

3.3.6 Expectancy-Value Theory

Feather (1992) advocates the expectancy-value theory, which asserts that "a person's actions are related to the expectations that the person holds and the subjective values (or valences) that are associated with alternative instrumental actions and their possible outcomes" (Feather, 1992, p. 316). The subjective values can be positive or negative and indicate either pleasing or unfavourable events or outcomes, and the expectations encompass beliefs about "whether he or she can perform the action to the required standard, thereby achieving a successful outcome, on a further set of expectations about the possible consequences of the outcome, and on the valence associated with the action outcome" (Feather, 1990, p. 63). Feather (1990), like Fryer's (1992) model, assumes individuals are active agents who can appraise and construe situations for possible different courses of action and that motivation to act in a particular direction is assumed to result from a combination of expectations and subjective values. These variables are regarded as being linked to the cognitive-affective system (Feather, 1992), and therefore able to influence

self-esteem negatively when expectations exceed ability and result in negative subjective values. Feather (1992) purports that expectancy-value theory can be applied to job-seeking behaviour and to the impact of unemployment on psychological well-being. Lynd-Stevenson (1999), in his research on 200 unemployed youths, provides evidence of the usefulness of the expectancy value-theory to investigate the predictors of future employment status.

Feather (1992) maintains that negative psychological consequences of unemployment depends on the extent to which the individual subjectively requires and values (valencies) employment, such that high need and great desire for a goal (job) when unattained results in a frustration of these needs and values and a concomitant affective response. Therefore, frustration and fulfilment of needs and values may generate negative and positive feelings respectively. Winefield and Tiggemann (1994) conducted a longitudinal study on 809 employed and 137 unemployed Australian youths to investigate the implications of expectations and values on psychological well-being in relation to employment status. They found that greater increases in depressive affect were found in those unemployed individuals who rated getting a job as important, as opposed to those who rated getting a job as relatively less important. Therefore, the subjective value (valence) for the importance of getting a job resulted in a frustration of these needs and values and had a negative effect on depression, although this was not found for self-esteem. They also found that prior expectations of work influenced changes in self-esteem. Feather and Barber (1983), and Feather and Bond (1983) also provided evidence that those unemployed individuals who placed more importance on obtaining work (value) showed greater levels of depression than those who did not.

3.3.7 Life Span Developmental Theory

Erikson (1963) proposed the life span developmental theory, which states that personality growth continues throughout the whole of life and that each individual passes through a series of eight

epigenetic psychosocial stages, each of which has its own distinctive goals to attain. Successful completion of each successive stage results in healthy psychological ego development. The stages that pertain to an individuals' occupational life include identity versus identity (role) confusion (adolescence), intimacy versus isolation (young adulthood) and generativity versus stagnation (middle adulthood). Identity versus identity confusion is the fifth stage, in which the resolution of the conflict is assumed to lead to the formation of a new identity and the termination of the usefulness of identification (Feather, 1990; Gurney, 1980b). The achievement of an agreeable occupational identity is regarded necessary for a healthy progression from adolescence to adulthood, and Erikson (1980, p. 97) maintains that "in general it is primarily the inability to settle on an occupational identity which disturbs young people", although adolescents are also concerned with gender identity and a formation of ideals and basic values (Feather, 1990). The successful progression from adolescence to adulthood should facilitate the development of mature interpersonal relationships and intimacy and a feeling of knowing "that you really know who you are, that you know what you want to be, that you know what you look like to others, …without, once for all, committing yourself to the wrong friend, sexual partner, leader or career" (Erikson, 1980, p. 98), indicating an increased sense of identity. Goldsmith et al. (1996) maintains that Erikson would therefore expect that failure to obtain employment would diminish an individual's sense of worth. Hook, Watts & Cockcroft (2002) maintain that Erikson's sixth stage, intimacy versus isolation, was formulated from Freud's response to the question as to what a healthy, normally functioning individual should be able to do, which was 'to love and work'. Thus, the primary challenge of this stage is the ability to develop a maturity of heterosexual love with genital sexuality and "a general work-productiveness which would not preoccupy the individual to the extent that he [*sic*] loses his [*sic*] right or capacity to be a genital and a loving being" (Erikson, 1963, p. 265). It is interesting to note the use of the word 'work' versus 'employment' in this stage. The seventh stage, generativity versus stagnation, is the challenge of middle adulthood and pertains to the task of establishing the next generation

through procreation and nurturance, although Erikson (1963) does acknowledge that this can also be achieved through productivity and creativity, but that productivity and creativity cannot replace generativity. Consequently, generativity can also be manifested at the occupational level during this stage (Feather, 1990).

3.3.8 Critical Overview of the Theories of Employment Status

Jahoda (1992, p. 357) maintains that "no single theory about the psychological impact of unemployment exists; [and that] none is likely to emerge". Thus, the application of a single, general, overarching theory which encompasses all psychological aspects of the experience of unemployment does not exist, rather different theorists have attempted to supplement what previous researchers have postulated, sometimes overlapping with this material and sometimes offering new perspectives. The lack of an overarching theory appears, in essence, to be due to the complexity of the psychological experience of unemployment and of the factors that influence this experience. Several of the most prevalent theories are reviewed in this section and these theoretical approaches differ appreciably in their emphasis. Jahoda's (1981) functional theory; the agency restriction model; Warr's (1987) vitamin model; and the stage theory have a more environmental focus, although individual needs are considered, and specifically relate to the context of work, employment, and unemployment. Learned helplessness theory, expectancy-value theory and the life span developmental theory are more general theoretical models that have a more individual cognitive focus, and which provide knowledge for facets of the psychological impact of the experience of unemployment (Feather, 1990). Despite these latter theories maintaining a more cognitive position, they do acknowledge the resultant affective implications of cognitions and provide explanations for the psychological effects of unemployment, invariably relating to the development of negative self-evaluations with a decline in self-esteem and an increase in levels of depression. Furthermore, both individually and environmentally focused theories predict that repeated failures to secure employment ultimately

lead to a reassessment of self-image, even if self-esteem is primarily ascribed (Goldsmith et al., 1996).

Jahoda's (1981) functional theory and the stage theory are the earliest explications of the experience of unemployment and have received both support and criticism from other theorists. Jahoda's (1981, 1982) functional theory has been criticised by several theorists often in order to propound their own theories. Fryer's (1992) agency approach stresses that unemployment restricts the levels of activity of individuals who are perceived as active creatures, in contrast to Jahoda's theory which he claims perceives individuals as passive. This he no doubt concludes from Jahoda's (1982, p. 188) use of the terms "enforces" and "imposes" when she describes employment as a social institution. The use of these terms implies a marginalisation of individual choice and a sense of human passivity. Jahoda asserts that the aim of the Marienthal investigation "was the unemployed community and not the unemployed individual" and that "character traits were given little attention" (Jahoda et al., 1933/1971, p. 2). Alternatively, Jahoda stresses the importance of the "sociological considerations of employment as a dominant social institution" (Jahoda, 1992, p. 356). Supposedly in further contrast, Fryer's (1992) agency approach also affords financial deprivation a central role in the explanation of the psychological consequences of unemployment. This however, is not in contrast to Jahoda's (1981) theory as she does acknowledge the importance of financial deprivation in her manifest function of employment, although she is relatively silent about the implications of this manifest function. Nonetheless, Jahoda et al. (1933/1971) placed immense importance on the role of economic hardship as a factor responsible for physical and mental health deterioration in the Marienthal community, stating that "economic deterioration carries with it an almost incalculable change in prevailing mood" (Jahoda et al., 1933/1971, p. 82). Therefore, these theories are not antithetical; alternatively they differ with regard to the degree of emphasis afforded to certain underlying assumptions.

Another contentious aspect of Jahoda's (1981) theory is the assertion that any employment, be it poor employment, is better than no employment (Jahoda, 1982). Despite her acknowledging that "time structure can be too rigid, contact with supervisors unpleasant, the purposes unclear or unacceptable, the status too low and the activity boring and exhausting" (Jahoda, 1981, p. 189), she (Jahoda, 1982, p. 61) unequivocally asserts "that not all is well in the world of employment is beyond question. Though it provides the required categories of experience, their quality is on occasion so deplorable that many commentators regard unemployment (with adequate financial support) preferable to such employment. For reasons spelled out before, I [*sic*] cannot agree with this, but this does not imply an acceptance of current employment conditions". Numerous theorists contest this assertion, including Feather and Bond (1983); Feather and O'Brien (1986); O'Brien and Feather (1990); Winefield et al. (1992a), to mention a few. Significant differences in psychological well-being between satisfied employed and dissatisfied employed/unemployed groups have been consistently shown by O'Brien and Feather (1990); Winefield and Tiggemann (1985); Winefield, Tiggemann and Winefield (1990); Winefield et al. (1992a) and Winefield et al. (1991), among a great many others, but these authors have also found that there were no significant differences in the psychological well-being of dissatisfied employed and unemployed groups. In defence of Jahoda's (1982) assertion, Prause and Dooley (2001), in their sample of 1 160 unemployed or underemployed individuals, found that those individuals who obtained any employment relative to unemployment at a two-year follow-up interview were significantly associated with decreased levels of depression.

The stage theory has been criticised, like most other sequential theories, for asserting that all individuals pass through a uniform series of stages without accounting for individual differences in reactions to unemployment (Feather, 1990). Unemployed individuals may be so broadly disparate with regard to their corporeal, economic, social and emotional circumstances that the resultant impingement on their psychological well-being, be it self-esteem or depression, may be

as distinctively different as their circumstances (Hartley, 1980). Nonetheless, this considered, stage theory offers a sequential perspective of the continuing unemployment process, which the other theories do not.

Warr's (1987) vitamin model, like Jahoda's (1981) theory, also emphasises environmental factors that influence the impact of unemployment on psychological well-being. His nine environmental features subsume Jahoda's (1981, 1982) manifest and latent functions and his greater number of environmental features are compatible with Jahoda's (1981, 1982) perspective, since she acknowledges that her "five broad categories do not cover all the available research on unemployment. There are other latent variables" (Jahoda, 1981, p. 189). Fryer's (1992) emphasis of financial deprivation and his conception of individuals as active human beings are also accounted for in Warr's (1987) vitamin model. Warr also allays Jahoda's (1981, 1982) contentious assertion that any employment is better than no employment through his acknowledgement that both unemployment and unsatisfactory employment diminish mental health. Therefore, Warr's (1987) vitamin model more or less incorporates the salient aspects of both Jahoda's (1981, 1982) functional theory and Fryer's (1992) agency approach, but in addition also adopts a more individualistic emphasis through the inclusion of individual differences. Warr (1987) maintains that individual differences, for example sex, age and personality attributes, could possibly influence the psychological impact of the experience of unemployment and that environmental features can have different meanings for different people based on individual differences. The indiscriminate nature of unemployment results in it affecting individuals of all ages, including young school-leavers, individuals in middle adulthood, as well as those nearing retirement. Similarly, as Warr (1987) suggests, individuals in different life stages are likely to be affected in different ways by unemployment due to their different economical; social; corporeal and emotional circumstances, as previously mentioned. However, these differences can be accounted for by individuals being at different levels of

development. Erikson's life span developmental theory provides a framework within which to consider individual differences at different life stages.

Learned helplessness theory and expectancy-value theory are more individualistic and cognitive in their approach. Learned helplessness focuses on the attributions an individual makes in the here-and-now as a determinant of the subsequent expectations for future contingency, whereas Feather's (1992) expectancy-value theory, essentially a motivation theory, has implications for mental health through his assertion that frustration of expectations, needs and values for a goal, for example a job, have negative implications for psychological well-being. Needs and values therefore appear, according to Feather (1992), to be independent concepts from attributions, although both have implications for an individuals' expectations. However, attributions for unattainability of a goal (job) may be dependent on the level of frustration of needs and values for a goal (job). Consequently, learned helplessness theory and expectancy-value theory appear not to propound contrasting views. Rather, these two approaches collectively assume that the psychological impact of unemployment is due to the development of particular causal attributions in unemployed individuals, which is influenced by their particular experience of the labour market, and that failure to obtain employment depletes expectations and meaningful goals (values), both of which result in changes in self-evaluation and self-esteem, and concomitant depression.

In conclusion, the aforementioned theoretical approaches generally and collectively suggest that unemployment culminates in a perceived lack of control over outcomes with regard to employment, which leads to frustration, bewilderment, the development of feelings of helplessness and a lack of motivation and apathy. The cumulative effect of these feelings increases the individuals' negative self-evaluations and results in a decline in self-esteem and an increased predisposition to depression. The theories outlined are therefore clearly not

diametrically opposed. Alternatively, they vary with regard to the degree they focus on individual and environmental factors. Moreover, they further vary with regard to the emphases they afford specific factors within these individual and environmental foci, all of which are necessary in order to attempt to obtain a holistic understanding of the experience of unemployment.

3.4 PSYCHOLOGICAL WELL-BEING OF EMPLOYED INDIVIDUALS

The effect of leaving school appears to be beneficial even if the alternative is unemployment. Moreover, the effect of gaining employment after school appears to have greater psychological impact than remaining unemployed (Winefield & Tiggemann, 1985), and no significant decline in well-being was found to be associated with leaving school or remaining out of the labour force (Winefield & Tiggemann, 1989a). Tiggemann and Winefield (1984), in their longitudinal study of 761 students, found that unemployed students who failed to obtain employment after completing school had significantly lower psychological well-being than those students who obtained employment. However, these differences were due to an increase in self-esteem of those individuals who obtained employment and not to a decline of self-esteem in unemployed individuals. Moreover, similar evidence was found for depression, such that, it was not the unemployed individuals who became more depressed but that employed individuals became less depressed. Similar findings were obtained by Gurney (1980a) in his sample of 412 school-leavers, but he also found that unemployed youths did not experience a significant decline in self-esteem during the four-month period of unemployment after having completed school. It therefore appears that there are different consequences for having lost a job versus not finding one (Gurney, 1980a; Tiggemann & Winefield, 1984) and that school-leavers form a special group with the findings not being generalisable to older groups. Furthermore, the differences in self-esteem, reported negative mood, and depressed affect are attributed to the employment experience and it appears that unemployed individuals are not afforded opportunities to grow and

develop like their employed counterparts (Tiggemann & Winefield, 1984; Winefield & Tiggemann, 1985). Moreover, being employed appears to provide "something valuable for their identity and self-concept, something which the unemployed missed" (Tiggemann & Winefield, 1984, p. 41). Murphy and Athanasou (1999), in their review of sixteen longitudinal studies of adults, conducted between 1986 and 1995, report that improvements in psychological well-being after re-employment are of 'practical significance', but they maintain that since distress levels decline after re-employment the implication is that unemployment definitively provokes psychological distress.

These findings bring Jahoda's (1981, 1982) functional theory into question with regard the postulation that even when work is unsatisfactory, it imposes certain latent and manifest variables which makes any employment preferable to unemployment (Gurney, 1980a; Tiggemann & Winefield, 1984; Winefield & Tiggemann, 1985). However, other findings are in accordance with Jahoda's (1981, 1982) theory, for example, those individuals who were found to be engaged in meaningful activities were found to be experiencing comparatively less helplessness and boredom than those who were not (Winefield & Tiggemann, 1985), and social support also proved to be a significant predictor of psychological well-being in unsatisfied employed and unemployed groups (Tiggemann & Winefield, 1984). Financial security, that is, the ability to borrow money at short notice and overall financial comfort was also found by Winefield et al. (1990) to be predictive of psychological well-being, in accordance with Fryer's (1992) assumption that psychological impairment during unemployment is primarily due economic deprivation.

Stage theory suggests that unemployed individuals pass through a series of stages with increasing length of unemployment, passing through anticipation – optimism – pessimism and fatalism (Jahoda, 1981), followed by a plateau after twelve months of marked improvement in

self-esteem and negative mood (Warr & Jackson, 1984). In a longitudinal study by Tiggemann & Winefield (1984) on the effects of unemployment duration, Australian school-leavers were found to have self-esteem increments after having been unemployed for a mean length of six months. They posited that school-leavers possibly progressed through the aforementioned stages reaching a plateau relatively quickly, while Gurney (1980a), who obtained similar findings, alternatively suggested that perhaps youths remained in the optimistic stage for longer periods of time than older unemployed individuals.

According to Warr's (1987) vitamin model, individual differences, like age, could be a factor attributing to these findings. Most of the studies in which the difference in psychological well-being between employed and unemployed individuals was attributable to increases in the self-esteem of the employed individuals rather than to a decline in the unemployed, utilised samples of teenage school-leavers who were followed into their early twenties. Gurney (1980a) suggests that these unemployed school-leavers have not been afforded the opportunity for the development of a satisfactory occupational identity as have their employed counterparts, and that the development of an occupational identity is essential for a healthy progression from adolescence to adulthood, as suggested by Erikson's (1963) life-span developmental theory. Gurney (1980a) also suggests that school-leavers who fail to obtain employment presumably continue to fulfil a dependent role within family structure as they had when they were at school and continue to have their physical security needs fulfilled. According to Warr (1987) a further two of his environmental features may account for school-leavers exhibiting significantly less impairment in well-being than middle-aged people do. These include opportunity for interpersonal contact and valued social position. Most school-leavers have established networks of friends and patterns of leisure activities, which provide ongoing opportunities for good interpersonal contact. Warr (1987) also proposes that school-leavers may also adopt other roles,

such as being a member of a music group or youth club, or caring for younger siblings, all of which may provide a source of self-esteem.

A lack of valued social position is common in unemployed individuals of all ages, but this may be ameliorated in school-leavers as they are invariably aware of their statistically greater chance of being unemployed (Tiggemann & Winefield, 1984), probably have a higher frequency of unemployed friends and probably experience less stigmatisation for being unemployed than older unemployed individuals. Collectively this may contribute to less expectation and value of employment and less personal responsibility, contributing to a greater utilisation of external attributions, as suggested by Winefield et al. (1992b), which may provide these individuals with a better ability to cope. Moreover, Winefield and Tiggemann (1985) report that teenagers exhibit marked changes in locus of control with age, such that increased age is positively associated with increased internality. This may also account for why unemployed teenagers do not exhibit a similar decline in self-esteem and increase in depression when compared with adult unemployed samples.

CHAPTER 4
BIOGRAPHICAL AND PSYCHOSOCIAL VARIABLES

4.1 BIOGRAPHICAL AND PSYCHOSOCIAL VARIABLES

The psychological well-being of unemployed individuals appears to be influenced by a variety of biographical and psychosocial variables, which can either ameliorate or intensify the negative effects of unemployment on psychological well-being. Some of the primary biographical and psychosocial variables that have been investigated in the literature include: age (Broomhall & Winefield, 1990; Hong et al., 1993; Pillay & Sargent, 1999; Rodriguez, 1997; Rowley & Feather, 1987; Warr, 1990; Warr & Jackson, 1984); sex (Bernard, 1976; Feather, 1985a; Hong et al., 1993; Warr & Parry, 1982; Winefield & Tiggemann, 1985); ethnic origin (Gray-Little & Hafdahl, 2000; Tiggemann & Winefield, 1989; Warr, Banks & Ullah, 1985); economic status (Kokko & Pulkkinen, 1998; Payne, Warr & Hartley, 1984; Twenge & Campbell, 2002); financial strain (Payne & Hartley, 1987; Ullah, 1990), education (Pillay & Sargent, 1999; Thomas & Vindhya, 2000); academic potential (Feather & O'Brien, 1986); social support (Cohen & Wills, 1985; Kilpatrick & Trew, 1985; Waters & Moore, 2002; Winefield et al., 1990); length of unemployment (Hartley, 1980; Hepworth, 1980; Payne & Hartley, 1987; Stokes & Cochraine, 1984; Warr & Jackson, 1984; Winefield & Tiggemann, 1989b); employment commitment (Jackson et al., 1983; Ostell & Divers, 1987; Rowley & Feather, 1987; Shamir, 1986a); social class (Feather, 1985a; Feather & O'Brien, 1986); level of activity (Brenner & Bartell, 1983; Kilpatrick & Trew, 1985); attributional style (Brewin & Furnham, 1986; Feather & O'Brien,

1986; Ostell & Divers, 1987); local employment rate and personal vulnerability (Warr, Jackson & Banks, 1988); life satisfaction (Warr, Cook & Wall, 1979); sense of community (Prezza & Constantini, 1998); length of relationship (Schafer & Keith, 1999; Thomas & Vindhya, 2000); concern about being employed (Feather & Barber, 1983; Feather & Bond, 1983; Winefield & Tiggemann, 1994); openness with regard to sexual orientation (Cole, Kemeney, Taylor & Visscher, 1996), health (Kemp & Mercer, 1983) and HIV status (Dickey, Dew, Becker & Kingsley, 1999; Land, Hudson & Stiefel, 2003; Viney, Crooks, Walker & Henry, 1991; Volker & Harmon, 1998). The biographical and psychosocial variables investigated in this research include: age; education; length of relationship; choice of employment status; perceived social support; HIV status; openness with regard to sexual orientation; economic status; perceived health; ethnic origin and duration of unemployment for unemployed respondents.

Winefield et al. (1990) report that one of the problems in demonstrating the effect of biographical and psychosocial variables is that some variables are likely to interact. Therefore, despite considering that these variables interact with each other and possibly have different effects on different measures of well-being, there is also great conflict with regard to the effects of these variables on the same measure of well-being. A review of the literature for each of the biographical and psychosocial variables investigated in this study are outlined below.

4.1.1 Age

Age has been investigated by a large number of researchers as a variable that influences psychological well-being. Developmentally, it has been theorised that different challenges confront individuals at different ages, starting with Erikson (1963, 1980) (see Section 3.3.7) and Freud (1909/1948). Gurney (1980b) investigated the impact of employment status in relation to Erikson's developmental stages in Australian school-leavers and found that the transition from

school to employment was a potentially fruitful encounter for psychosocial development (see Section 3.4).

Some researchers purport that negative life events are more positively viewed with increasing age, supporting a linear relationship between age and psychological well-being (Ben-Zur, 2002; Hong et al., 1993; Hong & Giannakopoulos, 1994; Rodriguez, 1997), others maintain that mental health problems increase with age (Broomhall & Winefield, 1990; Pillay & Sargeant, 1999; Rowley & Feather, 1987; Thomas & Vindhya, 2000), while others advocate a curvilinear relationship (Hepworth, 1980; Warr, 1982; Warr, 1990; Warr & Jackson, 1984, 1985; Warr et al., 1988).

Hong and Giannakopoulos (1994) found that, with independent analyses of their sample of 17 to 40-year-old Australians residing in Sydney, age displayed a significant positive relationship with life satisfaction (the greatest predictors of life satisfaction were self-esteem and depression), indicating that older adults express higher life satisfaction than younger adults. Hong et al. (1993) found in their three age groups (17-22, 23-29 and 30-40) that the older age groups had significantly higher levels of self-esteem than the younger group. Hong and Giannakopoulos (1994) proposed that younger individuals were in the process of 'life formation' through asserting their independence, forming nuclear families and becoming their own person and developing a sense of self-worth, while older individuals were settled, mature and more tolerant of negative life events. Consequently, as individuals age, their tendency to view negative life events more positively increases. Rowley and Feather (1987) provide further evidence for a linear relationship between age and psychological well-being in their study conducted on two groups selected to sample two different age ranges, 15 to 24 and 30 to 49 years, of unemployed men in Australia. They found that higher self-esteem levels were reported by subjects in the older age group, although they also found that the older age group reported a greater amount of

psychological distress. Broomhall and Winefield (1990) also found that middle-aged individuals found unemployment more traumatic than younger individuals. In addition, they also found that age did not present as a significant predictor of self-esteem. Ben-Zur (2002), in his Israeli sample with four age groups (21-35, 36-50, 51-65 and 66-82), also found no age-related differences in self-esteem, but older individuals displayed lower levels of negative affect and less mastery than younger individuals.

Kemp and Mercer (1983) found that particularly low levels of mental health were exhibited by older individuals in their study with an age range of 18-57, and Pillay and Sargent (1999) found in their sample of subjects with an age range from 23-67 that age was positively associated with hopelessness, depression and anxiety. They propose that this association may be due to greater losses, deteriorating health, decreasing independence and social support. Moreover, D'Augelli, Grossman, Hershberger and O'Connell (2001) in their sample of lesbian, gay and bisexual adults aged 60-91 corroborate these findings, also reporting that older adults suffer from greater amounts of depression due to greater physical ill-health, as do Krames et al. (1988) in their sample of women aged 68-97. Thomas and Vindhya (2000) in their study of four different age groups (20-29, 30-39, 40-49 and 50-59) found that those individuals in the 50-59 age group reported significantly higher levels of depression than the younger age groups, although Dorfman, et al., (1995) found no significant differences in levels of depression in their study of homosexual and heterosexual older adults aged 60-91.

As already mentioned a number of researchers advocate a curvilinear association between age and mental health during unemployment (Eisenberg & Lazarsfeld, 1938; Hepworth, 1980; Warr, 1982; Warr, 1990; Warr & Jackson, 1984, 1985; Warr et al., 1988). Eisenberg and Lazarsfeld (1938) report that young and old men experience greater psychological well-being than men in their thirties. Hepworth (1980) found that individuals aged 35-44 had the poorest mental health

and subjective well-being, while the 55-65 group had the best mental health and second best subjective well-being. Warr and Jackson (1984) utilised six age groups in their study of unemployed men, 16-19, 20-29, 30-39, 40-49, 50-59 and 60-64 years. Mean General Health Questionnaire scores for age groups were 30.63, 36.61, 37.99, 38.35, 35.90, and 26.06, respectively. The 20-29 group exhibit the highest financial strain, 30-39 have the greatest number of dependants and those aged 40-49 experience the highest level of psychological deterioration and financial stress, while those aged 40-49 and 50-59 were most likely to have a gainfully employed wife. The evidence therefore indicates that those in the youngest and oldest groups were significantly less affected by unemployment. Warr and Jackson (1985) followed up this sample of men over nine months of continuous unemployment and found that the age group 20-59 showed significantly greater psychological deterioration, while after 25 months all men showed an improvement; although the 20-59 group showed significantly less improvement. Warr et al. (1988) propose that role responsibilities contribute to the varied age responses to unemployment. Teenagers report the smallest income change since job loss, have the least dependants, fewer financial pressures and often live in their parents' home at minimum cost. High unemployment in younger groups (Warr, 1982) destigmatises the effects of unemployment. In contrast, the 60-64 age group, especially those close to 65 years, are approaching conventional retirement, are under less job-finding pressure, have fewer family responsibilities and financial commitments than age groups 20-59.

4.1.2 Education

Wang et al. (1999) maintain that it is widely accepted that educational achievements markedly affect self-concept in general and self-esteem in particular. They further purport that educational attainments are imbued with societal prestige, respect and power and would therefore also play an important role in forming an individual's concept of self, which would directly influence the individual's self-esteem. This view is supported by Whitbourne and Collins (1998), who found

higher levels of self-esteem for those members who had higher educational levels, specifically that those members of the sample with a college education or other additional education beyond college had higher self-esteem levels. A local study conducted by Pillay and Sargent (1999) found that higher levels of education were significantly negatively correlated with depression, hopelessness and anxiety, and supported research conducted in Punjab, Pakistan by Mumford, Saeed, Ahmad, Latif and Mubbashar (1997) (as cited in Pillay & Sargent, 1999). Adelmann (1993) reports that increased education is positively correlated with self-esteem and negatively correlated with depression, and Poresky and Daniels (2001) found a similar but nonsignificant association. Cairney (2000), in his sample of Canadian households, found that education categories were significantly different with regard to self-esteem and mastery, such that post-secondary school was more positively correlated with self-esteem and mastery than an education level less than high school. Twenge and Campbell (2002) support this evidence, reporting that education was more highly correlated with self-esteem than income. Surprisingly, Thomas and Vindhya (2000) found in a sample of non-teaching employees at an Indian university that education had no major effect on depression. Nonetheless, they found significant differences between the levels of depression of illiterate and educated women, such that illiterate women scored significantly higher on depression scores. This led them to conclude that higher education is related to enhancement of coping potential, sense of competence and life control. Finally, Dorfman, et al. (1995) found in a sample of 108 unemployed homosexual and heterosexual respondents at least 60 years or older, that the homosexual group was significantly more educated than the heterosexual group.

4.1.3 Length of Relationship

Research has provided evidence that being in a relationship provides individuals with better health, less depression and greater longevity than individuals who are single (Elford, Bolding, Maguire & Sherr, 2001). However, a longitudinal study undertaken by Schafer and Keith (1999)

found, a decline in self-esteem of both partners in a heterosexual long-term relationship over a thirteen-year period, contrary to the view that self-esteem is relatively stable or improves over time. This decline however, was only observed in individuals with high self-esteem at the beginning of the study and was associated with a decline in reflected appraisals. Further, those individuals who had a decreased estimation of self, through a decline in self-esteem and reflected appraisals, also perceived their partners' appraisals of them to have declined. Adelmann (1993) corroborates these findings reporting that marriage was related to depression, while Thomas and Vindhya (2000) also maintain that longer years of marriage are associated with greater depression, specifically that women who had been married for more than twenty years exhibited significantly higher depression than women who had been married for less than ten years. Nonetheless, Thomas and Vindhya (2000) also found that married women exhibited less depression than unmarried women (single or widowed), although married women experienced significantly higher incidences of undesirable and total life events. Evidence from cross-sectional studies indicate that long-term relationships or marriage have disparate results for men and women. Marriage is a mental health advantage for men although not for women (Bernard, 1976; Radloff, 1975), and married women have higher levels of depression than women who have never married or who are widowed. Married men however, are less depressed than all other men, except if divorced or separated. Interestingly, Martin and Knox (1997a) found in their sample of urban gay men, that being in a monogamous relationship had a positive effect on their psychological well-being, such that they reported considerably lower scores of loneliness and concomitant depression and psychological distress. This finding was corroborated by Lewis, Derlega, Berndt, Morris and Rose (2001), who also found that gay men in relationships reported a greater sense of psychological well-being.

4.1.4 Choice of Employment Status

Relative paucity exists with regard to research pertaining to the importance of an individual choosing their employment status. This has alternatively been explored with regard to 'concern about being employed' ('employment importance') (Feather & Barber, 1983; Feather & Bond, 1983; Winefield & Tiggemann, 1994); 'employment expectation' (Winefield & Tiggemann, 1994) and 'employment commitment' (independent from engagement in a particular job or involvement with a particular organisation) (Jackson et al., 1983; Rowley & Feather, 1987; Shamir, 1986a; Ullah, 1990; Warr & Jackson, 1984, 1985). Logical deduction would suggest that a choice to be unemployed would indicate little 'concern about being employed' or 'employment importance', low 'employment expectation' and low 'levels of employment commitment'. Evidence suggests that the degree of depressed affect and low self-esteem are affected by the amount of importance the subject places on being employed, on their expectations of employment and on their selection of employment status. Winefield and Tiggemann (1994) found that those subjects who rated getting a job as relatively important showed a greater increase in depressed affect than did unemployed subjects who had rated getting a job as relatively less important. Also, low employment expectancy was associated with smaller decreases and greater increases in self-esteem than those individuals who had high expectations of employment. Similarly, Feather and Barber (1983) found that depressed affect was associated with 'concern about being unemployed', that is, the greater the concern about being employed, the greater the depressed affect; and Feather and Bond (1983) found that greater 'employment importance' was linked with more depressive symptoms and lower self-esteem. Feather (1983) reports similar findings with depressed affect of unemployed individuals, positively correlating with 'need for a job' and 'job attractiveness'. Studies by Jackson et al. (1983); Rowley and Feather (1987); Shamir, (1986a); Ullah, (1990); Warr and Jackson (1984, 1985) have all shown that higher 'employment commitment' is significantly positively associated with poorer mental

health among those individuals who became unemployed. Unemployed individuals who are most actively seeking a job, experience higher depression levels and greater psychological distress.

4.1.5 Social Support

Social support has been shown by a great many studies to ameliorate the negative effects of unemployment on psychological well-being (Broomhall & Winefield, 1990; Cohen & Wills, 1985; Waters & Moore, 2002; Winefield et al., 1990) and results in a reduced occurrence of physical illness (Leserman, et al., 2000; Serovich, Brucker & Kimberly, 2000). Bolton and Oatley (1987) maintain that social support has perhaps been the most widely studied moderating factor. These studies have investigated the effects of this moderating variable on psychological well-being, which is most often operationalised by measures of self-esteem and depression. Specifically, that high levels of social support were found to be significantly negatively correlated with low self-esteem (Lu, 1994), while low levels of social support were significantly positively correlated with low self-esteem (Kokko & Pulkkinen, 1998). Furthermore, Broomhall and Winefield (1990) reported that, within the unemployed group, increased social contact was associated with affective well-being. The effect of social support has been investigated in men (Gore, 1978; Kilpatrick & Trew, 1985); women (Lu, 1994; Schonfeld, 2001); both men and women (Kokko & Pulkkinen, 1998; Waters & Moore, 2002); gay men (Elizur & Ziv, 2001; Martin & Knox, 1997b); lesbians (McGregor, et al., 2001); lesbians and gay men (Grossman & Kerner, 1998; Vincke & Van Heeringen, 2002); gay youth (Sullivan & Wodarski, 2002); HIV positive individuals (Lutgendorf, et al., 1998; McClure, Catz, Prejean, Brantley & Jones, 1996; Pakenham & Rinaldis, 2001); HIV positive and negative individuals (Land et al., 2003; Leserman, Perkins & Evans, 1992); in heterosexual partnerships (Walsh & Jackson, 1995) and in male same sex partnerships (Gray & Hedge, 1999; Remien, Wagner, Dolezal & Carballo-Dieguez, 2003). Waters and Moore (2002) found that men have a weaker positive association

with social support and self-esteem than women did. Nonetheless, there appears to be no single explanation of how social support moderates the illness response to stressful life events.

Siegel, Raveis and Karus (1997) maintain that the overall advantageous effect of social support can be explained either by a 'direct-effect'/'independent effects' (main) or 'indirect-effect' (buffering hypothesis/stress-buffering model). The 'direct-effect' approach posits that irrespective of the level of stress experienced, high levels of social support contribute directly to mental or physical health and provides an indication of the degree to which an individual is integrated into a large social network (Cohen & Wills, 1985; Ullah, Banks & Warr, 1985). The buffering hypothesis approach maintains that social support buffers or moderates the negative psychological effects of stressful life events only or primarily when individuals are experiencing stressful events (Cohen & Wills, 1985; Ullah et al., 1985). This provides an indication of "perceived availability of interpersonal resources that are responsive to needs elicited by stress" (Cohen & Wills, 1985, p. 310), although both models represent different ways in which social support can affect well-being. However, to call a variable a moderator implies at least that the effect of social support depends on the level of stress, that is, is more associated with the buffering hypothesis than with the main effect hypothesis. Bolton and Oatley (1987) maintain that both effects have been found, albeit mostly through cross-sectional research, and their research on 49 employed and 49 unemployed Scottish men provide support for the buffering hypothesis. Ullah et al. (1985) have attempted to separate social support into its component parts to elucidate which aspects of social support may provide the buffering effect. They delineated five different forms of social support which included: 'someone to turn to for help with money'; 'someone to talk with about day-to-day problems'; 'someone to suggest interesting things to do'; 'someone to turn to for cheering up when feeling low'; and 'someone to provide information about jobs and benefits'. Of these, 'having someone to turn to for help with money' was significantly negatively correlated with psychological distress, and 'having someone to suggest

interesting things to do' was significantly negatively correlated with depression and anxiety. The relation between 'having someone to turn to for help with money' and distress was greater when perceived pressure to obtain a job was greater, and the association between 'having someone to suggest interesting things to do' and depression and anxiety was greater when employment commitment was higher, thus providing evidence for the buffering hypothesis.

Quick, Nelson, Matuszek, Whittington, and Quick (1996) (as cited in Waters & Moore, 2002, p.174) define social support as "the provision of positive psychological, emotional, and material resources to a person through interpersonal relationships", which provides the individual with a greater coping ability and psychological protection during unemployment (Gore, 1978). However, Payne and Hartley's (1987) study provides non-confirmatory evidence for the role of social support in alleviating the negative psychological effects of unemployment. Their explanation for these findings are that unemployed individuals have less social contacts than employed individuals and have less opportunities for social support, thereby requiring unemployed individuals to actively seek support. However, this additional effort may restrict unemployed individuals from seeking support and they suggest that social support may diminish over time.

4.1.6 HIV Status

A positive HIV diagnosis often results in a variety of stressors that may have profound effects on an individual's psychological well-being. These stressors may include: the notification of a seropositive status; fear of death; social exclusion due to societies' fear of contagious diseases; social stigma and prejudice through the conception that HIV/AIDS is a gay-related disease; guilt; changes in self-care; changes in relationships with others; as well as ongoing changes through the progression to symptomatic manifestation and ultimately full-blown AIDS (Dickey et al., 1999; Lichtenstein, Laska & Clair, 2002; Visintini, et al., 1995; Volker & Harmon, 1998).

McClure et al. (1996) maintain that chronic illness diagnosis often results in psychological distress. These stressors appear to place the HIV diagnosed individual with a greater predisposition to, and prevalence of, depression (Domino & Shen, 1997; Land et al., 2003; Volker & Harmon, 1998; Viney et al., 1991). Dickey et al. (1999) maintain that almost half of all individuals diagnosed with HIV suffer cyclical depression during the progression of their illness. Some authors also support the postulate that HIV-infected individuals exhibit low levels of self-esteem after diagnosis (Nicholson & Long, 1990; Peterson, Folkman & Bakeman, 1996; Visintini, et al., 1995). Nonetheless, it appears that certain studies have failed to find differences in psychological morbidity between HIV seropositive and seronegative individuals (Catalan, et al., 1992), and that more recent studies suggest that the relation between HIV serostatus and psychological well-being is not as strong or consistent as previously believed (Dickey et al., 1999). Rather, it is influenced by a range of psychosocial characteristics of the individual concerned. Predisposing characteristics appear to include: younger age; low self-esteem (Land et al., 2003); greater length of time since notification of seropositive status; current unemployment; inadequate housing; external locus of control; previous psychiatric illness (Dickey et al., 1999; Kelly, et al., 1998; Lichtenstein et al., 2002); perceived lack of social support from relatives (Dilley, McFarland, Sullivan & Discepola, 1998); demonstration of HIV symptomotology (Catalan et al., 1992; Peterson et al., 1996; Siegel, Karus, & Raveis, 1997); frequency of self-reported HIV-related symptoms; major life events (loss of friends and loved ones due to HIV/AIDS) (McClure et al., 1996; Remien et al., 2003) and decline in functional ability (Siegel, Karus, et al., 1997; Wight, 2000). These characteristics have also been shown to be associated with higher suicide ideation in HIV seropositive men than HIV seronegative men (Kelly, et al., 1998). There appears to be conflicting information with regard to which point of the disease progression is associated with greater depression, some reporting that depression reaches its highest point after HIV seropositive notification (McClure et al., 1996), while others maintain that 18 months before the onset of symptoms, the possibility of depression markedly increases

(Leserman, et al., 2000; Lichtenstein et al., 2002). Finally, it is worth noting that a faster progression to HIV symptomotology and AIDS was found to be associated with greater cumulative stressful life events, depressive symptoms and less social support (Leserman, et al., 1999; Leserman, et al., 2000).

4.1.7 Openness with Regard to Sexual Orientation

Gay men, whether HIV positive or negative, have been found to have higher rates of lifetime depression than the general heterosexual population, and evidence suggests that higher depression and anxiety levels in gay men may be related to stressful gay-related life events, such as disclosure or concealment of sexual orientation (Ullrich, Lutgendorf & Stapleton, 2002). Concealment of sexual orientation or having no clear heterosexual or homosexual orientation appears to have a negative effect on psychological well-being in men (Jorm, Korten, Rodgers, Jacomb & Christensen, 2002; Ullrich, Lutgendorf & Stapleton, 2003); in women (Luhtanen, 2003); in gay men and women (D'Augelli et al., 2001) and on physical well-being (Cole et al., 1996). Ullrich et al. (2003) found that concealment of sexual orientation was associated with higher levels of depression, and Lewis et al. (2001) report that those individuals who were more 'closeted' about their sexual orientation experienced more dysphoria; more sexual orientation conflict; and more stress about family, HIV/AIDS and work-related discrimination. D'Augelli et al. (2001) found that gay men reported significantly higher internalized homophobia, alcohol abuse and suicidality in relation to their sexual orientation than women. With regard to physical health, Cole et al. (1996) found that concealment of gay identity or 'closetedness' is associated with poorer physical health outcomes than those individuals who are openly 'out of the closet', such that they have greater susceptibility to pneumonia; bronchitis; sinusitis; tuberculosis; incidence of cancers and lower CD4 counts in HIV seropositive gay men (Ullrich et al., 2003).

Disclosure of sexual orientation or 'coming out of the closet' is considered an important step towards developing a positive identity as a gay man (Ullrich et al., 2003); and that positive attitudes towards homosexuality, gay identity and openness with regard to sexual orientation were predictive of higher self-esteem, well-being and adjustment than those individuals who were more 'closeted' (Luhtanen, 2003; Rosario, Hunter, Maguen, Gwadz & Smith, 2001). Stokes, Damon and McKirnan (1997) corroborate this finding, stating that bisexual men who moved toward homosexuality reported higher levels of self-esteem and lower levels of depression prior to moving. Furthermore, D'Augelli et al. (2001) found that greater disclosure of sexual orientation was associated with less internalised homophobia, less loneliness and less lifetime suicidal ideation. There is however, certain conflicting evidence. Ullrich et al. (2002) found that sexual orientation appeared not to be directly related to poorer psychological well-being in a cohort of HIV positive gay men and McGregor, et al. (2001) obtained similar results in a group of lesbians reporting that disclosure was not related to lower psychological distress. Despite this, they maintain that greater internalised homophobia promotes greater distress through lowered self-esteem.

Different aspects of the coming out process of sexual orientation have been delineated by several authors. In general these include: sexual identity; sexual behaviour; desire and attraction toward the same gender; the social role of gay self-identity in gay/lesbian activities and disclosure of sexual identity to others (Herrell, et al., 1999; Luhtanen, 2003; Rosario et al., 2001). Rhoads (1995) (as cited in Westefeld, Maples, Buford and Taylor, 2001, p. 72) provides a developmental model of the 'coming-out process' which includes: "personal struggles related to same sex attractions and societal expectations, self-realization, self-acknowledgement, self-disclosure (coming-out to an intimate), disclosure to members of the gay community, [family disclosure], public disclosure, commitment to a group sense of identity, and balancing of individual and group commitments." Rosario et al. (2001) do not advocate a developmental model as they

maintain that different individuals would probably have different developmental sequences. Nonetheless, most authors are in agreement that the 'coming-out process' involves a sequence of cognitive, behavioural and attitudinal changes (Luhtanen, 2003). These changes involve the rejection of a stereotypical internalised negative perception of homosexuality which results in cognitive dissonance and the consequent development of a positive sexual identity (Luhtanen, 2003; Otis & Skinner, 1996).

Despite the positive attributes of the 'coming-out process', many individuals experience increased levels of distress, and gay youths have higher rates of suicidality than heterosexual youths (Jorm et al., 2002; Rosario, Rotheram-Borus & Reid, 1996; Stokes & Peterson, 1998). In addition, individuals initially disclosing their sexual identity often encounter rejection from family and friends, discrimination, stigmatisation and possible victimisation (Radkowsky & Siegel, 1997). McGregor, et al. (2001) further mention the possibility of loss of employment, loss of housing and possible physical harm through hate crimes and advocate disclosure with discretion and caution.

4.1.8 Economic Status

Low economic status has been considered a factor responsible for physical and mental health deterioration in the unemployed since the Marienthal study in the 1930s. Jahoda's functional model, as already mentioned, accounted for the loss of the manifest function of employment in the unemployed, specifically income; but emphasised the loss of latent (non-economic) functions of employment, which include personal identity; time structure; purposefulness; enlargement of social experience and activity (Jahoda, 1982). Warr (1987) purports that income is one of nine principal environmental features that influence mental health in his vitamin model, but he also affords psychological aspects a greater role than material deprivation. Consequently, Whelan

(1992) reports that a surprising relative lack of emphasis on the role of poverty on psychological well-being of unemployed individuals is evident in the literature.

Twenge and Campbell (2002) maintain that income is an indicator of status in social groups and that, if an individual endeavours towards social status and wealth and attains these goals, it should result in an increased self esteem, but conversely, a lack of attainment should result in a decline in self-esteem. Consistent with this notion, Kokko and Pulkkinen (1998) found that a poor economic situation was correlated with low self-esteem and psychological distress, although they found a non-significant correlation with anxiety; and Waters and Moore (2002) found that men respond less favourably to unemployment than women as they experience a greater level of financial deprivation than women. In addition, men without paid employment tend to have elevated scores on measures of psychological distress and minor psychiatric morbidity (Warr & Parry, 1982). Twenge and Campbell (2002) state that a definition of socioeconomic status includes any measure of income, educational attainment and occupational status or a composite of these. Their study, which included both education and income, found that socioeconomic status had a significant relationship with self-esteem and that individuals reporting higher socioeconomic status had higher self-esteem. This relationship was very small in young children, but increased markedly during young adulthood, continuing through to middle age, and then declining after the age of 60. However, Ullah (1990) in his study on Australian youths and Whelan (1992) in his sample from the population of Ireland showed that the objective (actual) amount of income received was not independently associated with psychological well-being, rather it was the subjective level of financial strain experienced. Ullah (1990) further purports that a differentiation can be made between direct and indirect effects of low income on psychological well-being, with direct effects pertaining to a sense of value and status, and indirect effects to social and entertainment activities. It appears that evidence for an indirect association between low income and poor psychological well-being are much greater. Payne and

Hartley (1987) stress the importance of considering financial circumstances when studying the psychological effects of unemployment, although they report moderate to small negative correlations with psychological well-being, while Kokko and Pulkkinen (1998) maintain that a correlation exists between psychological distress and poor economic situation coupled with low self-esteem. Cairney (2000) found that income adequacy categories were significantly different with regard to self-esteem and mastery, and experienced significantly different financial stress, such that higher income adequacy was associated with higher self-esteem and mastery and less financial stress. Financial stress and strain were found by Feather (1989) to be positively correlated with psychological distress and negatively related to quality of life and life satisfaction. Finally, in Kessler, Turner and House's (1987) sample of Michigan households, financial strain proved to be of great importance, halving the negative effects of unemployment on both mental and physical health when omitted.

4.1.9 Health

Research suggests that prolonged physical illness and disability are associated with, and regarded as contributors to, poor mental health in unemployed individuals. Kemp and Mercer (1983, p. 46) maintain that 'individual health problems compound the psychological impact of unemployment'. Their study revealed that severely physically and psychologically disabled individuals exhibited particularly low levels of mental health. Warr and Jackson (1984), in their sample of unemployed British men, found that general health change was correlated with both psychological (.87) and physical (.68) health and that psychological and physical health were intercorrelated (.40). They further report that the greatest deterioration in health occurs six months after job loss. In addition, Adelmann's (1993) study provides evidence that health is positively correlated with self-esteem and negatively correlated with depression. The importance of taking health into account when studying psychological reactions to unemployment was emphasised by Payne and Hartley (1987), who found that both health and health change have a

moderately strong, significant, positive correlation with psychological well-being. Further, Ben-Zur (2002) found that perceived health status assessments indicated the greatest associations with psychological well-being, such that higher perceived health status was associated with higher self-esteem, greater positive affect, less negative affect, more mastery and less avoidance. D'Augelli et al. (2001), in their sample of lesbian, gay and bisexual adults, corroborate these findings; stating that deterioration in health is associated with poorer psychological well-being, specifically that poorer health is associated with greater depression.

4.1.10 Ethnic Group

Self-esteem and self-concept of individuals is described by Gray-Little and Hafdahl (2000) as a social product that is influenced by social interactions, and would consequently be expected to be influenced by racial group memberships and identity with that group. This has been investigated with regards to minority groups and several authors maintain that the process of identity development is different in minority groups as opposed to majority groups (Crawford, Allison, Zamboni & Soto, 2002). The minority identity development model that is most widely accepted is the Cross (1971) model described in Katz, Joiner and Kwon (2002) which focuses primarily on the development of African-American identity. This model posits that minority groups develop an awareness of their oppression through an internalisation of dominant culture and of the negative stereotypes about themselves on the basis of group membership. Minority groups experience greater racism and discrimination, and therefore greater negative life events (Crawford et al., 2002). A logical conclusion would be that minority members would have lower self-esteem than majority group members (Sanitioso, 1999), however, evidence suggests that being a member of a minority group with a lower status, causes strong identification with that group, resulting in increased self-esteem levels of its members. Gray-Little and Hafdahl (2000) found, in their meta-analytic review of 261 comparisons including more than half a million American subjects, that Black children, adolescents and adults have higher self-esteem levels

than Whites. Warr et al. (1985), in their sample of black and white British youths, also found significant ethnic group differences with regard to depression and general distress, with whites exhibiting higher depression and general distress scores. Whites also exhibited higher scores with regard to employment commitment, job-search attitude and job-seeking activities, although no significant differences were found with regard to financial strain, anxiety and concern about being employed. No significant ethnic group differences were found in the Rosario et al. (1996) sample of gay and bisexual Black and Hispanic youths when compared with White gay and bisexual youths. Minority group theoretical underpinnings in the South African situation is, however, very different from the research presented above, as most previously disadvantaged communities which constitute the majority group had low social, economic and political power, and thus experienced similar oppression, racism and discrimination to those of minority groups in developed countries. Consequently, evidence from international research may be difficult to apply to a South African milieu and a clear need for research into the South African context is required. Nonetheless, Warr et al. (1988) maintain that ethnic group differences might best be interpreted in terms of other individual personality and biographical variables.

4.1.11 Duration of Unemployment

Evidence suggests that as the length of unemployment continues for a long period of time, the reactions of the unemployed individual to unemployment may be expected to change. As mentioned earlier (see Section 3.3.4) early researchers proposed a phasic response to the experience of unemployment, including shock – optimism – pessimism and fatalism, and this has been noted by several authors. More recently, Swinburne's (1981) study provides certain evidence for a stage theory response to unemployment, but only in the early stages. A brief 'critical period' directly after job loss in which psychological adaptation occurs has been described by Brenner and Bartell (1983), and Warr (1987) purports that initially there is significant impairment in affective well-being after job loss and that this is followed by further

deterioration, until an equilibrium of particularly poor mental health is reached. However, Stokes and Cochraine (1984), in their sample of White and Asian British subjects, found no significant difference in psychological well-being with increased unemployment duration and failed to provide evidence for the stage theory.

Nonetheless, some research indicates a linear relationship between length of unemployment and psychological well-being, such that length of unemployment is inversely correlated with mental health and psychological well-being (Brenner & Bartell, 1983; Hepworth, 1980). Rowley and Feather (1987) corroborated this finding, in their sample of unemployed Australians, reporting that psychological distress tended to increase with increasing length of unemployment, when data from all their subjects were combined, such that they experienced greater financial strain, less time structure and less self-esteem. Hartley (1980) cites research that indicates that self-esteem decreased with increased length of unemployment among those with a higher occupational status, while a reverse relationship was found in individuals with a lower occupational status. In addition, Kokko and Pulkkinen (1998) report that most recent studies indicate that the length of unemployment is linearly related to psychological distress and their study indicated that length of unemployment was significantly correlated with low self-esteem, depressive symptoms, anxiety and psychological ill-health, especially in men.

Warr and Jackson (1984) investigated the length of unemployment in a cohort of British unemployed men at six levels of unemployment duration in months, including: < 1, 1-2, 2-3, 3-6 and 6-12. They found a greater degree of financial strain and deterioration in health for those who had been unemployed for longer periods when compared with men who had recently become unemployed, although this association was curvilinear. They further report that the greatest deterioration in psychological health occurs six months after job loss, although Rowley and Feather (1987) advocate three months. Warr and Jackson (1985) re-interviewed these men

after nine months and found further deterioration, but after 25 months a small improvement was found overall (Warr et al., 1988). Winefield and Tiggemann (1989b), in a longitudinal study of Australian school leavers surveyed over three successive years, with five levels of unemployment duration in months (< 1, 1-3, 3-6, 6-12 and > 12), found that those individuals in the 3-6 and 6-12 months unemployed groups showed the lowest self-esteem, greatest depressed affect and greatest negative mood compared to the other unemployment duration levels. The group with the longest unemployment duration (>12) showed marked improvement in self-esteem and negative mood, providing supportive evidence for the curvilinear relationship advocated by Warr and Jackson (1984). Schaufeli and Van Yperen (1992) also found that Dutch graduates continuously unemployed for more than a year exhibited an improvement in psychological well-being over a two year period. This led them to propose that a plateau of ill-health is reached after which adaptive processes occur, resulting in improved psychological well-being. Nonetheless, despite all the evidence that indicates that duration of unemployment is related to psychological well-being, Shamir (1986b) found no significant correlation between duration of unemployment and self-esteem and Feather (1985a, p. 270) reports that "[t]he evidence typically fails to show that longer durations of unemployment are associated with lower psychological well-being". Nonetheless, Feather (1982) found that increasing unemployment duration is associated with low self-esteem and less effort to find a job.

4.2 RATIONALE

From the above review of the literature on employment and unemployment, it is evident that research indicates that there is clear evidence that unemployment has a substantial impact on the psychological well-being of the unemployed individual. This review of the literature pointed to a relative paucity of empirical research and documentation pertaining to the impact of employment status of gay men on their psychological well-being, both nationally and internationally. A further paucity with regard to studies of gay men in committed relationships was also evident,

not to mention the effect of their employment status on their psychological functioning in their relationship. The majority of research on gay men tends to be stereotyped: focusing either on issues of psychological functioning in relation to HIV/AIDS, or psychological functioning and identity formation pertaining to the 'coming-out process'. Very few research articles dealt with gay men in long-term monogamous partnerships, and those that did, focused on these relationships in relation to parenting or to parents-in-law. A similar paucity exists with regard to empirical research on lesbians, although Strome (1999) found that homosexual and heterosexual women were not found to differ with regards to psychosocial functioning, self-esteem and life satisfaction as impacted upon by perceived familial and societal homonegativism. The present study therefore investigated the effect of employment status in male homosexuals in long-term monogamous partnerships on their psychological well-being.

4.3 GENERAL RESEARCH HYPOTHESES

The exposition of this study in Chapters 1- 4 provides a background and literature review of the theoretical and empirical underpinnings of the research and contextualises the research hypotheses.

In the context of gay men in long-term monogamous partnerships, it is hypothesised that employment status is related to the psychological well-being of these individuals – specifically that unemployment is related to poor mental health in terms of self-esteem and depression. It is also expected that self-esteem and depression are influenced by biographical and psychosocial variables, including: age; education; length of relationship; choice of employment status; perceived social support; HIV status; openness with regard to sexual orientation; economic status; perceived health; ethnic origin and duration of unemployment. These hypotheses are specified formally as follows:

4.4 SPECIFIC RESEARCH HYPOTHESES

The following primary and secondary research hypotheses were formulated from the theory and research reviewed in earlier sections with regards to the research question: Does employment status influence psychological well-being in employed and unemployed gay men in long-term monogamous partnerships?

4.4.1 Primary Research Hypotheses

The following three research hypotheses are framed within the context of investigating the association between psychological well-being and employment status in long-term monogamous gay couples, and respectively address the first two primary aims of the research.

(I) Unemployed gay men in long-term monogamous partnerships have lower levels of self-esteem than their employed partners.

(II) Unemployed gay men in long-term monogamous partnerships have higher levels of depression than their employed partners.

(III) Self-esteem correlates negatively with depression in employed and unemployed gay men in long-term monogamous partnerships.

4.4.2 Secondary Research Hypotheses

The secondary research hypotheses are also framed in the context of investigating the association between psychological well-being and employment status in long-term monogamous gay couples. They address the third primary aim of the research, that is, to determine whether psychological well-being of employed and unemployed partners is influenced by a variety of different biographical and psychosocial variables.

(IV) There is a relation between self-esteem and the following biographical and psychosocial variables, namely: age; education; length of relationship; choice of employment status; perceived health; HIV status; perceived social support; openness with regard to sexual orientation and economic status; in the case of:

(IVa) employed gay men

(IVb) unemployed gay men.

(V) There is a relation between depression and the following biographical and psychosocial variables, namely: age; education; length of relationship; choice of employment status; perceived health; HIV status; perceived social support; openness with regard to sexual orientation and economic status; in the case of:

(Va) employed gay men

(Vb) unemployed gay men.

CHAPTER 5
METHODOLOGY

5.1 SAMPLE

5.1.1 Subjects

Data for this research study was obtained from 56 gay male couples engaged in long-term monogamous partnerships who reside in South Africa. Each couple comprised an unemployed and employed partner. Of these 56 couples, five couples of employed and unemployed partners (10 subjects) formed a pilot study. The pilot study respondents completed only the Revised Janis-Field Feelings of Inadequacy Scale (R-JFFIS), and not the Revised Beck Depression Inventory (R-BDI). Fifty-one couples (102 subjects) completed both the R-JFFIS and the R-BDI.

The sample was obtained from 105 responses to flyers, advertisements and referrals. Subjects excluded from the study included partnerships where both were employed, did not cohabit, or were not involved in a monogamous relationship for more than a year. For the purposes of this study, a long-term partnership implies that partners have lived together for one year or more.

5.1.2 Biographical Information

Biographical information required from subjects on the questionnaire (Appendix A, 9.2.1 and Appendix B, 9.4.1) was designated under a section titled ‘Biographical Information’, and was designed to obtain information on biographical and psychosocial variables. The biographical

information recorded included the age of the respondents; home language; level of education; length of relationship; employment status; perceived social support; HIV status; openness with regard to sexual orientation; monthly income; perceived health and duration of unemployment for unemployed respondents.

Level of education was numerically coded using 1-12 for school grades; 13 for Diplomas; 14 for Bachelors degrees; 15 for Honours degrees; 16 for Masters degrees and 17 for Doctoral degrees. Payne and Hartley (1987) employed a 5-point Likert scale to obtain an indication of respondents' perception of their own level of health, where (1) indicated very poor and (5) very good. This method was also adopted in this study. A comparable method was also utilised by Warr and Jackson (1985). A 5-point Likert scale resembling Kokko and Pulkkinen's (1998) study was used to obtain an indication of perceived social support, where (1) indicated very poor and (5) very good. Cole et al. (1996) used a 5-point Likert scale to obtain an indication of the respondents' perception of their own openness with regard to their sexual orientation, correspondingly such a scale was used in this study where (1) is completely non-disclosing; (2) is only open with friends; (3) is open with friends and the gay community; (4) is open with friends, gay community and family and (5) is open with all individuals. This was also in keeping with Rhoads' (1995) (cited in Westefeld et al. 2001) themes related to the coming-out process. He, as already mentioned, purports that this process includes: "personal struggles related to same sex attractions and societal expectations [completely non-disclosing], self-realization, self-acknowledgement, self-disclosure (coming-out to an intimate) [only open with friends], disclosure to members of the gay community, [disclosure with family members], [followed by] public disclosure" (Westefeld et al. 2001, p. 72). For monthly income (economic status) of the employed partner, a 4-point Likert scale was used, where (1) is below R5, 000; (2) R 5, 000 - R 10, 000; (3) R 10, 000 - R 15, 000 and (4) is above R 15, 000, congruent with Ben-Zur (2002).

HIV status was indicated on a 3-point Likert scale, where (0) was unknown status, (1) negative status and (2) positive status.

For the purposes of analysis, each of these biographical and psychosocial variables (predictors) were categorised akin to the Wang et al. (1999) study. In most cases a dichotomous categorisation was utilised, for example, HIV status was coded as HIV negative = 0 and HIV positive/don't know status = 1. The dichotomising of the variables allowed the categorical variables to be sufficiently populated for the Chi-square tests to be treated as interval scales for the regressions and ANCOVA analyses. Table 1 provides a summary of the re-coding of biographical and psychosocial variables.

5.1.3 Sampling Strategy and Data Collection

The researcher employed a non-probability snowball sampling strategy as the subjects in this study were difficult to find and population listings were not available. In this study, the researcher approached a small number of gay male couples involved in long-term monogamous partnerships who, in turn, were asked to introduce the researcher to other couples who, in turn, were invited to nominate others to the researcher. Initial contact with these gay couples was made through the Lesbian and Gay Equality Project in Johannesburg and through personal contacts. In addition, non-probability purposive sampling was used by placing advertisements in a variety of gay media, requesting gay male couples involved in long-term monogamous partnerships to participate in the study. Gay media utilised include: The Lesbian and Gay Equality Project website, http://www.ncgle.org.za; Exit (newspaper); http://www.gaysa.co.za website; http://www.mask.org.za website; http://www.q.co.za website; Out in Africa Film Festival website, http://www.oia.co.za; http://www.mambaonline.co.za website; http://www.al-fitrahfoundation.org website and G-speak email newsletter. Moreover, flyers were distributed to

Table 1 Table of Recoding of Biographical and Psychosocial Variables

Variable	Recoding	Code	Recoded variable Name
Age	≤35	0	r_Age35 0is<35: 0
	> 35	1	r_Age35 0is<35: 1
Education	Secondary	0	R_Educ_0notertiary: 0
	Tertiary	1	R_Educ_0notertiary: 1
	Secondary & Bachelor's	0	R_educ0notpostbach: 0
	Post Bachelors	1	R_educ0notpostbach: 1
Employment Status Choice	Personal choice	1	CHOICE : 1
	External circumstances	2	CHOICE : 2
Health	< very good	0	R_Health_1is vgood: 0
	= very good	1	R_Health_1is vgood: 1
HIV Status	Negative	0	R_HIV+or? Is 1: 0
	Positive or don't know	1	R_HIV+or? Is 1: 1
Social Support	< very good	0	R_SS_1is goodvgood: 0
	= very good	1	R_SS_1is goodvgood: 1
Openness with Regard to Sexual Orientation	< Friends, gay community and family	0	R_Open1is friends&gay&fam): 0
	= Friends, gay community and family	1	R_Open1is friends&gay&fam): 1
Economic Status	≤ R 10 000	0	R_IncomeR10000+: 0
	> R 10 000	1	R_IncomeR10000+: 1
	≤ R 15 000	0	R_IncomeR15000+: 0
	> R 15 000	1	R_IncomeR15000+: 1
Ethnic Origin	Not English	0	Lang_1isEng: 0
	English	1	Lang_1isEng: 1
	Not Afrikaans	0	Lang_1isAfr: 0
	Afrikaans	1	Lang_1isAfr: 1

different gay organisations, including: The Reforming Church in Johannesburg and Pretoria; St Laurence's Anglican Church; GMO - Gay Muslim Outreach; Hope and Unity Metropolitan Community Church; Al-Fitrah Foundation Islamic group of Sexual Minorities; Gay Christian Community; Deo Gloria Family Church; Agallia Ministries and the OUT – LGBT Wellbeing (previously known as the Gay and Lesbian Organisation of Pretoria); as well as at the Out in Africa Gay and Lesbian Film Festival. Furthermore, flyers were distributed at Johannesburg Pride in September 2004 and at certain bars and clubs, including: *Statement*, *Oh!* and *Manhattans*. Ultra Violet Gay and Lesbian Bookshop also kindly included the advert in their e-mail circular to all their clients. Those respondents who replied were then invited to nominate other gay couples who fulfilled the criteria. In this way, an initial small sample was expected to 'snowball' into a larger one. Forty-four snowball respondents were obtained through the researcher's personal contacts and 47 responses were received from the respective adverts in the media, which provided a further 14 snowball nominations. Breakwell, Hammond & Fife-Shaw (1995) note that snowball samples tend to locate in a single social network, and as such ignore other relevant networks or people in no network at all. The snowball may therefore possibly have over-represented those snowball networks elicited. However, by using multiple starting points as described above this was counteracted and may have increased the probability of making contact with different social networks, and therefore may have improved the generalisability of the study.

5.2 PROCEDURES

5.2.1 Research Design

The present research employed a dyadic design involving 56 pairs or couples, where one partner of the couple was employed and the other was not. Since the subjects belonged to their level of employment status before the research study commenced, the type of design is between-groups, and non-experimental. Employment status is referred to as the independent variable and is the

classification factor in this study, as it could not be manipulated. The subjects therefore differed with respect to this known variable and certain other biographical and psychosocial variables. Biographical and psychosocial variables could confound or confuse the effect of the independent variable on the dependent variable (Rosnow & Rosenthal, 1996) and the following were entered as possible covariates into the analyses: age; education; length of relationship; choice of employment status; perceived social support; HIV status; openness with regard to sexual orientation; economic status; perceived health; ethnic group and duration of unemployment for unemployed respondents.

When studying partners from the same couple, scores from the partners are likely to be related to each other, which is exacerbated if both partners assess or evaluate the same ideals (Kurdek, 2004). It is worth noting that this is advantageous to the study, since couples are more similar to each other and some of the extraneous variance surrounding the independent variable is consequently removed. Essentially, the 'couple' relationship is therefore utilised to match individuals who are more similar than if employed and unemployed individuals had been chosen at random.

5.2.2 Variables

The independent variable of employment status is a fixed factor with two levels, employed and unemployed. The two dependent variables are self-esteem and depression. Self-esteem is operationalised by scores on the R-JFFIS by Eagly (1967), with high scores indicative of high self-esteem; and depression is operationalised by scores on the R-BDI, with high scores indicative of high depression. Self-esteem and depression represent the construct or latent variables and the R-JFFIS and R-BDI represent the manifest or measured variables. The R-JFFIS and R-BDI may be administered individually or in a group format, and the questionnaires utilised require an estimated administration time of 20 minutes. Details of the scales are given

below under instruments (Section 5.3). Biographical and psychosocial variables investigated, as already mentioned, include: age; ethnic origin; level of education; length of relationship; employment status; perceived social support; HIV status; openness with regard to sexual orientation; economic status; perceived health and duration of unemployment for unemployed respondents.

5.2.3 Administration of the Questionnaires

After the respondents' initial indication to participate in the study, they were offered the option of receiving the questionnaires via postage or e-mail. For postage questionnaires, a return addressed envelope was supplied with postage paid. Alternatively, when questionnaires were supplied to respondents via e-mail, they were included as attachments to the e-mail for respondents to complete, either on hard copy or on computer. These could then either be returned via e-mail or facsimile. If respondents chose to e-mail the questionnaire back, they were requested to change the colour of the appropriate answer or make the appropriate answer bold to indicate their answers. Questionnaires were therefore completed in an informal setting of the respondent's choice. Due to the poor return rate of e-mail questionnaires by respondents, questionnaires were later only posted.

Questionnaires were coded with employed questionnaires indicated by the letter A on the top right corner of each page and unemployed questionnaires indicated with the letter B. Questionnaires posted were then also numbered according to the chronological sequence of their postage date, preceded by P to indicate postage. For example, the first questionnaires posted were coded P1A for the employed questionnaire and P1B for the unemployed questionnaire. Those questionnaires sent via e-mail were also coded numerically according to the chronological sequence of their e-mail date, preceded by EM to indicate e-mail. For example, the first

questionnaires e-mailed were coded EM1A for the employed questionnaire and EM1B for the unemployed questionnaire.

5.2.4 Instructions to Respondents

Respondents of both independent variables were supplied with a consent form at the beginning of the questionnaire (Appendix A, 9.1 and Appendix B, 9.3), informing them of the following:

- an invitation to participate in the study;
- my name, the degree for which this study was executed and the name of the university;
- that the research investigated the relationship between self-esteem and depression in relation to employment status in gay men;
- that they were requested to complete the questionnaires on their own;
- that by returning the completed questionnaires, the assumption was made that respondents granted me permission to use their responses in my study which have formed part of my masters dissertation; and
- that the generalised results may be published in a psychological journal.

Respondents were also assured that:

- all responses made to the items were absolutely confidential;
- that responses could be completely anonymous, since no submission of identifying information was required;
- participation in the study was completely voluntary and that no negative consequences would arise for non-participation;
- they could choose to withdraw at any stage without penalty;
- they may refuse to answer any item should they want to do so;

- they were under no obligation to disclose the contents of their responses to anyone;
- the completed questionnaires were processed and summarised, so that individual subjects were not identifiable;
- feedback would only be provided regarding group trends emerging in the study;
- the questionnaire was not a test, and that there were no 'correct' or 'incorrect' answers and that no one response was 'better' than any other; and
- a notice would be posted on the Psychology III information board at the university as soon as the results were finalised.

Respondents were reassured that the testing was designed to protect them in every possible way, informed of the great importance that their answers should reflect their true opinions, and that the research was required in order for the researcher to meet university degree requirements. There was no treatment effect in the study. Finally, subjects were informed that the questionnaire consisted of eight pages divided into two sections, with a duration of approximately 20 minutes, and that they should attempt to answer all the items as far as possible. Respondents were also supplied with Lifeline's contact details, in the event that any of the material in the questionnaires raised personal concerns for the respondents with which they might like to seek assistance. My contact details were also provided should any respondents have required further information.

5.3 INSTRUMENTS

5.3.1 Revised Janis-Field Feelings of Inadequacy Scale (R-JFFIS)

There are a large number of self-concept scales. The instrumentation that proved to be most appropriate to operationalise this study was the R-JFFIS (Appendix A, 9.2.2 and Appendix B, 9.4.2), an instrument that is widely regarded as one of the better multidimensional scales of self-

esteem (Heatherton & Polivy, 1991; Robinson & Shaver, 1973; Stoltz & Galassi, 1989). Crandall (1973) concluded that the R-JFFIS was one of the two best validated self-esteem measures for research with adults. The Janis-Field Feelings of Inadequacy Scale (JFFIS) and R-JFFIS have been utilised in a great deal of research, including Antill and Cunningham (1979); Berger (1968); Greenbaum (1966); Heatherton and Polivy (1991); Janoff-Bullman (1982); Kingsbury (1978); and Patten and Woods (1978), to mention a few.

The JFFIS was originally designed as part of a larger instrument to tap feelings of inadequacy, self-consciousness and social anxiety associated with a person's persuasibility (Janis & Field, 1959). In this original scale, respondents indicated the extent of their agreement with each of the 23 statements on a 5-point Likert scale, where the five response alternatives were: *very*, *fairly*, *slightly*, *not very*, and *not at all*. In the original Scale, 21 of the 23 items were keyed in the same direction and item scores varied from 0 to 4, with a self-esteem score ranging from 0 to 92. A low score indicates high feelings of inadequacy (low self-esteem), and high scores indicate high self-esteem (Blascovich & Tomaka, 1991).

The JFFIS has undergone several revisions (Blascovich & Tomaka, 1991). The first of these was by Eagly (1967), who still employed a 5-point Likert scale but reduced the number of items to 20 by discarding poor items (Crandall, 1973). According to Blascovich and Tomaka (1991), many of the new items pertained to success and social competence. In addition, Eagly (1967) also balanced the scale creating an equal number of positive and negative items for acquiescence response set (response bias)[3] unlike the original scale, which consisted of exclusively negatively framed items (Eagly, 1967). The R-JFFIS comprises of items that consist of short questions to which the respondent must reply *very often*; *often*; *sometimes*; *once in a while* or *very seldom*.

[3] A tendency to agree/disagree with all items regardless of the item content.

Examples from the questionnaire from the R-JFFIS are: “How often do you feel inferior to most of the people you know?” and

“How often do you have the feeling that you can do everything well?” (Crandall, 1973, p. 79).

Eagly’s (1967) revised version (R-JFFIS) was employed in this study, since the questions in the R-JFFIS were considered more appropriate than the Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965), with a more extensive content sampling and convincingly presented theory and rationale, as well as with more subtle questions. However, one item of the R-JFFIS tapped self-esteem in the work situation. This item read as follows: “How often do you feel confident that your success in your future job or career is assured?” Since this item was only appropriate for employed respondents and not for unemployed respondents, the item was omitted as in the Werbeloff (1984) study, to ensure that self-esteem scores of employed and unemployed subjects could be comparable. To restore balance of the negatively and positively keyed items an additional item had to be omitted. Two items of the R-JFFIS are replicas of each other although reverse balanced. These items read as follows: “When you talk in front of a group of people how often are you pleased with the performance?” and “When you talk in front of a group of people how often are you worried or afraid that you presented a poor performance?” The latter negative item was omitted comparable with Werbeloff (1984). Therefore, 18 items of the 20 items of the R-JFFIS were employed in this study, although the item order of the R-JFFIS was randomised to control for response bias, concurring with Kahle (1978). Items 2; 5; 7; 8; 10; 13; 15; 16 and 18 of the R-JFFIS are statements that reflect a *positive attitude* with regard to self-esteem. Scores were awarded to the subject’s responses for these items as follows: *very often* = 5; *fairly often* = 4; *sometimes* = 3; *once in a while* = 2; and *very seldom* = 1. The remaining items 1; 3; 4; 6; 9; 11; 12; 14 and 17 reflect a *negative attitude* to self-esteem and were reverse scored with *very often* = 1; *fairly often* = 2; *sometimes* = 3; *once in a while* = 4; and *very seldom* = 5. The total self-esteem

score for the respondent was calculated by adding up the scores of each of the different items. In this study, the R-JFFIS provides scores of self-esteem as units on a scale where a maximum of 90 points can be attained as a high self-esteem. Therefore a *high score* indicates a *high* self-esteem. The lowest score possible in the present study on the R-JFFIS is 18.

(i) ***Reliability***

Janis and Field (1959) estimated the split-half reliability to be .83, while the reliability based on the Spearman-Brown formula was found to be .91 (Heatherton & Polivy, 1991). Eagly reported split-half reliabilities of .72 (1967) and .88 (1969) for two samples, while the reliability based on the Spearman-Brown formula for the total test was found to be .84 and a correlation of .54 between the positive and negative halves (Eagly, 1967; Van Tuinen & Ramanaiah, 1979). Skolnick and Shaw (1970) performed an inter-item correlation matrix of the original form and reported an average inter-item correlation of about .30, not counting items 3 and 4 which had a poor correlation with the rest of the scale. Item 4 was omitted from the R-JFFIS by Eagly but item 3 appears as item 16 in this study.

(ii) ***Convergent and Discriminant Validity***

The JFFIS correlated .67 with the California Personality Inventory (CPI) self-esteem measure and .60 with self-ratings of self-esteem, when employing a multitrait-multimethod matrix (D. Hamilton, 1971; Watson, Rowe & Austin, 1982). Blascovich and Tomaka (1991) report that O'Brien (1985) found a correlation of .82 between the R-JFFIS and the RSES. Eagly (1969) reported that the R-JFFIS correlated .84 with the Berger Self-Acceptance Scale, while Larsen and Schwendiman (1969) found that the JFFIS correlated .45 with the Barron Ego Strength Measure ($p < .001$). D. Hamilton (1971) found low correlations between the JFFIS and self-ratings of dominance and open-mindedness. Later, Van Tuinen and Ramanaiah (1979) also performed a multitrait-multimethod matrix analysis of the R-JFFIS and found a remarkably high

reliability coefficient of .91. They also found that the R-JFFIS correlated .72 with the Coopersmith Self-Esteem Inventory (CSEI), .74 with the Jackson Personality Inventory (JPI) for social self-esteem and .65 with the Tennessee Self-Concept Scale (TSCS), as already mentioned. Correlations of .68 and .69 were found between the R-JFFIS and simple self-ratings of global self-esteem measures and social self-esteem measures respectively (Van Tuinen & Ramanaiah, 1979). Greenbaum (1966) found that the JFFIS was unrelated to social desirability, correlating only .35 with the Marlowe-Crowne Social Desirability Scale (MCSDS). No test-retest data were encountered (Blascovich & Tomaka, 1991). Finally, Heatherton and Polivy (1991) maintain that the JFFIS appears to be a stable trait measure of self-esteem that does not change readily as a result of laboratory manipulations.

(iii) ***Predictive Validity***

The scale has also predicted persuasibility (Hovland & Janis, 1959; Janis, 1954), although there appears to be conflicting evidence in this regard. D. Hamilton (1971) found correlations of .24 and .27 with peer ratings of self-esteem and dominance, and -.09 with open-mindedness.

The original Janis and Field (1959) JFFIS questionnaire was based on a sample of 185 male and female high school juniors, while the Eagly (1967) R-JFFIS was based on samples of 33 and 160 male and female college students. The JFFIS has undergone numerous revisions since the Eagly (1967) R-JFFIS revision. These include revisions by: Fleming and Watts (1980) (as cited in Blascovich & Tomaka, 1991) who added five items to the scale with a focus on school abilities and employed a 7-point Likert scale; Fleming and Courtney (1984) (as cited in Blascovich & Tomaka, 1991) who revised the Fleming and Watts (1980) revision by adding a further eight items, but maintaining a 7-point Likert format; and Pliner, Chaiken, and Flett, (1990) (as cited in Heatherton & Polivy, 1991) introducing a body image component. Heatherton and Polivy (1991) modified the R-JFFIS for the development of the State Self-Esteem Scale to measure momentary

changes in self-esteem. Finally, Rosenbaum and DeCharms' (1960) scale was also based on Janis' (1954) (as cited in Rosenbaum & DeCharms, 1960) earlier work, and the scale has been used more recently by Marcia and Friedman (1971) in relation to ego development. Berger (1968) also constructed similar unpublished items. The previously mentioned revisions were not found to be appropriate for the present study as the Fleming and Watts (1980), and Fleming and Courtney (1984) revisions focused on school abilities; Heatherton and Polivy (1991) on measuring transient changes in self-esteem; Pliner, Chaiken, and Flett, (1990) on body image; and Rosenbaum and DeCharms' (1960) on ego development. The revised version of the JFFIS by Eagly (1967) has remained a measure of self-esteem comparable with RSES and the CSEI and has been the most extensively employed of the revisions in research, becoming the standard revision of the scale to be employed.

Church, Truss and Velicer (1980) maintain that the JFFIS consists of three interpretable components, namely *evaluation concern*, *self-regard* and *interaction anxiety*, which may be interpreted as reflecting different components of self-esteem. Underwood, Froming and Moore (1980) have alternatively subdivided the R-JFFIS into *general self-esteem*, *achievement self-esteem* and *social self-esteem;* and Fish and Karabenick (1971) have focused on the social nature of the self-esteem construct. However, Van Tuinen and Ramanaiah's (1979) multitrait-multimethod matrix indicates, as previously mentioned, that the R-JFFIS is an indicator of both global and social self-esteem.

5.3.2 The Revised Beck Depression Inventory (R-BDI)

The Beck Depression Inventory original version (BDI) (Beck et al., 1961) and the revised Beck Depression Inventory (R-BDI) (Beck, Rush, Shaw & Emery, 1979), (Appendix A, 9.2.3 and Appendix B, 9.4.3), are the most widely used self-report instruments employed for measuring the severity of depression (Al-Musawi, 2001; Coles, Gibb & Heimberg, 2001; Schotte, Maes,

Cluydts, De Doncker & Cosyns, 1997). Despite the presence of two versions of the inventory, most researchers have neglected to distinguish between the original and revised versions, making it difficult to assess which version was employed in most studies (Beck, Steer & Garbin, 1988). The original version was first published in 1961 to assess cognitive; behavioural; affective and somatic components of depression (Beck et al., 1961). It consists of 21 items or categories of symptoms and attitudes that appeared to be specific to depressed patients. The items were originally chosen to reflect the clinical manifestation of depression and not a particular theory of depression (Richter, Werner, Heerlein, Kraus & Sauer, 1998). Each item consists of a number of statements that can be rated from 0 (normal) to 3 (most severe) in terms of the intensity of the depression (Beck et al, 1988), for example, item R which is concerned with appetite ranges from 0, "My appetite is no worse than usual", to 3, "I have no appetite at all anymore" (Beck et al, 1979). The 21 symptoms and attitudes assessed include: A) Mood; B) Pessimism; C) Sense of failure; D) Lack of satisfaction; E) Guilt feelings; F) Sense of punishment; G) Self-dislike; H) Self-accusation; I) Suicidal wishes; J) Crying; K) Irritability; L) Social withdrawal; M) Indecisiveness; N) Distortion of body image; O) Work inhibition; P) Sleep disturbance; Q) Fatigability; R) Loss of appetite; S) Weight loss; T) Somatic preoccupation; and U) Loss of libido (Beck et al., 1961; Beck et al., 1988).

In the original form, the BDI provided two alternative statements at a given level in many of the categories and these alternatives carried the same weight (Beck et al., 1961). It is consequently sometimes referred to as the 'long form', as each item comprised of a minimum of four and a maximum of six statements (Shaver & Brennan, 1991). These equivalent statements were labelled *a* and *b*, for example, in item 'I' the following options are available in the original version.

I	0	I don't have any thoughts of harming myself
	1	I have thoughts of harming myself but I would not carry them out
	2a	I feel I would be better off dead
	2b	I feel my family would be better off if I were dead
	2c	I have definite plans about committing suicide
	3b	I would kill myself if I could

Options *a* and *b* at a particular level would be allocated the same score. In the revised version of the BDI, only one alternative at each level is provided, alternate wordings of the same responses were eliminated and double negatives were avoided (Beck et al., 1988; Shaver & Brennan, 1991). 15 items were altered in this way and only six items, that is, J) Crying; K) Irritability; Q) Fatigability; R) Loss of appetite; S) Weight loss and U) Loss of libido, remained unchanged. Shaver and Brennan (1991) refer to this as the 'standard form' as each item comprised of only four statements. Item 'I' would be as follows in the revised version:

I	0	I don't have any thoughts about killing myself
	1	I have thoughts about killing myself, but I would not carry them out
	2	I would like to kill myself
	3	I would kill myself if I had the chance

The revised version R-BDI was developed in 1971, copyrighted in 1978 and published in 1979 (Beck et al., 1988). Other versions include the 'short form' consisting of 13 items developed by Beck and Beck (1972) and the BDI-II, a second edition developed in 1996 which altered the original inventory, making it more compatible with the DSM-IV (Al-Musawi, 2001). The data suggests that the R-BDI and BDI can be used interchangeably and that neither form is affected by administration in either a private or public setting (Beck et al., 1988).

Respondents are requested to select the statement in each group that best describes how they have been feeling during the last week and including that day, by circling the appropriate answer. If more than one statement may seem to apply equally well in a particular group, then each item should be circled (Shaver & Brennan, 1991). The total depression score of the BDI and R-BDI for the respondent is calculated by adding up the scores of each of the different statements circled, providing a range from 0-63 (Shaver & Brennan, 1991; Yin & Fan, 2000). Should a subject circle more than one statement, the highest ranked statement is scored. A *high* score

indicates a high level of depression. The lowest score possible on the BDI is 0, indicating the lowest level of depression (Beck et al., 1961; Beck et al., 1988). Cut-off scores are not clear-cut and a fair amount of ambiguity exists in the literature with regard to the ranges of cut-off scores. Shaver and Brennan (1991) maintain that the ranges categorised are: 0-4, no or minimal depression; 5-13, mild or low depression; 14-20, moderate or medium depression; and above 21 severe depression; while Lewinsohn, Munoz, Youngren and Zeiss (1978) report the ranges to be: 0-4, absence of or minimal depression; 5-7, mild depression; 8-15, moderate depression; and above 16 potentially serious depression. Beck et al. (1988) provide still different ranges: 0-10, no or minimal depression; 10-18, mild or low depression; 19-29, moderate to severe depression and 30-63, severe depression. The cut-off ranges that the researcher found to be most comprehensive are those used by the Psychiatry Department at the Johannesburg General Hospital. These ranges have been categorised as follows: 0-5, ideal; 5-10, absence of or minimal depression; 11-16, mild depression; 17-20, borderline clinical depression; 21-30, moderate depression; 31-40, severe depression; and over 40 extreme depression (H. Croxford, personal communication, April 23, 2003).

(i) ***Reliability***

The internal consistency of the R-BDI and BDI have been confirmed by numerous studies in both psychiatric and non-psychiatric samples (Beck et al., 1988; Richter et al., 1998). The devisers of the scale originally found an odd-even split-half reliability of .86, which rose to .93 with a Spearman-Brown correction (Beck et al., 1961; Shaver & Brennan, 1991). Later, Beck et al. (1988) reported mean coefficient alpha scores of .86 for psychiatric and .81 for nonpsychiatric samples, while Richter et al. (1998) found them to be .88 for psychiatric and .82 for nonpsychiatric samples. Yin and Fan (2000) report an overall mean internal consistency reliability coefficient of .84 from their research and purport a mean test-retest reliability coefficient of .69, which suggests that the measurement error associated with time is

considerably greater than the measurement error associated with item heterogeneity and item sampling (Yin & Fan, 2000). The test-retest stability coefficients have been found to be in the .70s over a period of weeks (Shaver & Brennan, 1991). The BDI has been subject to criticism since score reliability variations have been observed across studies (Richter, et al., 1997; Yin & Fan, 2000).

(ii) ***Content, Convergent and Discriminant Validity***

Since the BDI and R-BDI were derived from clinical observations, the items chosen for the scale were specifically designed to assess depression on the basis of the main symptoms of depression, and consequently the scale has consistently and significantly related to clinical findings of depression (Beck et al., 1988; Richter et al., 1998; Shaver & Brennan, 1991). Correlations range from .60 to .90 depending on the sample size (Shaver & Brennan, 1991). The BDI shows a high concordance with the DSM-IV criteria of depression reflecting six of the nine criteria (Beck et al., 1988; Richter, et al., 1997). Sleep disturbance and eating behaviour are only partially accounted for in the BDI, as the items only consider a decline in both of these areas and do not consider increased activity of these behaviours. Agitation is not considered at all (Richter, et al., 1997; Richter et al., 1998), neither are psychomotor retardation and psychotic symptoms (Kaplan & Sadock, 1998).

A number of studies have reported results supporting the convergent validity of the BDI with other rating scales of depression, such as the Zung Self-Rating Depression Scale (ZSRDS) (Zung, 1965); the Hamilton Psychiatric Rating Scale for Depression (HPRSD) (M. Hamilton, 1960); the Depression Scale of the Minnesota Multiphasic Personality Inventory (MMPI-D); the Multiple Affect Adjective Checklist for Depression (MAACL-D) and clinical ratings (CR) (Richter et al., 1998; Beck et al., 1988). Richter et al., (1998) presented the results of 68 studies that reported correlations with the BDI and a variety of concurrent measures, including those mentioned above. The Pearson product-moment correlation coefficients range from moderate to high correlations for both psychiatric and non-psychiatric samples in these studies, with mean scores ranging from .58 to .79. Specific mean correlations for psychiatric patients include: ZSRDS with .76; HPRSD with .73; MMPI-D with .76; MAACL-D with .66 and .59 and CR with .72. Variations in validity

coefficients were dependent on the sample composition (Beck et al., 1988; Richter et al., 1998).

The discriminant validity of the BDI has been investigated by numerous studies. Richter et al. (1998) provide an overview of 22 studies of discriminant validity with a variety of observed and self-rating scales for levels of anxiety. These include: the F-Rating (FR) (clinical four-graded rating scale); the Covi-Skala Symptom List for assessing anxiety (CS); Taylor Manifest Anxiety Scale (TMAS); Zung Self-Rating Anxiety Scale (ZSRAS); State-Trait-Anxiety Inventory (STAI); State-Trait-Anxiety Inventory (State Skala) (STAI (S)); State-Trait-Anxiety Inventory (Trait Skala) (STAI (T)); the Multiple Affect Adjective Checklist for Anxiety (MAACL-A); Symptom Check List for Anxiety (SCL-A); and the Fear Survey Schedule Version 2 (FSS-2) (Richter et al., 1998). The Pearson product-moment correlations range from .14 with the FR to .82 with STAI (S) and STAI (T). Beck et al. (1988) acknowledge that BDI scores have been shown to be significantly related to self-reported anxiety, but Beck (1967b) maintains that the BDI's discriminant validity has a higher Pearson product-moment correlation with depression (.59) than with anxiety (.14). Beck et al. (1988) further purport that self-ratings of anxiety correlate very highly with depression, as these instruments measure some of the same symptoms, for example, loss of appetite (Beck et al., 1988). The BDI appears to suffer from social desirability response set as the correlation between the BDI and Edward Social Desirability Scale (ESDS) was found to be -.80. However, the ESDS may partially reflect self-esteem (Shaver & Brennan, 1991). The correlation coefficient between the BDI and the Marlowe-Crown Social Desirability Scale (MCSDS) was found to be -.55, which indicates a significant negative relationship (Beck et al., 1988). The BDI has therefore been criticised for reflecting social undesirability, but low self-esteem and negative attitudes towards self would be expected in individuals exhibiting depression (Beck et al., 1988). The BDI has also been accused of being more a measure of stability-instability than of depression (Meites, Lovallo & Pishkin, 1980).

5.4 RELIABILITY COEFFICIENTS

Reliability coefficients (inter-item/coefficient alpha) or internal consistency reliability (Cronbach, 1951) were calculated for the R-JFFIS and for the R-BDI for both employed and unemployed partners for this investigation. The alpha coefficient is essentially a measure of the "mean of all split-half coefficients resulting from different splittings of the test" (Cronbach, 1951, p. 297), and related to the average of all the inter-item correlations (Breakwell et al., 1995). Cronbach's alpha coefficient tends to provide a low estimate of the reliability (Anastasi, 1988; Breakwell et al., 1995; Cronbach, 1960). Nunnally (1978) suggests that reliability coefficients should be higher than .7 to assume sufficient reliability for the instrument. However, Anastasi (1988) purports that desirable reliability coefficients should lie within the .80s to .90s. As indicated below, the measures of self-esteem and depression for both employed and unemployed partners in this study fulfil Anastasi's requirements for a desirable reliability estimate.

5.4.1 Revised Janis-Field Feelings of Inadequacy Scale

The Cronbach Coefficient Alpha scores indicating reliability coefficients (internal consistency) of the R-JFFIS of general self-esteem (Hovland & Janis, 1959) for both employed and unemployed partners are high. The reliability coefficient of employed partners is .87 and .88 (for raw and standardised variables respectively) and for unemployed partners is .87 for both raw and standardised variables. These reliability coefficients are considerably higher than Eagly's (1967) estimates for internal consistency for the original scale of .72, but consistent with Eagly (1969) who obtained reliability coefficients of .88.

5.4.2 Revised Beck Depression Inventory

The reliability coefficients (internal consistency) indicated by the Cronbach Coefficient Alpha scores of the R-BDI of depression (Beck et al., 1979) for both employed and unemployed partners are again high. The reliability coefficient of employed and unemployed partners is .84 and .90 for both raw and standardised variables respectively. The reliability coefficients of employed partners is slightly lower than those found by Beck et al. (1961) for the original scale with reliability of .86, while the reliability coefficients of unemployed partners is higher.

5.5 ANALYSIS TECHNIQUES

At the outset of the analysis, it was evident that the scores for the R-BDI for employed and unemployed partners were positively skewed and not normally distributed. Since the underlying assumption of the analysis tests used in the study require scores that are normally distributed, it was necessary to perform a log transformation of the R-BDI scores for employed and unemployed partners to obtain normally distributed scores prior to effecting the hypothesis tests.

Before considering the analysis techniques, a restatement of the aims (Section 1.2) and the appropriate hypotheses (Section 4.4), which address these respective aims of this study, are provided in Table 2 in summarised form as an overview. The hypothesis tests outlined below in this analysis section address the primary aims of the research. In order to address the secondary aim of the research, that is, to describe and compare employed and unemployed partners with regard to biographical and psychosocial variables, a Chi-square test of association (Howell, 2002) was used to determine if there is a significant relation between each of the categorical psychosocial and biographical variables and the categorical variable of employment status.

Table 2 Summary of Aims and Hypotheses of the Research

AIM	HYPOTHESIS

PRIMARY AIMS	
(a) To investigate if unemployed partners have decreased psychological well-being, that is, lower self-esteems and higher depression levels, compared to their employed long-term partners.	(I) Unemployed gay men in long-term monogamous partnerships have lower levels of self-esteem than their employed partners. (II) Unemployed gay men in long-term monogamous partnerships have higher levels of depression than their employed partners.
(b) To investigate whether self-esteem and depression are negatively correlated.	(III) Self-esteem correlates negatively with depression in employed and unemployed gay men in long-term monogamous partnerships.
(c) To investigate whether these measures of psychological well-being are influenced by a variety of different biographical and psychosocial variables.	(IV) There is a relation between self-esteem and the biographical and psychosocial variables in employed and unemployed partners. (V) There is a relation between depression and the biographical and psychosocial variables in employed and unemployed partners.
SECONDARY AIM	
To describe and compare employed and unemployed partners with regard to biographical and psychosocial variables.	

5.5.1 Procedures to Test/Assess Hypotheses

(i) ***Primary Hypothesis Tests***

- ***Tests for Hypotheses (I) and (II)***

In typical dyadic designs involving pairs, for example married couples, the problem of interdependence can be alleviated if there is a fixed variable that allows them to be differentiated as distinguishable members, for example, gender becomes a distinguishing fixed factor in heterosexual couples (Kenny, 2004). However, in same sex couples where there is no distinguishing fixed factor, an intraclass correlation is often used (Howell, 2002). In the present study however, despite having same sex couples, the factor of employment status provides the distinguishing factor. Moreover, employment is the fixed factor at two levels, as employment and unemployment are the specific two levels of employment under consideration. Couples can be considered to be randomly drawn from the population of couples and thus the fixed factor of employment status becomes nested within the random factor of couple. This results in a kind of repeated measures design, where the couple and not the individual is the unit of analysis. As such, the mixed model with the fixed factor of employment status (2 levels: employed and unemployed) nested within the random factor couple (56 levels) (Hays, 1974) is employed to account for the relatedness between the couples when the research questions are examined.

The mixed effect model (with the fixed factor of employment status nested within the random factor couple) ANCOVA (Analysis of Covariance) was utilised to test hypotheses (I) (unemployed partners have lower levels of self-esteem than their employed partners) and (II) (unemployed partners have higher levels of depression than their employed partners) (Section 4.4.1) with possible covariates. The ANCOVA, is a parametric test that requires data on at least an interval scale and these data are assumed to be continuously distributed (Breakwell et al, 1995; Rosnow & Rosenthal, 1996), as is evident for both the R-JFFIS scale and the R-BDI scale. The ANCOVA is a form of statistical control which shows the relation between a categorical

independent variable (employment status in this study) and a quantitative dependent variable (self-esteem and depression in the present study), after statistically controlling for one or more quantitative extraneous variables, for example, age. Therefore, the ANCOVA is used to test for differences between employed and unemployed groups controlling for initial differences between the groups on psychosocial and biographical variables, some of which needed to be controlled; for example age with regard to self-esteem, and health and education with regard to depression. For completeness, a related-groups *t*-test was also used to test hypotheses (I) and (II) through a comparison of the means of the two groups, to see if the two groups differ with regard to each of the dependent variables, that is, self-esteem and depression without controlling for the psychosocial and biographical variables.

- *Test for Hypothesis (III)*

Hypothesis (III) (self-esteem correlates negatively with depression in employed and unemployed partners) was tested by means of the significance of the Pearson product-moment correlation, which is once again a parametric test that requires data on an interval scale and a normal distribution (Wood, 1974). Again these data are assumed to be continuously distributed, as is evident for both the R-JFFIS scale and the R-BDI scale. The degree of linear relationship between the two variables is indicated by the magnitude of the Pearson correlation value which ranges from –1.00 to +1.00. The closer to –1.00 or +1.00, the greater the degree of linear relationship between the two variables, and the closer to zero, the less the degree of linear relationship between the variables (Nunnally, 1978). Low (weak) rank-order correlations were regarded as those values less than .3, moderate (middle) rank-order correlations as values between .3 and .5, while strong (high) rank-order correlations were values above .5. The direction of relationship is indicated by the negative and positive signs. A negative relationship indicates that when one variable is high the other is low and vice versa, and a positive relationship indicates when one variable is high or low, the other is also high or low respectively.

A rank-order correlation value of .5 indicates that 25% of the variance between the variables is explained by that correlation (Rust & Golombok, 1989).

(ii) ***Secondary Hypothesis Tests***

- *Test for Hypotheses (IV) and (V)*

Hypotheses (IV) (self-esteem is related to biographical and psychosocial variables in employed and unemployed partners) and (V) (depression is related to biographical and psychosocial variables in employed and unemployed partners) were tested by stepwise multiple regression analysis. This analysis systematically tests the significance of the contribution of each predictor variable in the presence of the contribution of other predictors. This implies that there are many predictors of the criterion with regard to each hypothesis and each predictor variance explains different aspects of the criterion variance (Nunnally, 1978). The multiple regression equation is based on the correlation of each predictor with the criterion as well as on the intercorrelations between the predictors. The predictor which provides the greatest explanation of the variance of the criterion variable and the smallest amount of overlap with the rest of the battery is allotted the highest weight (Anastasi, 1988). Each predictor is weighted in direct proportion to its correlation with the criterion and in inverse proportion to its correlations with the other predictors when calculating a multiple regression equation. The multiple correlation (R) is the correlation between the weighted combination of predictor variables and the criterion variable (self-esteem and depression) and R^2 is the amount of variance of the criterion variable that is explained by the weighted combination of the predictor variables (Anastasi, 1988). ß values provide the variance explained by each of the respective predictors in the presence of the other predictors (Scott & Wertheimer, 1962). p is the probability that the regression weight would be found purely by chance or by error (assuming that the true weight is in fact 0). For example, if p = .0001 then there is a .01% chance that the regression weight was found purely by chance and a good chance that the regression slope, and thus the explanatory contribution of the predictor, is

real, that is, not equal to 0. For completeness, Pearson correlations were also computed for each of the psychosocial and biographical variables with self-esteem and depression respectively of employed and unemployed partners respectively.

A laptop computer with SAS Version 9.1 (English) ®[4] and a personal computer with STATISTICA (data analysis software system) Version 6 (English) ®[5] were utilised, via the Components of Variance Module of the advanced linear and non-linear ANCOVA, to calculate the hypothesis tests previously mentioned.

5.6 RESEARCH LIMITATIONS

Limitations in this research study include the sampling strategy and thus the external validity of the study, and the reliability or internal validity of the research design.

5.6.1 Internal Validity

The following possible biographical and psychosocial variables and their plausible rival hypotheses that could threaten the internal validity of the research that were taken into account during the research include: age; education; duration of partnership; perceived health; choice of employment role; HIV status; perceived social support; economic status; openness with regards to sexual orientation; ethnic origin and duration of unemployment. However, other possible biographical and psychosocial variables that have not been controlled for, and that could further reduce the internal validity of this research study, include: stressful life events (for example, contemplation of emigration, moving home) (Nott & Vedhara, 1995; Rasario et al., 1996; Vedhara & Nott, 1996); bereavement (Gluhoski, Fishman & Perry, 1997); stigma (Cadwell, 1991; Land et al., 2003; Luhtanen, 2003); or victimisation due to sexual orientation (D'Augelli

[4] ® SAS is the registered trademark of the SAS Institute Inc. NC, USA.
[5] ® STATISTICA is the registered trademark of the Statsoft Inc.

& Grossman, 2001; Otis & Skinner, 1996); internalised homophobia (Grossman, D'Augelli & O'Connell, 2001; Nicholson & Long, 1990); sexual identity (Crawford et al., 2002; Zea, Reisen & Poppen, 1999); racial-ethnic identity (Crawford et al., 2002; Sanitioso, 1999); body image (Volker & Harmon, 1998); erectile dysfunction (Shires & Miller, 1998); pet ownership (Siegel, Angulo, Detels, Wesch & Mullen, 1999); substance abuse (Sullivan & Wodarski, 2002); racism (Diaz, Ayala, Bein, Henne and Marin, 2001); religious beliefs (Hong & Giannakopoulos, 1994; Woods, Antoni, Ironson & Kling, 1999); and terminal illness, among others.

5.6.2 External Validity

The external validity, that is, the extent to which the results of this research can be generalised to other populations or circumstances is relatively low, as the results will only be generalisable to gay men involved in long-term monogamous partnerships in South Africa, and does not reflect all types of gay couples involved in long-term monogamous partnerships in South Africa (see Section 5.1.3 on sampling strategy). In addition, the use of non-probability sampling limits the generalisability to the target population.

5.7 ETHICAL CONSIDERATIONS

While subjects were not exposed to any major risks or active deception in this particular research study, ethical considerations remained paramount. Subjects were informed that the questionnaire was part of a study designed to learn more about gay monogamous partnerships. Subjects participated via informed consent, that is, the subjects were informed of the need for the invasion of their privacy in order to gather the information required. The subject consent form (Appendix A, 9.1 and Appendix B, 9.3) includes the protection of confidentiality and anonymity and the voluntary nature of subject participation. Questionnaires were coded before being completed by the respondents so that they could be identified as a pair without identifying them as individuals.

CHAPTER 6
RESULTS

6.1 INTRODUCTION

In this chapter of the study, the results are presented in two parts.

- In the first part, basic descriptive statistics of the biographical and psychosocial variables of employed and unemployed partners are described and compared. This part is of value for understanding the groups and identifying differences between the groups as well as the possible significant covariates in later analyses, thus fulfilling the secondary aim (Section 1.2) of the research.
- In the second part, the results and applications of the analyses are outlined with reference to the hypotheses and the biographical and psychosocial variables, and thus addresses the primary aims of the study, that is comparing self-esteem and depression of employed and unemployed partners, and the relation between self-esteem and depression in both partners.

6.2 BASIC DESCRIPTIVE STATISTICS

The statistics of each of the biographical and psychosocial variables investigated, that is, age of the respondents; highest level of education; length of relationship; employment status; choice regarding their employment status; perceived health; HIV status; ethnic group; perceived social

support; openness with regard to sexual orientation; economic status and duration of unemployment (for unemployed respondents), are described individually below.

6.2.1 Age

The mean age of employed partners is 40.5 years, with ages ranging from 20 years to 63 years. The mean age of unemployed partners is 33.8 years, with ages also ranging from 20 years to 63 years (Table 3). Sixty-one percent of unemployed partners are under 35 (the median of the total group) and 39% are older than 35, while in employed partners almost two thirds (63%) are older than 35 and thirty-eight percent are younger than 35. The mean age difference is 6.7 years and is significant at the 5% level ($\chi^2 = 6.04$; $df = 1$; $p < .05$)†**,** which indicates that the two groups are not comparable on age and that age could be a possible covariate in later analysis.

Table 3 Table of Frequencies of Age for Employed and Unemployed Partners and Chi Square Test Results

	EMPLOYED		**UNEMPLOYED**		**CHI-SQUARE**	
AGE	**Frequency**	**Percent**	**Frequency**	**Percent**	**χ^2**	***p***
≤ 35	21	37.5	34	60.7		
> 35	35	62.5	22	39.3	6.04 †	0.014 †

6.2.2 Education

Table 4 provides information on the level of education of employed partners. Approximately a quarter (23%) of employed partners have up to a secondary education, compared to about a half (48%) of unemployed partners. About three-quarters (77%) of employed partners have tertiary education and one third (34%) have post-graduate degrees. About half (51%) of unemployed partners have tertiary education, while 11% have post-graduate degrees. A Pearson Chi-square test performed on education status indicates that there is a significant difference between the

education of employed and unemployed partners at the 1% level for secondary versus tertiary education in employed and unemployed partners (χ^2 = 7.62; *df* = 1; $p \leq .01$) †, and for postgraduate versus bachelors degrees/secondary education in employed and unemployed partners (χ^2 = 8.7; *df* = 1; $p \leq .01$) ‡, suggesting another significant intergroup difference and that education may be a covariate for future analyses.

Table 4 Table of Frequencies of Education Categories for Employed and Unemployed Partners and Chi-Square Test Results

	EMPLOYED		UNEMPLOYED		CHI-SQUARE	
EDUCATION	**Frequency**	**Percent**	**Frequency**	**Percent**	χ^2	***p***
Grade 8	0	0	1	1.8		
Grade 10	2	3.6	3	5.4		
Grade 11	0	0	2	3.6		
Grade 12	11	19.6	21	37.5	7.6 †	0.0058 †
Diploma	18	32.1	16	28.6		
Bachelors Degree	6	10.7	7	12.5		
Honours	5	8.9	4	7.1		
Masters	5	8.9	1	1.8	8.7 ‡	0.0032 ‡
Doctorate	9	16.1	1	1.8		

† Comparison of secondary versus tertiary.
‡ Comparison of secondary and bachelors combined versus postgraduate degrees.

6.2.3 Length of Relationship

The frequency distribution for length of relationship is provided in Table 5. Approximately a third (30%) of couples have been together for between 2-5 years and a further 20% for 1-2 years and 23% for 5-10 years. Over a quarter (27%) of couples have been involved for between 10 and 33 years. The average length of relationship is 7.3 years, with a range from one to thirty-three years.

Table 5 Table of Frequencies of Length of Relationship for Gay Male Couples

LENGTH OF RELATIONSHIP		
Length (Years)	**Frequency**	**Percent**
1 ≤ 2	11	19.6
2 ≤ 5	17	30.3
5 ≤ 10	13	23.2
10 ≤ 15	8	14.3
15 ≤ 20	3	5.3
20 ≤ 30	2	3.5
≤ 30	2	3.5

6.2.4 Choice of Employment Status

Approximately eighty-five percent of employed partners indicated that their employment status was one of personal choice, 2% felt their employment status was due to both external circumstances and personal reasons, while approximately 14% maintained that their employment status was due to external circumstances (Table 6). Only 41% of unemployed partners felt their employment status was due to personal choice, while 51% felt it was due to external circumstances. Eight percent indicated their status to be the result of both these criteria. The difference in choice of employment status categorised as personal choice versus external circumstances for employed and unemployed partners was found to be highly significant (χ^2 = 18.8; df = 1; $p \leq .001$)†, indicating another significant intergroup difference and that choice of employment status could be a possible covariate during analyses.

Table 6 Table of Frequencies of Employment Status Choice for Employed and Unemployed Partners and Chi-Square Test Results

	EMPLOYED		UNEMPLOYED		CHI-SQUARE	
CHOICE	**Frequency**	**Percent**	**Frequency**	**Percent**	χ^2	***p***
Personal Choice	44	84.6	20	40.8	18.82 †	0.000014 †
External Circumstances	7	13.5	25	51.0		
Personal and External	1	1.9	4	8.2		

Note. Four employed and seven unemployed partners did not indicate their choice of employment status.

6.2.5 Perceived Health

Slightly more than half (54%) of both groups of employed and unemployed partners rated their physical health as very good, and approximately a further third (38% and 32% respectively) of both employed and unemployed partners rated their physical health as good (Table 7). The others (13% and 9% of employed and unemployed partners respectively) rated their health as average and only one unemployed respondent rated his health as poor. Approximately 90% of all respondents rated their health as good or very good, irrespective of HIV status. A Pearson Chi

Table 7 Table of Frequencies of Perceived Health for Employed and Unemployed Partners and Chi-Square Test Results

	EMPLOYED		UNEMPLOYED		CHI-SQUARE	
HEALTH	**Frequency**	**Percent**	**Frequency**	**Percent**	χ^2	***p***
Poor	0	0	1	1.8	0.35 †	0.55 †
Average	5	8.9	7	12.5		
Good	30	53.6	30	53.6		
Very Good	21	37.5	18	32.1		

Square test computed on health categorised as very good versus good/average/poor indicated that their were no significant differences between the two groups with regard to perceived health ($\chi^2 = 0.35$; $df = 1$; $p > .05$) †.

6.2.6 HIV Status

The great majority of both employed and unemployed partners are HIV negative (86% and 80% respectively). Eleven percent of employed partners and five percent of unemployed partners are unaware of their HIV status. Although there is a slightly higher percentage of unemployed partners who are HIV positive (14%) than employed partners (4%) (Table 8), the difference in HIV status categorised as HIV negative versus HIV positive/don't know for employed and unemployed partners was found not to be significant ($\chi^2 = 0.57$; $df = 1$; $p > .05$)†.

Table 8 Table of Frequencies of HIV Status for Employed and Unemployed Partners and Chi-Square Test Results

	EMPLOYED		UNEMPLOYED		CHI-SQUARE	
HIV STATUS	**Frequency**	**Percent**	**Frequency**	**Percent**	**χ^2**	***p***
Don't Know	6	10.7	3	5.4		
Negative	48	85.7	45	80.4	0.57 †	0.45 †
Positive	2	3.6	8	14.3		

6.2.7 Perceived Social Support

No significant differences between employed and unemployed partners was evident for social support categorised as very good versus not very good ($\chi^2 = 0.21$; $df = 1$; $p > .05$)†. Approximately 70% of partners (70% and 71% of both employed and unemployed partners respectively) rated their social support as either good or very good, and about a quarter (21% and 26% respectively) of both employed and unemployed partners rated their social support as

average (Table 9). The others (7% and 4% of employed and unemployed partners respectively) rated their social support as poor, while only one employed respondent rated his social support as very poor.

Table 9 Table of Frequencies of Perceived Social Support for Employed and Unemployed Partners and Chi-Square Test Results

	EMPLOYED		UNEMPLOYED		CHI-SQUARE	
SOCIAL SUPPORT	**Frequency**	**Percent**	**Frequency**	**Percent**	χ^2	***p***
Very Poor	1	1.8	0	0		
Poor	4	7.1	2	3.6		
Average	12	21.4	14	25.5	0.21 †	0.65 †
Good	26	46.4	22	40.0		
Very Good	13	23.2	17	30.9		

Note. One unemployed partner did not indicate his perceived social support.

6.2.8 Openness with Regards to Sexual Orientation

A Chi-square test performed on openness with regard to sexual orientation categorised as 'open with friends, gay community and family' versus not 'open with friends, gay community and family', revealed no significant differences between openness with regard to their sexual orientation between employed and unemployed partners ($\chi^2 = 0.52$; $df = 1$; $p > .05$)†. Approximately 80% of employed and unemployed partners rated their openness with regard to their sexual orientation as 'open with friends, gay community and family' and 'open with all individuals' (Table 10). Approximately 20% (16% and 20% respectively) of employed and unemployed partners rated their openness with regard to their sexual orientation as 'open with

friends and gay community', and only one unemployed partner rated his openness as 'only open with friends'.

Table 10 Table of Frequencies of Openness With Regard to Sexual Orientation for Employed and Unemployed Partners and Chi-Square Test Results

	EMPLOYED		UNEMPLOYED		CHI-SQUARE	
OPEN WITH:	**Frequency**	**Percent**	**Frequency**	**Percent**	χ^2	***p***
Friends	0	0	1	1.8		
Friends & gay community	9	16.1	11	19.6		
					0.52 †	.47 †
Friends, gay community & family	28	50.0	20	35.7		
All individuals	19	33.9	24	42.9		

6.2.9 Economic Status

Table 11 illustrates the frequency of economic status. The mean monthly income is between R10, 000 and R15, 000 per month, although almost half (45%) of the couples have an income of above R15, 000 per month. Seventy-one percent of couples have a monthly income of more than R 10, 000. Only about a quarter (28%) of couples had an income of below R 10, 000 per month.

Table 11 Table of Frequencies of Monthly Income

	EMPLOYED	
MONTHLY INCOME	**Frequency**	**Percent**
< R 5 000	7	12.5
R 5 000 to R 10 000	9	16.1
R 10 000 to R 15 000	15	26.8
> R 15 000	25	44.6

6.2.10 Ethnic Origin

Sixty eight percent of employed respondents speak English as a home language; 25% speak Afrikaans; and the others are bilingual (English/Afrikaans), or speak Tswana, Zulu and Dutch respectively. Almost half (46%) of unemployed partners speak English as a home language, 39% Afrikaans, and the others speak either Zulu, German, Dutch, Portuguese, Northern Sotho or Tswana. A cross correlation matrix revealed that 93% of Afrikaans speaking employed partners are involved with Afrikaans unemployed partners, while 7% are involved with English unemployed partners (Table 12).

Table 12 Table of Frequencies of Home Language of Employed and Unemployed Partners and Chi-Square Test Results

	EMPLOYED		UNEMPLOYED		CHI-SQUARE	
HOME LANGUAGE	**Frequency**	**Percent**	**Frequency**	**Percent**	χ^2	***p***
Afrikaans	14	25	22	39.3		
Dutch	1	1.8	1	1.8		
English	38	67.9	26	46.4		
English/Afrikaans	1	1.8	0	0	5.25 †	.022 †
Tswana	1	1.8	1	1.8		
Zulu	1	1.8	3	5.4		
German	0	0	1	1.8		
N. Sotho	0	0	1	1.8	2.62 ‡	.106 ‡
Portuguese	0	0	1	1.8		

Note. † Comparison of English versus not-English. ‡ Comparison of Afrikaans versus not-Afrikaans.

English employed partners appear to be less discriminating than their Afrikaans counterparts with only 63% involved with English unemployed partners. A quarter (24%) were involved with Afrikaans unemployed partners and 5% with Zulu unemployed partners, and 3% were involved with Northern Sotho, Portuguese and German partners respectively. A significant difference at the 5% level was found in the comparison of the employed versus unemployed partners on English-speaking versus other languages ($\chi^2 = 5.25$; $df = 1$; $p \leq .05$)†, but no difference was found for Afrikaans-speaking versus other languages in employed and unemployed partners ($\chi^2 = 2.62$; $df = 1$; $p > .05$)‡.

6.2.11 Duration of Unemployment

The duration of unemployment ranges from four months to 20 years and the mean duration of unemployment is 3.4 years. About a quarter (24%) of unemployed partners have been unemployed for a year or less, about a third (32%) for one to two years and a further quarter (24%) for two to three years. The others (21%) have been unemployed for between three and twenty years, with four partners unemployed for 4-6 years and three partners unemployed for 11, 12.5 and 20 years (Table 13).

Table 13 Table of Frequencies for Duration of Unemployment of Unemployed Partners

	UNEMPLOYED	
DURATION IN YEARS	**Frequency**	**Percent**
0-1	9	23.7
1-2	12	31.6
2-3	11	23.7
3-20	8	21.0

Note. Sixteen unemployed partners did not indicate their duration of unemployment.

6.3 RESULTS OF THE HYPOTHESIS TESTS

The results of the hypothesis tests for the research are presented below.

6.3.1 Primary Hypothesis Tests

The following three research hypotheses are framed within the context of investigating the association between psychological well-being and employment status in long-term monogamous gay couples. Research hypotheses (I) (unemployed partners have lower levels of self-esteem than their employed partners) and (II) (unemployed partners have higher levels of depression than their employed partners) address the first primary aim (a) of the research, that is, the comparison of the psychological well-being of employed versus unemployed partners, and research hypothesis (III) (self-esteem correlates negatively with depression in employed and unemployed partners) addresses the second primary aim (b).

(i) ***Comparison of Psychological Well-being of Employed and Unemployed Partners***

The mixed model ANCOVA for a nested design was utilised in the respective comparisons of the levels of self-esteem and depression of employed versus unemployed partners, to test whether these unemployed partners have lower self-esteems than their employed partners; and whether these unemployed partners have higher levels of depression than their employed partners. The aforementioned variables of age; education; length of relationship; choice of employment status; perceived health; HIV status; perceived social support; openness with regard to sexual orientation; economic status and duration of unemployment were entered as possible covariates in each analysis. In the mixed model, each couple is treated as two individuals and their covariance modelled by means of random factor. As such, each individual's covariates were entered and were hence identical for variables such as length of relationship. Employment was

considered the fixed factor and couples the random factor and the factor of employment was nested within the couple factor.

- ***Comparison of Self-Esteem of Employed and Unemployed Partners***

Test for Hypothesis (I): ANCOVA for Self-Esteem

Table 14 illustrates the results of the ANCOVA for employment status. The difference, as indicated by the *F* statistic, is significant at the 1% level ($F = 9.76$, $df = 1; 80$, $p < 0.01$), after controlling for the respective biographical and psychosocial variables; implying that the difference in self-esteem, with the effect of the possible covariates controlled, is explained by employment status.

A secondary result reveals that of the biographical and psychosocial variables mentioned previously and considered in the ANCOVA, age is the only covariate that presents as highly significant for the whole sample. Age is significant at the 1% level ($F = 10.86$, $df = 1; 53$, $p < .01$), implying that the difference in self-esteem between the two groups is influenced by age. As previously indicated (see Table 3), the two groups differed significantly on age ($\chi^2 = 6.04$; $df = 1$; $p < .05$). On inspection of scatterplots of age with self-esteem (Figure 1) it is evident that there is a significant positive linear correlation, although moderate, between age and self-esteem ($r = .30$) for the whole sample. The correlation tends to indicate that older individuals have higher self-esteems than younger individuals, such that self-esteem increases with increasing age, and vice versa. Closer inspection reveals that there appears to be a curvilinear relation between age and self-esteem in employed partners, with middle-aged partners having higher self-esteem than younger and older partners. However, despite the control of the significant effect of the age covariate, the two groups differ significantly on self-esteem ($F = 9.76$, $df = 1; 53$, $p < .01$), thus the differences between the groups in self-esteem cannot be ascribed to age differences.

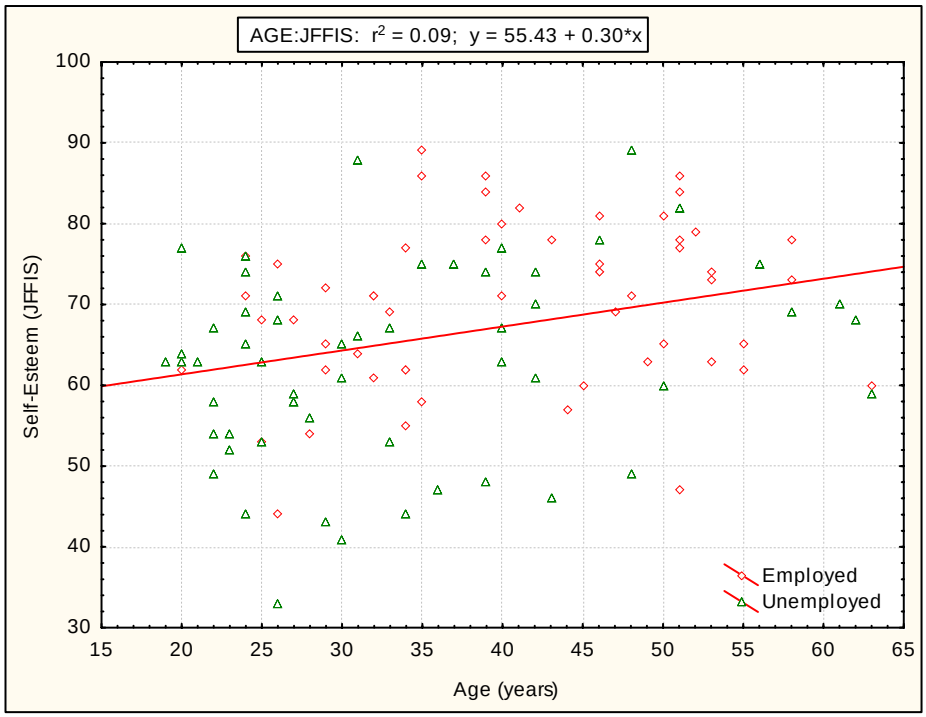
Table 14 ANCOVA for R-JFFIS Comparing Employed and Unemployed Respondents With Psychosocial and Biographical Variables Entered as Covariates

MS Type: I	**ANCOVA Results: R-JFFIS**						
	Effect (F/R)	***df* Effect**	***MS* Effect**	***df* Error**	***MS* Error**	***F***	***p***
AGE	***Fixed**	**1**	**1443.79**	**62.19**	**132.83**	**10.87**	**0.00**
R_Educ_0notertiary	*Fixed	1	36.73	62.75	131.89	0.28	0.60
LENGTH_OF_RELATION	*Fixed	1	92.04	52.89	150.75	0.61	0.44
CHOICE	*Fixed	1	217.16	80.49	101.20	2.15	0.15
R_Health_1is vgood	*Fixed	1	262.15	66.74	125.51	2.09	0.15
R_HIV+or? Is 1	*Fixed	1	0.97	60.59	135.56	0.01	0.93
R_SS_1is goodvgood	*Fixed	1	25.93	66.51	125.87	0.21	0.65
R_Open1is friends&gay&fam)	*Fixed	1	34.35	59.72	137.11	0.25	0.62
R_IncomeR10000+	*Fixed	1	7.51	47.80	163.64	0.046	0.83
Lang_1isEng	*Fixed	1	86.74	59.90	136.79	0.63	0.43
DURATION_UNEMPLOYMENT	*Fixed	1	335.88	76.53	110.25	3.047	0.09
{1}Employed1	**Fixed**	**1**	**904.54**	**80.16**	**92.66**	**9.76**	**0.00**
{2}Couple	**Random**	**53**	**150.51**	**28**	**58.28**	**2.58**	**0.00**

Note. Tests assume that entangled fixed effects are 0.

For completeness a *t*-Test was also performed, which indicated that there is a significant difference between self-esteem of employed and unemployed partners. The *t* statistic is significant at the 1% level ($t = 4.39$, $df = 55$, $p < .0001$), without taking the biographical and psychosocial variables into account.

Figure 1 Scatterplot of the Correlation Between R-JFFS and Age for Both Employed and Unemployed Respondents



The mean self-esteem scores of the levels of the independent variables, that is, unemployed and employed, were calculated. The mean for employed subjects on the R-JFFIS is 70.1, while that of unemployed subjects is 62.8 (Table 15). The mean difference in self-esteem is 7.3. The range of self-esteem scores for employed partners lies between 44 and 89 with a standard deviation of 10.18; and for unemployed partners self-esteem scores range from 33 to 89 with a standard deviation of 11.99. The data thus supports the hypothesis that unemployed gay men in long-term monogamous partnerships have lower levels of self-esteem than their employed partners.

Table 15 Table Representing Simple Statistics of Self-Esteem Scores of Employed and Unemployed Partners, Including Means, Standard Deviations, Median and Ranges

Self-esteem on R-JFFIS						
Independent variable	**N**	**Mean**	**Std Dev**	**Median**	**Range Minimum**	**Range Maximum**
Employed partners	56	70.05	10.19	71	44	89
Unemployed partners	56	62.77	11.99	63	33	89

- ***Comparison of Depression of Employed and Unemployed Partners***

Test for Hypothesis (II): ANCOVA for Depression

The results of the ANCOVA to determine whether the employed and unemployed partners differed with regard to depression are presented in Table 16. The difference in depression scores between employed and unemployed partners is not significant after controlling possible covariate effects, and thus not explained by employment status ($F = 0.43$, $df = 1; 48$, $p > .05$). A *t*-test also revealed that no significant differences ($t = 1.53$, $df = 47$, $p < .132$) in depression between employed and unemployed partners were evident independent of the biographical and psychosocial variables.

Again, of the biographical and psychosocial variables considered, namely: age; education; length of relationship; choice of employment status; perceived health; HIV status; perceived social support; openness with regard to sexual orientation; economic status and duration of unemployment, the difference in depression scores of the two groups is primarily explained by health and education. Health is highly significant at the 1% level ($F = 7.93$, $df = 1; 48$, $p < .01$) and education is significant at the 5% level ($F = 6.68$, $df = 1; 48$, $p < .05$).

Table 16 ANCOVA for R-BDI Comparing Employed and Unemployed Respondents With Psychosocial and Biographical Variables Entered as Covariates

MS Type: I	ANCOVA Results: logR-BDI						
	Effect	***df***	***MS***	***df***	***MS***	***F***	***p***
	(F/R)	**Effect**	**Effect**	**Error**	**Error**		
AGE	*Fixed	1	0.99	54.54	0.71	1.39	0.24
R_Educ_0notertiary	***Fixed**	**1**	**4.73**	**55.38**	**0.71**	**6.68**	**0.01**
LENGTH_OF_RELATION	*Fixed	1	2.49	43.78	0.74	3.39	0.07
CHOICE	*Fixed	1	0.03	64.89	0.64	0.04	0.84
R_Health_1is vgood	***Fixed**	**1**	**5.44**	**64.34**	**0.69**	**7.93**	**0.01**
R_HIV+or? Is 1	*Fixed	1	0.00	55.67	0.71	0.00	0.99
R_SS_1is goodvgood	*Fixed	1	1.96	66.16	0.68	2.89	0.09
R_Open1is friends&gay&fam)	*Fixed	1	0.39	57.64	0.70	0.55	0.46
R_IncomeR10000+	*Fixed	1	0.05	36.60	0.76	0.06	0.81
Lang_1isEng	*Fixed	1	0.64	58.91	0.70	0.92	0.34
DURATION_UNEMPLOYMENT	*Fixed	1	1.61	68.91	0.66	2.45	0.12
{1}Employment	Fixed	1	0.27	55.98	0.62	0.43	0.51
{2}Couple	Random	48	0.72	21.00	0.55	1.31	0.25

Note. Tests assume that entangled fixed effects are 0.

When considering the scatterplots of health versus depression, a significant, though moderate, negative, linear correlation exists (r = -.37, $p \leq .01$) at the 1% level, indicating that as perceived health increases, depression levels tend to decrease and vice versa. The scatterplots of education versus depression revealed a similar relation to that between health and depression. Again there is a significant, but weak, negative, linear correlation (r = -.28, $p \leq .01$) at the 1% level, suggesting that as education increases a decline in depression tends to occur and vice versa.

The mean depression scores of unemployed and employed partners were calculated without partialling for biographical and psychosocial variables. The mean for employed partners is 8.98 and 12.53 for unemployed partners (Table 17), with a mean difference of 3.55. The range of depression scores for employed partners lies between 0 and 38, with a standard deviation of 6.8. For unemployed partners, depression scores range from 0 to 36 with a standard deviation of 8.7, indicating that employed and unemployed partners have similar ranges. The results thus do not support the hypothesis that unemployed gay men in long-term monogamous partnerships have higher levels of depression than their employed partners.

Table 17 Table Representing Descriptive Statistics of Depression Scores of Employed and Unemployed Partners, Including Means, Standard Deviations, Median and Ranges

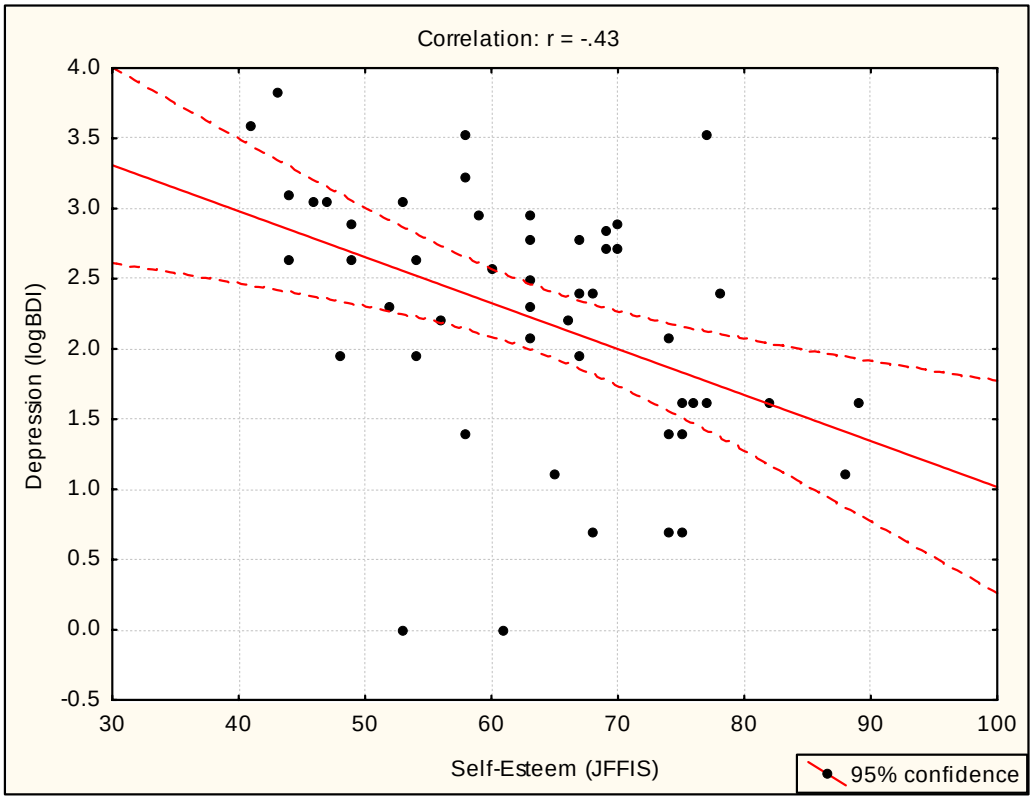
Depression on R-BDI						
Independent variable	**N**	**Mean**	**Std Dev**	**Median**	**Range Minimum**	**Range Maximum**
Employed partners	51	8.98	6.83	9	0	38
Unemployed partners	51	12.53	9.88	11	0	46

(ii) ***Relation Between Self-Esteem and Depression***

- ***Test for Hypothesis (III)***

The partial correlations between R-JFFIS and R-BDI for all respondents (both employed and unemployed) with the effects of the psychosocial and biographical variables controlled, indicates a moderate negative correlation (r = -.43; p < .05) between self-esteem and depression. The scatterplot of this relationship is illustrated in Figure 2.

Figure 2 Scatterplot of the Correlation Between R-JFFS and R-BDI for Both Employed and Unemployed Respondents



For completeness, the partial correlations between the R-JFFIS and R-BDI for employed and unemployed partners respectively are presented in Table 18. The negative correlations between self-esteem and depression in employed (r =-.49; $p < .01$) and in unemployed (r = -.43; $p < .01$) partners is moderately strong. This negative correlation for both employed and unemployed partners implies that as self-esteem increases, depression levels of that partner tend to decline and vice versa. The data therefore supports the hypothesis that self-esteem correlates negatively with depression in employed and unemployed gay men in long-term monogamous partnerships. This correlation can not be attributed to any of the aforementioned biographical and psychosocial variables.

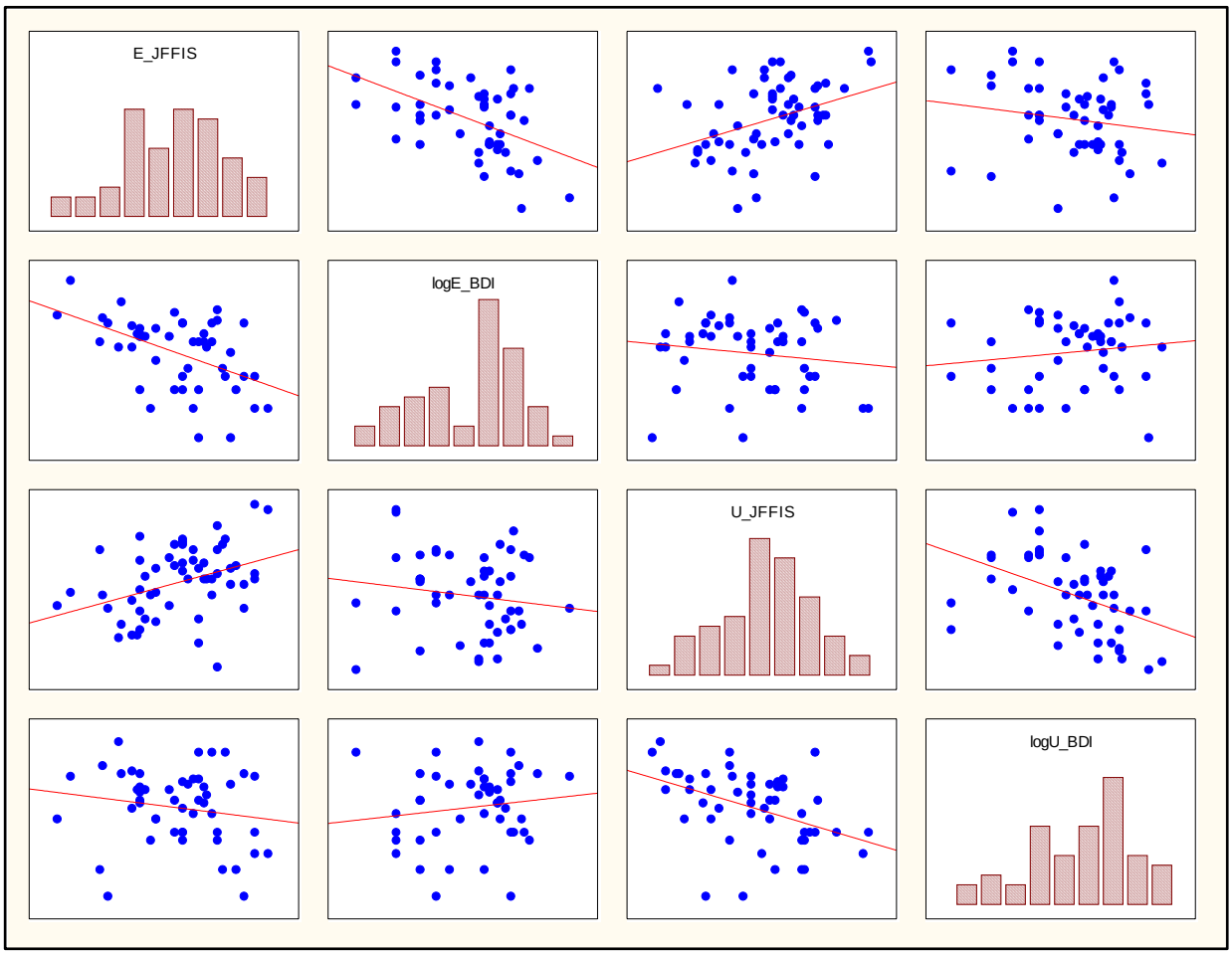
Table 18 Correlation Matrix of R-JFFIS and R-BDI for Employed and Unemployed Partners Respectively

	1	2	3	4
1. Employed Self-esteem	__	-0.49*	0.38*	-0.17
2. Employed Depression		__	-0.15	0.14
3. Unemployed Self-esteem			__	-0.43*
4. Unemployed Depression				__

* $p < .01$

The positive correlation between self-esteem of employed partners and self-esteem of unemployed partners is moderate ($r = .38$, $p < .01$), indicating that as the self-esteem of the employed partner increases, so the self-esteem of the unemployed partner tends to increase and vice versa. The correlations between employed self-esteem and unemployed depression; employed depression and unemployed self-esteem; and employed depression and unemployed depression are all very weak, -.17, -.15 and .14 respectively and not significant. The scatterplots of each of the aforementioned correlations is illustrated in Figure 3, as well as the frequency distributions of the employed and unemployed partners for self-esteem and depression.

Figure 3 Scatterplots of the Correlation Between R-JFFS and R-BDI for Employed and Unemployed Respondents Respectively and of Their Frequency Distributions



6.3.2 Secondary Hypothesis Tests

The secondary research hypotheses are also framed in the context of investigating the association between psychological well-being and employment status in long-term monogamous gay couples. They address the third primary aim (c) of the research, that is, to determine whether psychological well-being of employed and unemployed partners is influenced by a variety of different biographical and psychosocial variables.

(i) ***Influence of Biographical and Psychosocial Variables on Psychological Well-being of Employed and Unemployed Partners***

A stepwise multiple regression analysis was computed to determine which of the biographical and psychosocial variables provide the greatest explanation of self-esteem and depression in employed and unemployed partners respectively. The aforementioned variables of age; education; length of relationship; choice of employment status; perceived health; HIV status; perceived social support; openness with regard to sexual orientation and economic status were entered as possible covariates in each analysis. As previously mentioned in Section 5.5.1, Pearson correlations were also computed for each of the psychosocial and biographical variables with self-esteem and depression respectively, of employed and unemployed partners respectively. These are presented in Appendix C.

- ***Influence of Biographical and Psychosocial Variables on Self-esteem of Employed and Unemployed Partners***

Test for Hypotheses (IVa) and (IVb): Self-Esteem of Employed and Unemployed Partners

The Pearson correlation for both employed and unemployed partners indicates that age is significantly positively correlated with self-esteem, albeit moderately in employed partners (r = 0.40, $p < .01$) and weakly in unemployed partners (r = 0.29, $p < .01$). Income has a significant, moderate, positive correlation (r = 0.34, $p < .05$) with self-esteem of employed partners only. However, the results of the stepwise multiple regression analysis for self-esteem of employed and unemployed partners are presented in Table 19 and 20 respectively, and indicate that in the presence of the other the biographical and psychosocial variables neither age nor income are significant. Thus, none of the biographical or psychosocial variables considered, contributed significantly to self-esteem of either employed or unemployed partners. Length of relationship presents as the greatest predictor of self-esteem in unemployed partners, albeit not significant at the 5% level (R^2 = .66; ß = .26; $p >$.05). The data therefore fails to support the hypothesis that

there is a relation between self-esteem and the biographical/psychosocial variables investigated with regard to both employed and unemployed gay men.

Table 19 Summary of Stepwise Regression Analysis for Variables Predicting Self-Esteem in Employed Partners

	Beta	**Std. Err. of Beta**	***B***	**Std. Err. of *B***	***t*(53)**	***p*-level**
Intercept			61.22	5.26	11.65	0
R_SS_1is goodvgood	0.18	0.14	3.91	3.02	1.29	0.20
AGE	0.16	0.14	0.15	0.13	1.16	0.25

Note. F (2.53) = 2.10; $p < .13$; Std. Error of estimate: 1.00.

Table 20 Summary of Stepwise Regression Analysis for Variables Predicting Self-Esteem in Unemployed Partners

	Beta	**Std. Err. of Beta**	***B***	**Std. Err. of *B***	***t*(54)**	***p*-level**
Intercept			59.83	2.18	27.50	0
LENGTH_OF_RELATION	0.26	0.13	0.41	0.21	1.95	0.06

Note. R =.26; R^2 =.07; Adjusted R^2 = .05; $F(1.54) = 3.78$; $p < .057$; Std. Error of estimate: 11.70.

- ***Influence of Biographical and Psychosocial Variables on Depression of Employed and Unemployed Partners***

Test for Hypothesis (Va): Depression of Employed Partners

The variable that provides the greatest explanation of variance in depression of employed partners, as shown by the stepwise multiple regression analysis ($R = .34$; $R^2 = .12$), is perceived health, presented in Table 21. Perceived health explains 11.5% of the variance in depression of

employed partners and is significant at the 5% level, where ß = -.34; p = .017. The negative ß value of -.34 indicates that health is moderately negatively correlated with depression in employed partners, indicating that as perceived health increases, depression levels tend to decrease and vice versa. The same correlation was found when computing a Pearson correlation between perceived health and depression, and no other variables were found to be significant. Age is the next predictor and explains a further 3.4% of the variance in depression, albeit not significant at the 5% level (ß = -.30, p = .069) and therefore not presented in Table 21. The data therefore supports the hypothesis that there is a relation between depression and the biographical and psychosocial variables investigated with regard to employed gay men. Specifically, it is perceive health that explains the variance in depression.

Table 21 Summary of Stepwise Regression Analysis for Variables Predicting Depression in Employed Partners

	Beta	**Std. Err. of Beta**	***B***	**Std. Err. of *B***	***t*(47)**	***p*-level**
Intercept			2.17	0.14	15.51	0
R_Health_1is vgood	-0.34	0.14	-0.57	0.23	-2.48	0.02

Note. R =.34; R^2 =.12; Adjusted R^2 =.10; F(1.47) = 6.13; p < .017; Std. Error of estimate: .78.

Test for Hypothesis (Vb): Depression of Unemployed Partners

The Pearson correlation indicates that perceived health, education and social support all have significant, moderate, negative correlations with depression in unemployed partners: perceived health (r = 0.38, p < .01), social support (r = 0.36, p < .05) and education (r = 0.31, p < .05). After the stepwise multiple regression analysis had been computed (R = .38; R^2 = .14), presented in Table 22, perceived health again presented as the greatest predictor of depression in unemployed partners. Perceived health is significant at the 1% level and explains 13.36% of the

variance in depression of unemployed partners on its own. The ß value of -.38 again indicates that as perceived health increases depression levels tend to decrease. Perceived social support is the next predictor in the multiple regression analysis, as was also evident in the Pearson correlations; but with other variables considered, social support is not significant at the 5% level. The same was also true for education. The data therefore supports the hypothesis that there is a relation between depression and the biographical and psychosocial variables investigated with regard to unemployed gay men. Perceived health provides the greatest explanation of depression, followed by social support and education.

Table 22 Summary of Stepwise Regression Analysis for Variables Predicting Depression in Unemployed Partners

Unemployed	**Beta**	**Std. Err. of Beta**	***B***	**Std. Err. of *B***	***t*(48)**	***p*-level**
Intercept			2.45	0.14	17.03	0
R_Health_1is vgood	-0.38	0.13	-0.72	0.25	-2.84	0.007

Note. R =.38; R^2 =.14; Adjusted R^2 =.13; $F(1.48) = 8.07$; $p < .007$; Std. Error of estimate: .84.

CHAPTER 7
DISCUSSION AND CONCLUSION

7.1 DISCUSSION OF THE RESULTS

7.1.1 Comparison of Psychological Well-being of Employed and Unemployed Partners

(i) *Self-Esteem*

The results of the present study indicate that unemployment is associated with psychological consequences for the unemployed individual. It demonstrated that unemployed partners reported significantly lower levels of self-esteem (as measured by the R-JFFIS) than their employed partners. The negative relation between unemployment and self-esteem relate to other findings in the literature. They are consistent with the results of cross-sectional and longitudinal studies by Brenner and Bartell (1983); Goldsmith et al. (1996); Payne and Hartley (1987); Rowley and Feather (1987); Sheeran et al. (1995) and Tiggemann and Winefield (1984). However, one overarching question remains. What is it about unemployment that contributes to a low self-esteem? Section 3.3 described a variety of proposed theoretical models that account for the negative psychological impact of unemployment on self-esteem. The models described include the functional theory of Jahoda (Jahoda, 1981, 1982); the agency restriction model (Fryer, 1992); the vitamin model (Warr, 1987); the stage theory (Eisenberg & Lazarsfeld, 1938); the learned helplessness theory (Abramson et al., 1978; Peterson & Seligman, 1984); the expectancy-value

theory (Feather, 1992; Feather & Barber, 1983) and the life span developmental theory (Erikson, 1963, 1980).

To explore the precise nature of the employed or unemployed experience was beyond the scope of this investigation, but it is acknowledged from the literature reviewed, that not all employment enhances self-esteem and other aspects of psychological well-being and that not all unemployment has negative psychological effects on the unemployed individual. However, when considering the significant difference in self-esteem between employed and unemployed partners when all biographical and psychosocial variables have been controlled, it is clear that there is a relation between psychological well-being and employment status. It is safe to assume that in general the employed and unemployed environments are not the same and that possibly these environments have differential effects on psychological well-being, although one could also argue that unemployment results from low-self-esteem. Nonetheless, the first obvious difference between these two environments is the lack of financial remuneration in the latter. This is accounted for in Jahoda's (1981) functional theory as the loss of the manifest function of employment and in Warr's (1987) vitamin model as the loss of availability of money, which he lists as one of the nine environmental features that can affect mental health. Fryer's (1992) agency approach affords financial deprivation a central role in the explanation of the psychological consequences of unemployment, except his theory focuses on the psychological burdens of material relative poverty and hardship, which may not apply in this case, as the unemployed partners are presumably being provided for by their respective partners. However, the lack of generating a financial income reportedly has indirect effects over and above the direct effect of not earning a salary. Jahoda (1981) and Warr (1987) assert that the lack of financial remuneration is indirectly linked to aspects of well-being, such as a sense of self value and status, and Warr further suggests that this impinges on an individual's locus of control. Ullah (1990) proposes that a lack of income generation may also contribute to psychological factors,

such as frustrated motivations and no clear sense of purposeful activity, although he recognises that, since loss of income and employment occur concurrently, it is impossible to ascertain their associated and unrelated contributions to psychological well-being. Interestingly, the present study found that income above R 15,000 per month was moderately, positively related to self-esteem in employed partners, providing further possible evidence for the direct effect of generating an income, although it may be that individuals with higher self-esteem have a greater ability to generate money. However, it must be noted that this relation was not significant when using a multiple regression. Nonetheless, the importance of considering financial circumstances when studying the psychological effects of employment status is emphasised by Payne and Hartley (1987), even though they report moderate to small negative correlations of unemployment with psychological well-being.

Other differences between an employed and unemployed environment relate to the requirements of that environment. Unemployed individuals do not have an imposed set of requirements like the goals, structures, and routines placed on employed individuals, and they have to rely on their own initiative to structure their time. Feather and Bond (1983) found that unemployed individuals exhibited less routine, less direction and less engagement in their use of time, such that they were less organised and had less purpose. This lack of imposed requirements concurs with Jahoda (1981), who maintains that unemployment results in decrements of latent variables and results in less structured time; irregular activity; reduced interaction with people holding some common goal; less purposefulness; restriction of social experience; and less social contact. According to Warr (1987) a lack of a further four of his nine environmental features can affect mental health as a result of unemployment. These include: a lack of externally generated tasks and goals; less opportunity for interpersonal contact; less opportunity for skill use and less variety. Moreover, Jahoda et al. (1933/1971) reported that unemployed individuals became apathetic and engaged in aimless activities. More recent research indicates that how unemployed

individuals utilise their time has profound influences on the psychological impact of unemployment, such that purposeful activities that maintain regular social contact outside of the nuclear home have beneficial effects (Feather & Bond, 1983; Kilpatrick & Trew, 1985; O'Brien & Feather, 1990; Warr & Jackson, 1985; Winefield et al., 1992a). Feather and Bond (1983) further suggest that higher education levels are associated with the development of time structuring skills and in developing a sense of purpose and autonomy. In this study, the unemployed partners were found to be significantly less educated than their employed partners and it is possible that this may have contributed to the difference in self-esteem in an indirect manner. Nonetheless, it must be noted, as previously mentioned, that no causality can be inferred between unemployment and self-esteem, since it is possible that those individuals who were low in self-esteem were initially less likely to obtain employment and that a general lack of purpose and time structure contributed to their unemployment.

A further difference between the psychological well-being of employed and unemployed individuals may be due to the development of particular causal attributions in unemployed individuals as proposed by the learned helplessness theory, and influenced by their particular experience of the labour market. Expectancy-value theory suggests that failure to obtain employment depletes expectations and meaningful goals (values) and results in changes in self-evaluation and self-esteem, consequently having cognitive and affective implications. Moreover, unemployed individuals may be excluded from an important role, experience depletion in competence and with the aforementioned decrements, possibly result in diminished life satisfaction and self-esteem. In contrast, success of employed individuals possibly leads to opposite attributions, with a greater emphasis on motivation and labour, and less emphasis on externality. It is interesting that, even though choice of employment status was found to be significantly different between the employed and unemployed partners and that choice of

employment status was therefore controlled, it is still the unemployed partner who appears to be less fulfilled than the employed partner.

A secondary finding that emerged from the study was that age was found to be positively related to self-esteem in both employed and unemployed partners collectively. The trend for self-esteem of older individuals to be significantly higher than younger individuals is in accordance with the research of Ben-Zur (2002); Hong et al. (1993); Hong and Giannakopoulos (1994); Rodriguez (1997) and Rowley and Feather (1987), who also found that self-esteem tends to increase with increasing age. Moreover, a curvilinear relation was found in the present study between age and self-esteem in employed partners.

A possible explanation for the positive linear relation for the whole sample may be that older persons have an inclination to perceive life events more positively than younger ones, as suggested by Hong et al. (1993), and that consequently mature individuals become more able to assess life events more proficiently and evaluate themselves less severely, therefore having a greater propensity to endure their unfavourable experiences. The conception that individuals of different ages are confronted with different challenges has been emphasised by several life span developmental theories, like that of the theory of eight epigenetic psychosocial stages proposed by Erikson (1963, 1980) (see Section 3.3.7). Erikson (1963) maintains that individuals who do not manage to resolve the conflict between identity versus identity confusion, are not able to successfully develop mature interpersonal relationships and intimacy with a significant other. Hook et al. (2002) suggest that Erikson marginalises any image of a healthy homosexual development and mutuality. This aside, the present study brings Erikson's life span developmental theory into question, as unemployed individuals who have possibly never worked may then, according to Erikson, not have been able to formulate a secure occupational identity, and consequently will not be able to successfully develop mature interpersonal relationships and

intimacy with a significant other. However, all unemployed partners in this study are involved in long-term monogamous partnerships, indicating an ability to develop mature interpersonal relationships and intimacy with a significant other.

Nonetheless, age in the present study was found to significantly contribute to the difference in self-esteem between the employed and unemployed groups. A possible explanation for these age differences may be that the younger individuals are in the process of 'life formation' through asserting their independence; becoming their own person; developing strategies for handling significant life events; striving for goals and direction in life and developing a sense of self-worth. The latter part of the present age range may contain individuals who are settled, mature and focus on achieving their aspirations (Hong & Giannakopoulos, 1994). It appears that increasing age facilitates "certain inherent stress-related changes" (Ben-Zur, 2002, p. 360); thus, as people mature, their accomplishments increase and their ambitions decrease until the disparity between the two eventually abates. Therefore, since satisfaction is higher when the disparity between accomplishments and ambitions is small, it is possible that older individuals would be more likely to be more satisfied with their lives (Hong & Giannakopoulos, 1994) and consequently have higher levels of self-esteem.

With regard to the curvilinear association between age and self-esteem in employed partners, younger (20-33 years) and older (50-63 years) employed partners tend to have lower self-esteem levels than middle-aged (34-49 years) employed partners. These findings are inversely congruent with those of Hepworth (1980); Warr (1982, 1990); Warr and Jackson (1984, 1985) and Warr et al. (1988), who found that younger and older unemployed individuals experienced the least psychological distress during unemployment, while middle-aged unemployed individuals experienced the greatest distress. Thus, it may be that since the middle age group tend to have the highest levels of self-esteem, probably due higher valued position and social status, that they

would probably experience the greatest distress when unemployed. However, after controlling for the respective biographical and psychosocial variables investigated, including age, the difference in self-esteem between employed and unemployed partners was still significant, implying that this difference is explained by employment status, and not to age differences between the two groups. Notwithstanding, a causal relation can still not be concluded as other possible explanatory variables not included in the study may be causally linked. These results nevertheless provide support for the first hypothesis: that unemployed partners have lower self-esteem levels than their partners. It is worth noting that self-esteem of employed and unemployed partners was found to correlate moderately (r = .38) but positively, indicating that individuals with similar self-esteem levels tend to become involved and form a partnership.

(ii) ***Depression***

With regard to hypothesis (II) (unemployed partners have higher depression levels than their employed partners), a superficial inspection of the mean difference in depression between employed and unemployed partners indicates a similar trend in psychological well-being as was found with self-esteem. However, no significant difference was found with regard to depression in employed and unemployed partners. Alternatively, of the biographical and psychosocial variables considered, namely: age; education; length of relationship; choice of employment status; perceived health; HIV status; perceived social support; openness with regard to sexual orientation; economic status and duration of unemployment, the difference in depression scores of the two groups was primarily explained by perceived health and education.

Interestingly, of the 5-point Likert-type scale provided for rating perceived health, only the latter three categories were used (apart from one respondent), such that 90% of all respondents rated their health as good or very good (only using the upper two categories of the Likert scale), even when respondents were HIV positive. Perhaps because the gay community has been under so

much scrutiny by the media since the advent of AIDS, especially in relation to HIV/AIDS and health, that gay men possibly defensively overrate their perceived health. Yet perceived health, albeit perhaps overrated, must be a sensitive issue as it is negatively related to depression. Thus, since it appears that the respondents overrated their level of health, a more rigorous health rating scale might be required in future studies. However, all other research studies that investigated perceived health, also employed the use of a self-rating Likert scale. D'Augelli et al. (2001), Payne and Hartley (1987) and Warr and Jackson (1985) all utilised a 5-point scale; Ben-Zur (2002) a 7-point scale; Adelmann (1993) a 4-point scale and Warr and Jackson (1984) a 5-point scale for reported health change. Payne and Hartley (1987) also found that a high proportion of their subjects reported their health to be good/excellent (only using the upper two categories of their Likert scale), but their reported 60% is considerably lower than the 90% encountered in the present study. Perhaps in future studies with gay men the Likert scale should be used to differentiate more clearly between higher levels of perceived health, excluding 'very poor' and 'poor' health as categories.

The contribution of perceived health to the significant difference between levels of depression of employed and unemployed groups is surprising, since health categorised as very good versus good/average/poor indicated that their were no significant differences between employed and unemployed partners with regard to perceived health. However, prolonged physical illness and disability have been found by a great number of studies to be associated with poor mental health. Irrespective of this, perceived health was found to have a moderate, negative correlation (r =-.37) with depression: suggesting that as perceived health decreases, depression levels tend to increase and vice versa. Similarly, a study conducted by D'Augelli et al. (2001) on lesbian, gay and bisexual adults in the USA also indicated that deterioration in health was associated with greater depression. It is possible that the preoccupation of the gay community with physical health and aesthetic appearance might account for this correlation, but Payne and Hartley (1987) found a

similar correlation between physical health and depression (r = -.32) in their sample of 399 unemployed, heterosexual, British men all of which were married, when other conditioning variables were entered into the multiple regression. Other studies by Warr and Jackson (1984) also report similar correlations between psychological well-being and physical health (.40), in their sample of 954 unemployed British men, of which 61% were married; and Ben-Zur (2002), in his 168 community resident volunteers of which 86% were married, also found that perceived health status was negatively associated with negative affect. Winefield and Tiggemann (1989b) uphold that being healthy, participating in meaningful activities and having financial needs satisfied may be sufficient to combat the negative psychological consequences of unemployment. Payne and Hartley (1987) confirm the importance of physical health and financial variables in their test for a stress model, reporting that health is one of the dominant variables influencing depression in unemployed individuals when ten other variables were entered into the stepwise multiple regression, while financial worries lost most of its impact. In the present study, the unemployed partners presumably have their financial needs satisfied by their partners, participation in meaningful activities was not explored, but health provides the greatest explanation of the difference in depression levels between employed and unemployed partners. Interestingly, small but significant declines in reported physical health over a three-month period in two groups (who had been unemployed for three and six months respectively prior to this period) were evident in a sample of 629 unemployed British men studied by Warr and Jackson (1985) who found that poor health was associated with greater duration of unemployment, as did Hill, Harrison, Sargeant and Talbot (1973) in their study of unemployment in three different English towns, suggesting a possible mediational role of perceived health.

In the present study, education was also found to contribute significantly to the difference between levels of depression of employed and unemployed groups and, like perceived health, a

negative, linear correlation (r = -.28) was also evident, indicating that as education decreases, depression tends to increase and vice versa. Moreover, education presented as a significant difference between employed and unemployed partners, for both secondary versus tertiary education and for postgraduate versus bachelors degrees, with employed partners having significantly higher education than their unemployed partners. High levels of education were also found to be significantly negatively correlated with depression, hopelessness and anxiety, in another South African study conducted by Pillay and Sargent (1999); and by Maffeo, Ford and Lavin (1990) in an American sample of 1 819 men and 471 women, but they found this relationship only existed for men. That education presented as a variable by which differences in depression scores between employed and unemployed partners is explained in this study is not surprising, when considering that Dorfman, et al. (1995) found that homosexuals were significantly more educated than heterosexuals in a sample of 108 respondents. It therefore seems feasible that educational attainments are imbued with societal prestige, respect and power, and perform an important role in the formation of an individual's concept of self and consequent self-esteem as propounded by Wang et al. (1999), which then buffers the levels of depression. Thus, it is possible that if gay men value education to a greater degree than heterosexuals, there is greater gay societal pressure (intragroup desirability) to be educated, and unemployed partners with significantly lower educational levels than their employed partner will, through personal comparison with their partners, experience diminished prestige, respect and power as well as feelings of inferiority and a decreased sense of self-worth and self-esteem, resulting in increased feelings of depression. Further, these unemployed partners' metaperspectives of self, that is, their perception of their employed partners evaluations of themselves, is negatively affected with unemployment, also engendering depression (Sheeran et al., 1995). Sheeran et al. (1995) showed that social comparisons of unemployed individuals with employed counterparts were related to high levels of depression and more negative social comparison scores. Therefore, it is clear that in the face of perceived health and education, differences between the levels of depression of

employed and unemployed groups in this study, is not explained by employment status as was hypothesised.

7.1.2 Relation between Self-esteem and Depression

With regards to hypothesis (III) (self-esteem and depression correlate negatively in employed and unemployed partners), the correlations between self-esteem and depression for all respondents (both employed and unemployed) was found to be moderately, negatively correlated (-.43) after the effects of the psychosocial and biographical variables were controlled, supporting the proposed hypothesis. Moreover, a moderately negative correlation (-.49) was found between self-esteem and depression of employed partners, as well as between self-esteem and depression in unemployed partners (-.43). These results fall within the range of average reported correlations (.40 to .60) between self-esteem and mood propounded by Heatherton and Polivy (1991). Since self-esteem and depression are moderately negatively correlated, it is interesting that, while the difference in the levels of self-esteem between employed and unemployed groups is explained by employment status, the difference in levels of depression is not. It is possible that since the R-BDI was devised to provide an indication of the different symptomatic manifestations of depression, that the inventory does not exhibit sufficient sensitivity to be able to detect a predisposition to depression prior to the onset of depressive symptoms. The use of the General Health Questionnaire (GHQ) might be able to provide a more subtle and sensitive indication of depression in future studies. Nonetheless, despite the possible lack of sensitivity of the R-BDI, Heatherton and Polivy (1991, p. 907) maintain that "low self-esteem is generally accepted not to be the same thing as depression and that no one uses a self-esteem scale to measure depression or a depression scale to measure self-esteem". Alternatively, as previously mentioned (Section 2.3), low self-esteem is seen as a symptom or consequence of depression (Lewinsohn, 1974/1985; Lewinsohn et al., 1981; Robson, 1988), as a determinant of depressed mood and other symptoms of depression (Beck, 1967b; Abramson et al., 1978; Wilson & Krane,

1980), or as one component of a depression-prone personality (Altman & Wittenborn, 1980). Thus, at the trait level, Heatherton and Polivy (1991) contend that these two constructs are conceptually and empirically distinct.

A further possible explanation for the lack of significance in the difference of depression levels in employed and unemployed partners, may be that, since unemployed partners have their financial and physical security needs supplied, presumably by their partners, this provision sufficiently ameliorates the level of depression while still having a significant negative effect on their self-esteem. Also, when considering that Dorfman, et al. (1995) found that homosexuals were significantly more educated than heterosexuals, which may be true of this sample; and that Feather and Bond (1983) suggest that higher education levels are associated with the development of time structuring skills and the development of a sense of purpose and autonomy, it is possible that the unemployed partners in this sample were sufficiently educated as to structure their time and develop a sense of purpose, which might ward off the symptomatic expression of depressive symptoms, but not sufficiently enough to not affect self-esteem. The eleven biographical and psychosocial variables investigated are therefore poor predictors of self-esteem.

7.1.3 Biographical and Psychosocial Variables

Hypotheses (IV) and (V) pertained to investigating the influence of the different biographical and psychosocial variables considered by the study on self-esteem and depression of employed and unemployed partners respectively, which has mostly been discussed while addressing the differences in self-esteem and depression between the two groups. Notwithstanding, a significant relation between age and income above R 15, 000 were found with self-esteem in employed partners when using Pearson correlations, but unexpectedly, none of the variables investigated contributed to an explanation of self-esteem in employed partners, when using a multiple

regression. Similarly, age was found to be significantly related to self-esteem in unemployed partners with a Pearson correlation, but this variable again lost its significance in a multiple regression. Thus, self-esteem in employed and unemployed partners appears to be explained by employment status and the data fails to support the proposed hypothesis.

Interestingly, a relation was found between length of relationship and self-esteem in unemployed partners, and although this relation was not significant, it requires comment. This relation is contradictory to the findings of Adelmann (1993), Schafer and Keith (1999), and Thomas and Vindhya (2000), who all found that increasing length of marriage in heterosexuals was associated with a decrease in self-esteem of both partners, although Radloff (1975) and Bernard (1976) both advocate that marriage is a mental health benefit for men. The present results are comparable with research conducted by Lewis et al., (2001) and Martin and Knox (1997a) on gay men in monogamous relationships, who showed that being in a relationship had a positive effect on psychological well-being of both partners. This suggests that homosexuals and heterosexuals perceive being in a relationship disparately, although further investigation is certainly necessary.

Hypothesis test (V) indicated that just as the difference between the levels of depression of employed and unemployed groups was primarily explained by perceived health, so perceived health was found to be the only significant predictor of low depression in both employed and unemployed partners, when using multiple regression, thus providing the greatest explanation of variance in depression in both groups. Pearson correlations indicate that perceived health of both employed and unemployed partners has a moderate, negative correlation with depression. Education and social support also had moderate, negative correlations with depression in unemployed partners, but these variables lost their significance in a multiple regression,

suggesting that perhaps education and social support are also related to perceived health and as such fall out of the regression as a consequence of multicolinearity.

7.2 LIMITATIONS OF THE STUDY

The present study is a cross-sectional study and as such limits the conclusions of the study to inferences regarding associations, rather than cause and effect relations. It is therefore not possible to determine whether unemployment *per se* causes poor psychological well-being (social causation), or whether poor psychological well-being causes unemployment status (social drift). Moreover, both could occur in a reciprocal way, a possible third variable could affect both, or there could be some combination of these variables that occur (Harding & Sewel, 1992; Jahoda, 1992; Warr et al., 1988). In addition to the limitations of a cross-sectional design, several other limitations must be borne in mind when interpreting the results.

Firstly, the sampling strategy utilised prevented obtaining a sample that reflected all types of gay couples involved in long-term monogamous partnerships in South Africa, and that contact with a limited number of social networks was made. Furthermore, the respondents were predominantly white middle-class, well-educated, urban-dwelling couples who had some connection to their local gay community and access to the internet and gay media. Such findings obviously cannot be readily generalized to men who are non-white, poor, residents of rural communities, or have few connections to a gay community and no access to the internet or gay media. D'Augelli et al. (2001) comment that similar problems exist with other studies. Poor residents of rural communities who have few connections to any gay community would be much more difficult to obtain when relying on gay media for respondents, and most research consequently appears to be conducted in urban settings. It must be noted that no exploration of the influence of cultural differences on the impact of the experience of unemployment was investigated in this study. There is a distinct necessity to conduct research into the psychological impact of employment

and unemployment that extends across different cultures and settings, especially in such a diverse country as South Africa, and it is acknowledged that an understanding of cultural diversity is imperative in a South African setting. This raises another, but broader question, of the extent to which findings from research on unemployment are specific to the country in which they were researched. Aside from the cultural differences previously mentioned, it is probable that differences in financial benefits, availability of free medical services and levels of unemployment endemic to that country and culture would influence the experience of unemployment and its consequent psychological impact, and would invariably differ from country to country. Warr and Jackson (1984) note that these parameters have not been addressed and the limits of generalisation require clarity. With regard to the present study there is greater clarity, since the generalisability of the results to other populations or circumstances or countries is relatively low, and generalisations can only be made to white; middle-class; well-educated; urban-dwelling; gay men involved in long-term monogamous partnerships in South Africa.

Secondly, when using the conventional cross-sectional methodology, the accuracy of the relations estimated is likely to be harmed by two statistical problems: omitted variables and data selection (Goldsmith et al., 1996). Despite having used ANCOVA and multiple regression analysis, which allowed for all of the variables identified as potential correlates of self-esteem and depression to be investigated, additional possible biographical and psychosocial variables listed in Section 5.6.1 could threaten the internal validity of the research. In addition, there are undoubtedly other potential correlates of self-esteem and depression that were not considered or examined in the present analyses. For example, an individual's prior psychiatric history, family history of psychiatric problems and disabilities are known to predict subsequent risk for depression (Dickey et al., 1999; Kemp & Mercer, 1983). Other factors which could influence the results are an individual's adolescent home environment, family characteristics, prior time out of the labour force and prior labour force history, for example, length of previous employment,

previous job level and reasons for leaving previous work (Kemp & Mercer, 1983), all of which were unaccounted for in this study. If self-esteem and depression are related to these individual features of the individual, but are unaccounted for statistically, then the association between self-esteem and depression in relation to employment status will be estimated with bias, known to economists as the omitted variable bias (Goldsmith et al., 1996). Warr and Jackson (1983) assert that inaccurate deductions can be drawn concerning the relation between unemployment and self-esteem and depression respectively, when variables that could contribute either positively or negatively to self-esteem and depression are unaccounted for. Self-serving attribution bias, referred to by some attributions psychologists, may, to an unknown degree, also account for a certain amount of the empirical relation between self-esteem, depression and unemployment. Wang et al. (1999) argue that people accept less responsibility for negative outcomes than for positive ones, but that characteristics of personality and other circumstantial dynamics may, to a greater extent, modify such attributional biases.

Data selection limitations also exist with regard to whether the unemployed individuals formed part of the economically inactive population, for example 'labour force dropouts', students and retirees, or whether they formed part of the economically active population (see Section 3.2). The present study included both categories of individuals. The limitation is that the impact of unemployment on psychological well-being is then assumed to be the same for partners who continue to search for work; for those who no longer seek work; and for those who were not seeking work and did not desire to be employed. This may, in all probability, not be the case. Similar problems exist when researching the effects of unemployment on heterosexual, unemployed, married women was noted by Warr and Parry (1982). Other studies, for example Winefield, Tiggemann and Goldney (1988) (cited in Goldsmith et al., 1996, p. 192), state that "only those who had entered the work force and could be classified as either employed or unemployed were studied". Goldsmith et al. (1996) also note that Clark and Summers (1979)

found that nearly fifty percent of all individuals experiencing bouts of unemployment resulted in becoming a labour force dropout and forming part of the economically inactive population, and about fifty percent of these individuals continued to desire employment. However, failure to become re-employed caused them to become discouraged and to cease seeking employment. A differentiation between those who are seeking employment and those who are not is required, and might help illuminate whether these two groups of unemployed individuals differ with regard to the psychological impact of unemployment, which they almost undoubtedly do. Interpretation of the present results when comparing them to findings of other research becomes more difficult, as many reports fail to explain how 'unemployment' and 'employment' are defined. Furthermore, Warr and Parry (1982) posit that another problem with unemployed 'homemaker' research is that heterosexual unemployed female homemakers are sometimes employed part-time but regard themselves as unemployed. A similar problem may exist with regard to the present research, as those couples who participated in the research, did so of their own volition and required them to define themselves as employed and unemployed. It is possible that definitions of both 'employment' and 'unemployment' may have varied depending on the couple concerned.

7.3 CONCLUDING SUMMARY

Bearing these limitations in mind and the limited generalisability of the results, the following conclusions can be drawn. This study provides quantitative evidence for the psychological impact of employment status in gay, male, monogamous couples. The unemployed in this sample had significantly poorer psychological well-being than their employed partners. The difference in self-esteem of employed and unemployed partners is explained only by employment status. Significant age differences were evident between the two groups and age presented as the only significant covariate with regard to self-esteem of both groups collectively. Older individuals have higher levels of self-esteem than younger individuals, possibly since

older individuals have a smaller disparity between their accomplishments and ambitions. Further there is a significant difference between the ages of employed and unemployed partners, and age in employed partners was found to be curvilinearly related to self-esteem. Nonetheless, after controlling for age, the difference in self-esteem of the two groups is explained by employment status. However, the difference in depression levels of the two groups is not explained by employment status, but rather by perceived health and education. Studies indicate that the longer the duration of unemployment the more poorly an individual perceives his health to be, and this may be why poor perceived health directly accounts for higher depression levels in unemployed partners in this study. Regarding the present finding that unemployed partners are significantly less educated than their employed counterparts, it is proposed that unemployed partners experience diminished prestige and feelings of inferiority in relation to their employed partners, resulting in higher levels of depression. It is therefore apparent that certain biographical and psychosocial variables influence the effects of unemployment, and not always in the way which previous researchers have suggested. Only perceived health presented as a significant covariate for depression in both employed and unemployed partners respectively, while self-esteem for both groups individually was explained purely by employment status. Furthermore, depression and self-esteem were found to be inversely related in both employed and unemployed partners, both individually and collectively.

Finally, another conclusion that can drawn from this research is that although gay men involved in long-term monogamous relationships who are not employed outside of the home experience poorer psychological well-being than their employed partners, and possibly experience comparable psychological effects to unemployed, heterosexual, married women, they are, as suggested by Hepworth (1980) and Jahoda (1992), by no means homogenous in their reactions to unemployment, rather there is considerable diversity in the experience and circumstances of unemployed partners and these individual differences most probably influence the way these

partners react to unemployment. “Some unemployed individuals cope better than others and some may even find sources of satisfaction in the alternative life-styles that they adopt” (Feather & O’Brien, 1986, p. 140).

7.4 SUGGESTIONS FOR FURTHER RESEARCH

An immense paucity exists with regard to employment status research in a South African context. Unemployment statistics for South Africa in March 2004 indicate that the official unemployment rate, defined by an extended definition, was 41.2% of the population, that is, 8.4 million South Africans, while a strict definition of unemployment reduces that number to 27.8% or 4.6 million South Africans, who would be able to commence work in one week if offered a job (Statistics South Africa, 2005). Considering the negative psychological consequences that are associated with unemployment, there is obvious need for a vast increase in unemployment research in South Africa. Such research would also allow research comparisons to be made locally as opposed to internationally.

The present study is only a beginning of the investigation of employment status and its psychological effects in the gay community, not to mention its implications within monogamous partnerships where one partner is employed and the other is not. In order to address the causal nature of the impact of employment status on the psychological well-being of individuals in monogamous gay partnerships, which this research does not, a longitudinal design for employment status research would assist in clarifying the direction of causality of employment status on the psychological well-being of partners. Qualitative research investigating individual differences, attributions, expectations and values in each partner within these partnerships might provide greater clarity on this complex phenomenon. Furthermore, an individual’s choice of employment status appears to lie on a continuum from free choice to forced choice, and a qualitative investigation with regard to choice of employment status would also help to clarify

this potentially confounding area. Cross-sectional and longitudinal studies conducted on samples of heterosexual, gay and lesbian couples would allow for comparisons to be made between different sexual orientations with regard to employment status, and to ascertain whether these individual differences have any influence on the impact of unemployment. Moreover, it would provide a standpoint from which comparisons could be made with regard to the dynamics within each of these relationships, where one partner is employed and the other unemployed, in relation to sexual orientation. Additionally, men and women appear to experience marriage in disparate ways, and it also appears that homosexuals and heterosexuals perceive being in long-term relationships disparately. However, no investigations appear to investigate these parameters. Finally, from this study it is evident that minority group theoretical underpinnings in the South African situation are very different from research conducted in other first world countries (see Section 4.1.10) and a clear need for research into the South African context is required. Hopefully, this research study will stimulate some of the aforementioned research studies suggested and serve as a basis for such research.

7.5 IMPLICATIONS OF THE STUDY

When considering international unemployment research, there appears to be a serious lack of research pertaining to unemployment in gay men, and almost no research was found pertaining to psychological parameters of partners in monogamous partnerships, even independent of employment status research. Given the greater acceptance of gay communities over the last twenty years worldwide, it is surprising that no research was found that investigated the impact of unemployment on the psychological well-being of gay men involved in monogamous long-term relationships who have employed partners. This study therefore provides new perspectives on gay life and is of great importance to the gay community for various reasons. Firstly, the results indicate that unemployed males in long-term monogamous relationships experience poorer psychological well-being when compared to their employed partners, and are

commensurate to those yielded in equivalent studies of heterosexual couples in certain aspects. This provides an additional standpoint from which gay and lesbian equality can be advocated. Secondly, the results provide a proactive position from which the gay community could assist in the primary prevention of decreased self-esteem and possible concomitant depression. The Lesbian and Gay Equality Project (LGEP), OUT-LGBT Well-being (previously the Gay and Lesbian Organisation of Pretoria), LEGBO, NC (the Lesbian, Gay and Bisexual Organisation of Northern Cape) and GALA (the Gay and Lesbian Archive of South Africa), could publish these results in gay media in order to create greater awareness within the gay, lesbian, bisexual and transgendered community with regard to the impact of unemployment.

Finally, referring to our previous differentiation between 'work' and 'employment' (see Section 3.2); here simplified according to Warr and Jackson (1987) in Winefield & Tiggemann (1989b), as work to constitute any purposive activity, while employment is delineated as paid work; unemployed individuals could be encouraged to participate in volunteer 'work' or other activities to benefit the community and inadvertently themselves. Numerous studies, for example Hepworth (1980), Jahoda (1981,1982), O'Brien and Feather (1990) and Winefield et al. (1992a), have shown that if unemployed individuals can fill their time meaningfully, they are more likely to experience better mental health. Therefore, maintaining a high level of work commitment in the form of worthwhile voluntary activities might help to expand the unemployed individuals' social networks outside of the home, and Winefield and Tiggemann (1989b, p. 335) maintain that "as long as they are in good health and their financial needs are satisfied, they may be able to avoid the psychological distress that otherwise accompanies unemployment."

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A

APPENDIX A

CONSENT FORM, DEMOGRAPHIC QUESTIONNAIRE AND RESEARCH QUESTIONNAIRES

EMPLOYED/BREADWINNER

A

9.1 CONSENT FORM

Hi. My name is Daryth Crawford and I am a Masters in Clinical Psychology student in the Department of Psychology at the University of the Witwatersrand. I am conducting research on the relationship between self-esteem and depression in relation to employment status in male homosexuals.

I would like to invite you to participate in this study. I require approximately 20 minutes of your time to complete the following questionnaires. By returning the completed questionnaires, I will assume that you grant me permission to use your responses in my study which will form part of my masters dissertation. The generalised results may be published in a psychological journal.

Your participation in this study is completely voluntary and no negative consequences will arise for non-participation. Please note that your responses will be completely **anonymous** since you are not required to submit any identifying information. Your responses will be treated with the utmost **confidentiality** and will not be shown to anyone other than the researchers involved in the study. You may choose to withdraw at any stage without penalty. Furthermore, you may also refuse to answer any item should you want to do so.

Given my undertaking of anonymity and confidentiality, I ask that you respond as openly and honestly as possible. Please note that I am interested in *your* response to each question – there are no right or wrong answers and you are requested to complete the questionnaires on your own and are under no obligation to disclose the contents of your responses to anyone.

Feedback will only be provided regarding group trends emerging in the study. A notice will be posted on the Psychology III information board as soon as the results are finalised.

Please detach and keep this letter. Should you require further information, please feel free to contact me. My details appear below. Should you feel that any of the material in the questionnaires raises personal concerns for you, with which you would like assistance, you can contact Life Line at (011) 728-1347. Please place the completed questionnaire in the appropriate envelope provided and post to the address on the envelope.

Your participation in this study would be greatly appreciated.

Yours sincerely,

DARYTH C. B. CRAWFORD
Room OEB206
e-mail address – dcrawfrd@absamail.co.za

9.2 QUESTIONNAIRE

This questionnaire is part of a study designed to learn more about gay monogamous partnerships. You are assured that all responses you make to the items are **anonymous** and **absolutely confidential.** It is of great importance to the research that your answers reflect your true opinions. There are two sections in the questionnaire and it consists of eight pages. You are appealed to answer all the items. This questionnaire should take approximately 20 minutes to complete. Thank you for your co-operation.

9.2.1 BIOGRAPHICAL INFORMATION

i) Age _____

ii) Home language _____

iii) Qualifications _____

iv) Length of relationship _____

vi) Employment status

EMPLOYED/ BREAD WINNNER	UNEMPLOYED/ HOMEMAKER

v) Is your current employment status a personal choice or due to external circumstances

_____

vi) HIV status

NEGATIVE	POSITIVE	DON'T KNOW

vii) How would you rate your health

VERY POOR	POOR	AVERAGE	GOOD	VERY GOOD

viii) What is your monthly household income

BELOW R5000	R5000-R10 000	R10 000-R15 000	ABOVE R15 000

ix) How would you rate your social support

VERY POOR	POOR	AVERAGE	GOOD	VERY GOOD

x) How would you rate your openness with regard to your sexual orientation

COMPLETELY NON-DISCLOSING	ONLY OPEN WITH FRIENDS	OPEN WITH FRIENDS AND THE GAY COMMUNITY	OPEN WITH FRIENDS, GAY COMMUNITY AND FAMILY	OPEN WITH ALL INDIVIDUALS

A

9.2.2 SECTION 1 : INSTRUCTIONS

In this section you are required to answer a number of questions about yourself.

Item 1 of Section 1 is:

1. How often do you have the feeling that there is nothing you can do well?

The answer sheet appears directly after each question as follows:

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

If you wish to respond '*sometimes*', you would place your cross in the column marked '*sometimes*' as follows:

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

Similarly if you wish to respond '*very seldom*', you would place a cross in the column marked '*very seldom*'.

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

Please answer questions 1 -18 in this section in this way.

A

SECTION 1

1. How often do you have the feeling that there is nothing you can do well?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

2. How often do you feel that you have handled yourself well at a social gathering?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

3. How often do you worry about whether other people like to be with you?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

4. How often do you feel self-conscious?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

5. How often do you have the feeling that you can do everything well?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

6. How often are you troubled with shyness?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

7. When you talk in front of a group of people how often are you pleased with the performance?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

8. How often are you comfortable with starting a conversation with people whom you don't know?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

9. How often do you feel inferior to most of the other people you know?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

A

10. How often do you feel that you are a successful person?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

11. Do you ever think that you are a worthless individual?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

12. How much do you worry about how well you get along with other people?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

13. In a social discussion how often do you feel sure of yourself?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

14. How often do you feel that you dislike yourself?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

15. How often do you feel sure of yourself when among strangers?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

16. How often do feel confident that someday the people you know will look up to you and respect you?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

17. Do you ever feel so discouraged with yourself that you wonder whether anything is worthwhile?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

18. In general, how often do you feel confident about your abilities?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

A

9.2.3 SECTION 2: INSTRUCTIONS

In this section of the questionnaire are groups of statements. Please read each group of statements carefully, then pick out the statement in each group which best describes the way you have been feeling in the PAST WEEK, INCLUDING TODAY!

Item A of Section 2 is:

A	0	I do not feel sad
	1	I feel sad
	2	I am sad all the time and I can't snap out of it
	3	I am sad or unhappy that I can't stand it

Circle the number beside the statement you picked. For example, if you feel sad, then circle 1 as follows

A	0	I do not feel sad
	(1)	I feel sad
	2	I am sad all the time and I can't snap out of it
	3	I am sad or unhappy that I can't stand it

However, if several statements in the group seem to apply equally well, circle each one. For example, you feel sad all the time and can't snap out of it and you sad and unhappy and can't stand it, then circle 2 and 3 as follows.

A	0	I do not feel sad
	(1)	I feel sad
	(2)	I am sad all the time and I can't snap out of it
	(3)	I am sad or unhappy that I can't stand it

Be sure to read all the statements in each group before making your choice.

Please answer questions A -U in this section in this way.

A

SECTION 2

A	0	I do not feel sad
	1	I feel sad
	2	I am sad all the time and I can't snap out of it
	3	I am sad or unhappy that I can't stand it
B	0	I am not particularly discouraged about the future
	1	I feel discouraged about the future
	2	I feel I have nothing to look forward to
	3	I feel the future is hopeless and that things cannot improve
C	0	I do not feel like a failure
	1	I feel I have failed more than the average person
	2	As I look back on my life, all I can see is a lot of failure
	3	I feel I am a complete failure as a person
D	0	I get as much satisfaction out of things as I used to
	1	I don't enjoy things the way I used to
	2	I don't get real satisfaction out of things anymore
	3	I am bored and dissatisfied with everything
E	0	I don't feel particularly guilty
	1	I feel guilty a good part of the time
	2	I feel guilty most of the time
	3	I feel guilty all of the time
F	0	I don't feel I am being punished
	1	I feel I may be punished
	2	I expect to be punished
	3	I feel I am being punished
G	0	I don't feel disappointed in myself
	1	I am disappointed in myself
	2	I am disgusted in myself
	3	I hate myself
H	0	I don't feel I am any worse than anybody else
	1	I am critical of myself for mistakes and weaknesses
	2	I blame myself all the time for my faults
	3	I blame myself for everything bad that happens
I	0	I don't have any thoughts about killing myself
	1	I have thoughts about killing myself, but I would not carry them out
	2	I would like to kill myself
	3	I would kill myself if I had the chance

A

J	0	I don't cry any more than usual
	1	I cry more than I used to
	2	I cry all the time now
	3	I used to be able to cry, but now I can't even cry even though I want to
K	0	I am no more irritated than I ever am
	1	I get annoyed and irritated more easily than I used to
	2	I feel irritated all the time now
	3	I don't get irritated at all by things that used to irritate me
L	0	I have not lost interest in other people
	1	I am less interested in other people than I used to be
	2	I have lost most of my interest in other people
	3	I have not lost all my interest in other people
M	0	I make decisions about as well as I ever could
	1	I put off making decisions more than I used to
	2	I have greater difficulty in making decisions than I used to
	3	I can't make decisions at all anymore
N	0	I don't feel I look any worse than I used to
	1	I am worried I am looking old and unattractive
	2	I feel there are permanent changes in my appearance that make me look unattractive
	3	I believe that I look ugly
O	0	I can work about as well as before
	1	It takes extra effort to get started at doing something
	2	I have to push myself very hard to do anything
	3	I can't do any work at all
P	0	I can sleep as well as usual
	1	It don't sleep as well as I used to
	2	I wake up 1-2 hours earlier than usual and find it hard to get back to sleep
	3	I wake up several hours earlier than I used to and cannot get back to sleep
Q	0	I don't get more tired than usual
	1	I get tired more easily than I used to
	2	I get tired from doing almost anything
	3	I am too tired to do anything
R	0	My appetite is no worse than usual
	1	My appetite is not as good as it used to be
	2	My appetite is much worse now
	3	I have no appetite at all anymore

A

S
0 I haven't lost much weight, if any, lately
1 I have lost more than 10 kilograms
2 I have lost more than 20 kilograms
3 I have lost more than 30 kilograms

I am purposely trying to lose weight by eating less

Yes _____ No _____

T
0 I am no more worried about my health than usual
1 I am worried about physical problems such as aches and pains, or upset stomach, or constipation
2 I am very worried about physical problems and it's hard to think of much else
3 I am so worried about my physical problems and it's hard to think of much else

U
0 I have not noticed any recent change in my interest in sex
1 I am less interested in sex than I used to be
2 I am much less interested in sex now
3 I have lost interest in sex completely

A

THANK YOU

Your participation in this study is greatly appreciated. Should you require any further information with regard to the study, please feel free to contact me.

Finally, if you know **any other couples** who fulfil these criteria, I would greatly appreciate it if you would obtain their consent to participate and provide their contact details below.

CONTACT 1

Names: _____

Telephone: _____

Address: _____

_____

CONTACT 2

Names: _____

Telephone: _____

Address: _____

_____

CONTACT 3

Names: _____

Telephone: _____

Address: _____

_____

A

APPENDIX B

CONSENT FORM, DEMOGRAPHIC QUESTIONNAIRE AND RESEARCH QUESTIONNAIRES

UNEMPLOYED/HOMEMAKER

A

9.3 CONSENT FORM

Hi. My name is Daryth Crawford and I am a Masters in Clinical Psychology student in the Department of Psychology at the University of the Witwatersrand. I am conducting research on the relationship between self-esteem and depression in relation to employment status in male homosexuals.

I would like to invite you to participate in this study. I require approximately 20 minutes of your time to complete the following questionnaires. By returning the completed questionnaires, I will assume that you grant me permission to use your responses in my study which will form part of my masters dissertation. The generalised results may be published in a psychological journal.

Your participation in this study is completely voluntary and no negative consequences will arise for non-participation. Please note that your responses will be completely **anonymous** since you are not required to submit any identifying information. Your responses will be treated with the utmost **confidentiality** and will not be shown to anyone other than the researchers involved in the study. You may choose to withdraw at any stage without penalty. Furthermore, you may also refuse to answer any item should you want to do so.

Given my undertaking of anonymity and confidentiality, I ask that you respond as openly and honestly as possible. Please note that I am interested in *your* response to each question – there are no right or wrong answers and you are requested to complete the questionnaires on your own and are under no obligation to disclose the contents of your responses to anyone.

Feedback will only be provided regarding group trends emerging in the study. A notice will be posted on the Psychology III information board as soon as the results are finalised.

Please detach and keep this letter. Should you require further information, please feel free to contact me. My details appear below. Should you feel that any of the material in the questionnaires raises personal concerns for you, with which you would like assistance, you can contact Life Line at (011) 728-1347. Please place the completed questionnaire in the appropriate envelope provided and post to the address on the envelope.

Your participation in this study would be greatly appreciated.

Yours sincerely,

DARYTH C. B. CRAWFORD
Room OEB206
e-mail address – dcrawfrd@absamail.co.za

9.4 QUESTIONNAIRE

This questionnaire is part of a study designed to learn more about gay monogamous partnerships. You are assured that all responses you make to the items are **anonymous** and **absolutely confidential.** It is of great importance to the research that your answers reflect your true opinions. There are two sections in the questionnaire and it consists of eight pages. You are appealed to answer all the items. This questionnaire should take approximately 20 minutes to complete. Thank you for your co-operation.

9.4.1 BIOGRAPHICAL INFORMATION

i) Age _____

ii) Home language _____

iii) Qualifications _____

iv) Length of relationship _____

vi) Employment status

EMPLOYED/ BREAD WINNNER	UNEMPLOYED/ HOMEMAKER

v) Is your current employment status a personal choice or due to external circumstances _____ Duration of unemployment _____

vi) HIV status

NEGATIVE	POSITIVE	DON'T KNOW

vii) How would you rate your health

VERY POOR	POOR	AVERAGE	GOOD	VERY GOOD

viii) What is your monthly household income

BELOW R5000	R5000-R10 000	R10 000-R15 000	ABOVE R15 000

ix) How would you rate your social support

VERY POOR	POOR	AVERAGE	GOOD	VERY GOOD

x) How would you rate your openness with regard to your sexual orientation

COMPLETELY NON-DISCLOSING	ONLY OPEN WITH FRIENDS	OPEN WITH FRIENDS AND THE GAY COMMUNITY	OPEN WITH FRIENDS, GAY COMMUNITY AND FAMILY	OPEN WITH ALL INDIVIDUALS

A

9.4.2 SECTION 1 : INSTRUCTIONS

In this section you are required to answer a number of questions about yourself.

Item 1 of Section 1 is:

1. How often do you have the feeling that there is nothing you can do well?

The answer sheet appears directly after each question as follows:

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

If you wish to respond '*sometimes*', you would place your cross in the column marked '*sometimes*' as follows:

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

Similarly if you wish to respond '*very seldom*', you would place a cross in the column marked '*very seldom*'.

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

Please answer questions 1 -18 in this section in this way.

A

SECTION 1

1. How often do you have the feeling that there is nothing you can do well?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

2. How often do you feel that you have handled yourself well at a social gathering?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

3. How often do you worry about whether other people like to be with you?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

4. How often do you feel self-conscious?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

5. How often do you have the feeling that you can do everything well?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

6. How often are you troubled with shyness?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

7. When you talk in front of a group of people how often are you pleased with the performance?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

8. How often are you comfortable with starting a conversation with people whom you don't know?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

9. How often do you feel inferior to most of the other people you know?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

A

10. How often do you feel that you are a successful person?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

11. Do you ever think that you are a worthless individual?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

12. How much do you worry about how well you get along with other people?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

13. In a social discussion how often do you feel sure of yourself?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

14. How often do you feel that you dislike yourself?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

15. How often do you feel sure of yourself when among strangers?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

16. How often do feel confident that someday the people you know will look up to you and respect you?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

17. Do you ever feel so discouraged with yourself that you wonder whether anything is worthwhile?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

18. In general, how often do you feel confident about your abilities?

VERY OFTEN	FAIRLY OFTEN	SOMETIMES	ONCE IN A WHILE	VERY SELDOM

A

9.4.3 SECTION 2: INSTRUCTIONS

In this section of the questionnaire are groups of statements. Please read each group of statements carefully, then pick out the statement in each group which best describes the way you have been feeling in the PAST WEEK, INCLUDING TODAY!

Item A of Section 2 is:

A	0	I do not feel sad
	1	I feel sad
	2	I am sad all the time and I can't snap out of it
	3	I am sad or unhappy that I can't stand it

Circle the number beside the statement you picked. For example, if you feel sad, then circle 1 as follows

A	0	I do not feel sad
	(1)	I feel sad
	2	I am sad all the time and I can't snap out of it
	3	I am sad or unhappy that I can't stand it

However, if several statements in the group seem to apply equally well, circle each one. For example, you feel sad all the time and can't snap out of it and you sad and unhappy and can't stand it, then circle 2 and 3 as follows.

A	0	I do not feel sad
	(1)	I feel sad
	(2)	I am sad all the time and I can't snap out of it
	(3)	I am sad or unhappy that I can't stand it

Be sure to read all the statements in each group before making your choice.

Please answer questions A -U in this section in this way.

A

SECTION 2

A	0	I do not feel sad
	1	I feel sad
	2	I am sad all the time and I can't snap out of it
	3	I am sad or unhappy that I can't stand it
B	0	I am not particularly discouraged about the future
	1	I feel discouraged about the future
	2	I feel I have nothing to look forward to
	3	I feel the future is hopeless and that things cannot improve
C	0	I do not feel like a failure
	1	I feel I have failed more than the average person
	2	As I look back on my life, all I can see is a lot of failure
	3	I feel I am a complete failure as a person
D	0	I get as much satisfaction out of things as I used to
	1	I don't enjoy things the way I used to
	2	I don't get real satisfaction out of things anymore
	3	I am bored and dissatisfied with everything
E	0	I don't feel particularly guilty
	1	I feel guilty a good part of the time
	2	I feel guilty most of the time
	3	I feel guilty all of the time
F	0	I don't feel I am being punished
	1	I feel I may be punished
	2	I expect to be punished
	3	I feel I am being punished
G	0	I don't feel disappointed in myself
	1	I am disappointed in myself
	2	I am disgusted in myself
	3	I hate myself
H	0	I don't feel I am any worse than anybody else
	1	I am critical of myself for mistakes and weaknesses
	2	I blame myself all the time for my faults
	3	I blame myself for everything bad that happens
I	0	I don't have any thoughts about killing myself
	1	I have thoughts about killing myself, but I would not carry them out
	2	I would like to kill myself
	3	I would kill myself if I had the chance

A

J	0	I don't cry any more than usual
	1	I cry more than I used to
	2	I cry all the time now
	3	I used to be able to cry, but now I can't even cry even though I want to
K	0	I am no more irritated than I ever am
	1	I get annoyed and irritated more easily than I used to
	2	I feel irritated all the time now
	3	I don't get irritated at all by things that used to irritate me
L	0	I have not lost interest in other people
	1	I am less interested in other people than I used to be
	2	I have lost most of my interest in other people
	3	I have not lost all my interest in other people
M	0	I make decisions about as well as I ever could
	1	I put off making decisions more than I used to
	2	I have greater difficulty in making decisions than I used to
	3	I can't make decisions at all anymore
N	0	I don't feel I look any worse than I used to
	1	I am worried I am looking old and unattractive
	2	I feel there are permanent changes in my appearance that make me look unattractive
	3	I believe that I look ugly
O	0	I can work about as well as before
	1	It takes extra effort to get started at doing something
	2	I have to push myself very hard to do anything
	3	I can't do any work at all
P	0	I can sleep as well as usual
	1	It don't sleep as well as I used to
	2	I wake up 1-2 hours earlier than usual and find it hard to get back to sleep
	3	I wake up several hours earlier than I used to and cannot get back to sleep
Q	0	I don't get more tired than usual
	1	I get tired more easily than I used to
	2	I get tired from doing almost anything
	3	I am too tired to do anything
R	0	My appetite is no worse than usual
	1	My appetite is not as good as it used to be
	2	My appetite is much worse now
	3	I have no appetite at all anymore

A

S
0 I haven't lost much weight, if any, lately
1 I have lost more than 10 kilograms
2 I have lost more than 20 kilograms
3 I have lost more than 30 kilograms

I am purposely trying to lose weight by eating less

Yes _____ No _____

T
0 I am no more worried about my health than usual
1 I am worried about physical problems such as aches and pains, or upset stomach, or constipation
2 I am very worried about physical problems and it's hard to think of much else
3 I am so worried about my physical problems and it's hard to think of much else

U
0 I have not noticed any recent change in my interest in sex
1 I am less interested in sex than I used to be
2 I am much less interested in sex now
3 I have lost interest in sex completely

A

THANK YOU

Your participation in this study is greatly appreciated. Should you require any further information with regard to the study, please feel free to contact me.

Finally, if you know **any other couples** who fulfil these criteria, I would greatly appreciate it if you would obtain their consent to participate and provide their contact details below.

CONTACT 1

Names: _____

Telephone: _____

Address: _____

_____

CONTACT 2

Names: _____

Telephone: _____

Address: _____

_____

CONTACT 3

Names: _____

Telephone: _____

Address: _____

_____

APPENDIX C

Table A1 Correlations Between Psychosocial and Biographical Variables with Self-Esteem of Employed and Unemployed Partners

VARIABLE	EMPLOYED R-JFFIS	UNEMPLOYED R-JFFIS
AGE	0.21	0.25
r_Age35 0is<35	0.40**	0.29*
agediff	0.15	0.22
R_Educ_0notertiary	-0.07	0.06
R_educ0notpostbach	-0.02	-0.10
LENGTH_OF_RELATION	0.06	0.26
ChoiceSame	0.06	-0.07
R_Health_1is vgood	0.13	0.11
R_HIV+or? Is 1	-0.06	-0.12
R_SS_1is goodvgood	0.22	0.16
R_Open1is friends&gay&fam)	-0.04	0.07
R_Open1is all)	0.14	0.11
R_IncomeR10000+	0.10	0.07
R_IncomeR15000+	0.34*	0.17
Lang_1isEng	-0.13	-0.01
Lang_1isAfr	0.12	0.01
DURATION_UNEMPLOYMENT	--	0.07

* $p < .05$ ** $p < .01$

Table A2 Correlations Between Psychosocial and Biographical Variables with Depression of Employed and Unemployed Partners

VARIABLE	EMPLOYED logBDI	UNEMPLOYED logBDI
AGE	-0.16	-0.01
r_Age35 0is<35	-0.25	-0.08
agediff	-0.17	-0.13
R_Educ_0notertiary	-0.20	-0.31*
R_educ0notpostbach	-0.13	-0.05
LENGTH_OF_RELATION	0.08	-0.05
ChoiceSame	-0.13	-0.14
R_Health_1is vgood	-0.34*	-0.38**
R_HIV+or? Is 1	-0.00	-0.17
R_SS_1is goodvgood	-0.22	-0.36*
R_Open1is friends&gay&fam)	-0.01	-0.03
R_Open1is all)	-0.09	0.08
R_IncomeR10000+	0.04	-0.14
R_IncomeR15000+	-0.09	-0.25
Lang_1isEng	0.04	0.11
Lang_1isAfr	0.04	-0.19
DURATION_UNEMPLOYMENT	--	0.24

* $p < .05$ ** $p < .01$